

# DMA ADMINISTRATIVE LETTER NO: 23-96, ADDENDUM 4, MEDICAID ESTATE RECOVERY

**DATE:** MAY 17, 2007  
**SUBJECT:** Medicaid Estate Recovery  
**DISTRIBUTION:** County Directors of Social Services  
Medicaid Supervisors and Caseworkers

## I. BACKGROUND

Estate Recovery policy is found in DMA Administrative Letters No. 09-05, 12-03, and 23-96, including Addendums 1, 2, and 3. An insert was sent with the Medicaid cards received by recipients in April that notified them that Personal Care Services for individuals age 55 and older would become subject to Estate Recovery effective May 1, 2007. A Dear County Director letter was issued on March 29, 2007, that notified counties of this change, and included a copy of the insert. This addendum updates policy to add Personal Care Services (PCS) received by Medicaid recipients age 55 and older to other services that are subject to estate recovery.

## II. MEDICAID CHANGES

- A. Caseworkers must explain estate recovery to the a/r or his representative at application and/or redetermination. This includes Family and Children and Aged, Blind and Disabled cases.**
- B. Have the a/r or his personal representative sign the revised [DMA-5051](#), Your Estate May Be Subject To Estate Recovery. Retain the signed DMA-5051 with the permanent case records, and provide a copy to the a/r or his personal representative. If the a/r or his personal representative refuses to sign, document this on the DMA-5051. For mail in applications, the DMA-5051 will need to be mailed to the a/r. Do not delay disposing the application or redetermination if the DMA-5051 is not signed or not returned. If an individual is receiving Special Assistance and has already signed the SA form, Your Estate May Be Subject to Medicaid Estate Recovery, they do not need to sign the DMA-5051.**
- C. Individuals receiving Medicaid through the SSI program will be notified about Estate Recovery with the SSI automatic Medicaid approval notice.**

## III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

Begin this change with any applications taken after receipt of this letter and re-determinations begun after receipt of this letter.

Place an asterisk (\*) in DMA Administrative Letter 23-96 II.B. and II.C. Make a note which reads: REFER TO ADDENDUM 4.

If you have additional questions, please contact your Medicaid Program Representative.

Mark T. Benton  
Director

(This material was researched and written by Linda Faulkner, Program Consultant, Medicaid Eligibility Unit.)