

Member  
Name \_\_\_\_\_

Client  
ID \_\_\_\_\_

## **Official Notice of the Georgia Medicaid Estate Recovery Program**

The Georgia Department of Community Health (DCH) has established a program called Medicaid Estate Recovery. Federal law requires all states to recover Medicaid monies paid for your medical care from your estate. The Official Code of Georgia §49-4-147.1 gives the State the authority to recover these monies. The DCH Estate Recovery Rules are found in Chapter 111-3-8 for the Division of Medical Assistance Rules and Regulations. Your estate will include your home and any other assets such as real and personal property. This notice will inform you of how you may be affected by Medicaid Estate Recovery.

Medicaid members who, at the time of death, were any age and an inpatient in a nursing facility, intermediate care facility for individuals with intellectual disabilities, or other medical institution if the Member is required, as a condition of receiving services in the facility under the State Plan, to spend for costs of medical care will be

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subject to the Medicaid Estate Recovery Program.

Medicaid members who, at the time of death, were fifty- five (55) years of age or older and when the Member received medical assistance, will be subject to the Medicaid Estate Recovery Program but only for medical services consisting of nursing home facility services, personal care services, home and community-based services, and hospital and prescription drug services provided to Members in nursing home or receiving home and community-based services.

If Medicaid has paid for your at-home or institutionalized services, the State can place a lien on your home. No lien will be placed on a member's home if the following persons are living in the home: the member's spouse, the member's child or children under twenty-one (21) years of age, a member's disabled child of any age; or a member's sibling with an equity interest in the home who has lived in the home for at least one (1) year on a continuous basis immediately before the member was institutionalized.

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After your death, your executor, personal representative, or heirs will be notified before any recovery is attempted from your estate. Upon notification, the heir(s) of your estate will be given an opportunity to show that they meet one of the exceptions in the law that will delay recovery and they will be told how to request an undue hardship waiver if requested. Recovery will be delayed until the death of the member's surviving spouse, the member's surviving child or children reaches twenty-one (21) years of age, or upon the death of the member's disabled child. Recovery will also be delayed until the following persons are not legally and continuously residing in the Member's home: a sibling of the member who was residing in the member's home for at least one year immediately before the date that the member was institutionalized and a child of the member who was residing in the member's home for at least two (2) years before the date that the member was institutionalized and who has established to the satisfaction of the Department that he or she provided

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care that permitted the individual to reside at the home rather than to become institutionalized. To prevent substantial and unreasonable hardship, the Commissioner shall waive any claim against the first \$25,000.00 of any estate subject to Estate Recovery for the deceased Medicaid Member with a date of death on or after July 1, 2018.

Upon notification of the State's intent to file a lien on your home, you will be given an opportunity to show that you meet one of the exceptions in the law that will delay the placement of a lien. The member shall have the right to an administrative hearing to prove that the member is not permanently institutionalized. Also, it is important to note that if you transfer real or personal property without adequate consideration, meaning for less than fair market value, a penalty will be applied, and your eligibility could be affected.

An informational brochure is available at your local Division of Family and Children Services (DFCS) office, you can download the brochure at [www.dch.ga.gov](http://www.dch.ga.gov) or you can request a brochure from the Estate Recovery Office.

Member Name \_\_\_\_\_ Client ID \_\_\_\_\_

If you have any questions, please call the Estate Recovery office at 770-916-0328.

Please sign below and return to your DFCS Case Manager or upload to your case on Georgia Gateway.

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**I have received and acknowledge the Official Notice of the Georgia Estate Recovery Program.**

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Member's Name (print)

Date

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Member's Signature

Date

Member  
Name \_\_\_\_\_

Client  
ID \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative's Name (print)\*

Date

\_\_\_\_\_  
Authorized Representative's Signature\*

Date

\_\_\_\_\_  
Relationship to Member\*

\_\_\_\_\_  
Case Manager's Name (print)

Date

\*Authorized Representative or agent for the Medicaid applicant or member and has express authority to act on the Medicaid applicant or member's behalf.