

## South Carolina Department of Health and Human Services Medicaid Estate Recovery Notification Form

SC Code Ann. §43-7-460 as amended requires The Department of Health and Human Services to seek recovery of medical assistance paid under Title XIX State Plan for Medical Assistance from the estate of an individual who:

1. at the time of death was an inpatient in a nursing home facility, intermediate care facility for the intellectually disabled, or other medical institution; and, was required as a condition of receiving services under the state plan, to spend for costs of medical care all but a minimal amount of the person's income required for personal needs, or
2. was fifty-five years of age or older when the individual received medical assistance, but only for medical assistance consisting of nursing facility services, home and community based services, and hospital and prescription drug services received while the individual was in a nursing facility or receiving home and community based services.

<b>Please complete the following and return this form to the: Estate Recovery Department P.O. Box 100127 - Columbia, S.C. 29202</b>		
Recipient name:	Recipient Medicaid ID#:	Date of death:
<p style="text-align: center;">Check as appropriate:</p> <p><input type="checkbox"/> At the time of death, this recipient did not own any real property (includes home)</p> <p><input type="checkbox"/> At the time of death, this recipient owned real property valued at approximately \$_____, located in _____ (county). <b>Attach a copy of DHHS 1255ME.</b></p> <p><input type="checkbox"/> At the time of death, this recipient owned other assets (car, bank accounts, etc.) valued at approximately \$_____. <b>Attach verification.</b></p> <p>At the time of death, did this recipient have a surviving spouse or dependent minor child?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes</p> <p style="margin-left: 20px;"><input type="checkbox"/> No</p>		
Eligibility worker:	Location:	Date: