

IMPORTANT *NOTICE*
YOUR ESTATE MAY BE SUBJECT TO MEDICAID RECOVERY

Individuals under age 55

You (your personal representative) requested that Medicaid help pay for the cost of care for a nursing facility. The services that may be subject to recovery are stated in the N.C. Gen. Stat. sec 108A-70.5. Federal and State law require the Division of Medical Assistance (DMA) to file a claim against the estate of certain individuals to recover all Medicaid paid on their behalf for the time Medicaid paid a portion of their care for a nursing facility.

Estate Recovery does not apply to everyone. A claim will be filed against the estate of a deceased individual who:

- ▶ Applied or reapplied for Medicaid on or after **October 1, 1994.**
- AND
- ▶ Was **under age 55** and resided in a medical facility on an indefinite or permanent basis.

There are some circumstances when we will not collect from your estate. We will waive recovery when:

- ▶ You are survived by your legal spouse, child(ren) under age 21 or a child of any age who is disabled or blind (as determined by the Social Security Administration or Disability Determination Services), or
- ▶ The total assets in your estate are less than \$5,000, or the total amount Medicaid paid is less than \$3,000,
- OR
- ▶ Recovery will cause undue or substantial hardship to a surviving heir.

This notice is for informational purposes only. You will be notified in writing when a decision is made whether you are residing in a medical facility on a permanent or indefinite basis.

If you have questions about anything in this notice, contact your local Department of Social Services or call DMA, Eligibility Unit through the CARE-LINE toll free at 1-800-662-7030 or if you live in the Triangle area, call 919-855-4400. If you are deaf or hearing impaired, call the TTY number at 1-877-452-2514. The CARE-LINE is operational Monday through Friday (including state holidays) from 7:00am to 11:00pm.

Applicant/Recipient/Personal Representative
Print Name

Applicant/Recipient/Personal Representative
Signature

Date

Relationship to Applicant/Recipient

Caseworker Signature
