

## ALLEN COUNTY PROBATE COURT

### MEMO: MEDICAID ESTATE RECOVERY FORMS AND PROCEDURE [After HB 59]

The Ohio Department of Job and Family Services, which administered Medicaid programs for the State of Ohio, has implemented an estate recovery program in conformity with applicable federal and state laws, rules, and regulations. Some of the applicable statutes are:

- 1) Ohio Revised Code Section 5162.21 [formerly 5111.11];
- 2) Ohio Revised Code Section 2117.061.

**IT IS STRONGLY RECOMMENDED THAT YOU READ THESE STATUTES AND COMPLY WITH ANY APPLICABLE NOTICE REQUIREMENT.** The statutes are available at your library or on the Internet (search for Ohio Revised Code and the code sections).

Pursuant to R.C. 2117.061(C): "The person responsible for the estate shall mark the appropriate box on the appropriate probate form that gives notice to the administrator of the medicaid estate recovery program to indicate compliance with the requirements of division (B) of this section." The "person responsible for the estate" means "means the executor, administrator, commissioner, or person who filed pursuant to section 2113.03 of the Revised Code for release from administration of an estate." Form 7.0(A) is the Standard Probate Form to be filed with the administrator of the Medicaid estate recovery program, along with any required attachments. According to the administrator's office, the form is to be mailed by the fiduciary or other person responsible to: Medicaid Estate Recovery Unit, 150 E. Gay Street, 21<sup>st</sup> Floor, Columbus, OH 43215-3130. **AS OF 9/29/2013, THE EFFECTIVE DATE OF HB 59, THE COURT DOES NOT SUBMIT COPIES OF SPF 7.0 FORMS TO THE ADMINISTRATOR OF THE MEDICAID ESTATE RECOVERY PROGRAM.** Effective June 1, 2014, Standard Probate Form 7.0(A) is to be filed with Medicaid Estate Recovery is the estate of the decedent is subject to the Medicaid Estate Recovery Program pursuant to R.C. 5162.21. The form is not filed with the Probate Court. When notice to the Administrator has been completed standard Form 7.0 is then filed with the Probate Court.

**DISCLAIMER: This memo supercedes/replaces any earlier memo(s) and forms from this Court as to the Ohio Medicaid estate recovery program. This memo is not intended to give legal advice. Any questions should be directed to legal counsel and/or the Ohio Medicaid Consumer Hotline, 1-800-324-8680; or the Ohio Attorney General's Office at 614-752-2211.**

8/9/2017

**PROBATE COURT OF ALLEN COUNTY, OHIO  
GLENN H. DERRYBERRY, JUDGE**

**ESTATE OF:** \_\_\_\_\_, **DECEASED**

**CASE NO.** \_\_\_\_\_

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF  
MEDICAID ESTATE RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF  
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_:

Medicaid Estate Recovery  
150 E. Gay Street, 21st Floor  
Columbus, OH 43215

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Person Responsible for the Estate

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

PROBATE COURT OF ALLEN COUNTY, OHIO  
GLENN H. DERRYBERRY, JUDGE

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**NOTICE TO ADMINISTRATOR OF  
MEDICAID ESTATE RECOVERY PROGRAM**  
[R.C. 2117.061 AND 5162.21]

**IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:**

**Medicaid Estate Recovery  
150 E. Gay Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215**

**THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE  
PROBATE COURT**

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: \_\_\_\_\_

2. Address of Decedent: \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

4. Date of Death: \_\_\_\_\_

5. Social Security Number: \_\_\_\_\_

6. Check all applicable boxes:

A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;

A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

\_\_\_\_\_  
Signature – Person Responsible for the Estate

\_\_\_\_\_  
Address

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number (include area code)

**PROBATE COURT OF ALLEN COUNTY  
GLENN DERRYBERRY, JUDGE**

**IN THE MATTER OF THE ESTATE OF:** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**AFFIDAVIT – MEDICAID ESTATE  
RECOVERY PROGRAM NOTICE NOT REQUIRED  
[R.C. 2117.061 & 5162.21]**

State of Ohio, County of \_\_\_\_\_ ss:

I, \_\_\_\_\_, Applicant for Release From Administration/Summary Release From Administration in the above-captioned matter, after being duly captioned and sworn, state and aver the following:

1. Affiant states that his/her relationship to the decedent is \_\_\_\_\_.
2. Affiant further states that the decedent died on \_\_\_\_\_.
3. Affiant further states that this estate is not the estate of a decedent subject to the Ohio Medicaid estate recovery program or the estate of a spouse of a decedent subject to the Medicaid estate recovery program and that no notice is required to the administrator of the Medicaid estate recovery program.

**Further affiant saith naught.**

\_\_\_\_\_  
Affiant

Sworn to before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NOTICE**

**Filing this form is NOT compliance with any applicable notice requirements to the administrator of the Medicaid estate recovery program as may be required by R.C. 2117.061 and R.C. 5162.21.**