

IMPORTANT NOTICE

State/County Special Assistance Recipient Estate Subject to Medicaid Recovery Notice

YOUR ESTATE MAY BE SUBJECT TO MEDICAID ESTATE RECOVERY

You (your representative) applied for State/County Special Assistance (SA). Medicaid pays for In Home Care for Adults (IHCA) and In Home Care for Children (IHCC) for Special Assistance recipients.

This notice is to inform you that if you are an SA recipient 55 years of age or older, your estate may be subject to Estate Recovery after you die for the cost of Personal Care Services paid for by Medicaid. This applies only to In Home Care for Adults (IHCA) and In Home Care for Children (IHCC) you receive on, or after May 1, 2007.

Medicaid cannot collect any assets that are not part of your estate at the time of your death. No lien will be placed on property as part of the Estate Recovery process.

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

- Applied or reapplied for, or was receiving State County Special Assistance on, or after May 1, 2007

AND

- Was 55 years of age or older and;
- Received In Home Care for Adults (IHCA) or In Home Care for Children (IHCC) paid for by Medicaid.

There are some circumstances when Medicaid will not collect from your estate. Estate Recovery is waived when:

- You are survived by a spouse, child under 21, or a child of any age who became disabled or blind before age 21 and continues to live on your property, or
- The total assets in your estate are less than \$5,000, or the total amount Medicaid paid for In Home Care for Adults (IHCA) or In Home Care for Children (IHCC) is less than \$3,000, or
- Recovery will cause undue or substantial hardship to a surviving heir.

This notice is for informational purposes only. If you have any questions about this notice, contact your local county department of social services. Should you have further questions regarding Medicaid, or North Carolina Health Choice, you may call the Department of Health and Human Services (DHHS) Customer Support Center, toll free at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (Note: this is a TTY number that is for deaf or hearing impaired callers). The DHHS Customer Support Center is open from 8:00 a.m. until 5:00 p.m., Monday - Friday. Additional information about services in your community is also found on the Department of Health and Human Services website at www.nccarelink.gov.

Name of Applicant/Recipient _____

Applicant/Recipient/Representative Signature Caseworker Signature Date Signed

Representative Relationship to A/R Representative Mailing Address Daytime Phone No.