

REV - Intake of Referrals

Purpose:

Receives communications from various sectors including funeral homes, relatives of decedents, nursing homes, Department of Human Services (DHS) field offices, attorneys, Department of Public Health vital statistics division, and DHS data department and inputs information into the the database system.

Identification of Roles:

Administrative Assistant receives mails, emails, faxes, website, phone calls, or other communications and inputs information into the database. Other staff members enter occasional phone referrals into the database.

Performance Standards:

N/A

Path of Business Procedure:

- Step 1: Mailroom receives letters and faxes
- Step 2: Emails and phone calls received by all staff members
- Step 3: Administrative Assistant inputs information into the database
- Step 4: Other staff members occasionally input information into the Estate Recovery database

Forms/Reports:

Referral forms:

- General Referral – 6002.1
 - Nursing Home Referral – 6002.2
 - Burial Fund Referral – Funeral Home – 6002.3
 - Burial Fund Referral – Bank – 6002.4
 - Attorney Referral – Testate – 6002.8
 - Attorney Referral – Intestate – 6002.9
- These come in several versions – paper, online, email

RFP References:

6.8.3.3.e

Interfaces:

MCODE Folder ([\\Exchangelka\estate ftp](#))
IABC
Outlook
MMIS

Attachments:

Estate Recovery Program Referral Form

Pursuant to Iowa Code Section 249A.5(2)

To: Director, Estate Recovery Program From: [Name]

Iowa Medicaid Enterprise

P.O. Box 36445

[Street Address]

Des Moines IA 50315

[City, State, Zip]

Phone: 515-246-9841 / Toll-Free: 888-513-5186

[Phone]

Fax: 515-246-0155

[Fax]

[E-mail]

You are hereby notified of the death of: The surviving spouse, if any, is:

Name:

Date of Death:

Date of Birth:

Social Security Number:

[name] <input type="text"/>
[street address] <input type="text"/>
[city, state, zip code] <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number <input type="text"/>
Date of birth <input type="text"/>

The name and address of the contact person who is handling the affairs for the deceased is the surviving spouse listed above, or if not, as follows:

[name]

[street address]

[city, state, zip code]

[relationship to deceased]

[phone]

Further information regarding the marital status of the decedent is as follows:

- The deceased was never married.
- The deceased was divorced at the time of death.
- The deceased was preceded in death by a spouse:

Name: Date of birth:

Social security number: Date of death:

The deceased has used or will likely use the services of the following:

Funeral Home City

Attorney City Executor

Bank Account # City

Other information that may be helpful:

Revised 6/10

Use the button below to submit the

**form. The following page will allow you
to print a copy for your records.**

[Submit Form and Show Printable Copy](#)

Nursing Home Referral Form

Pursuant to Iowa Code Section 249A.5(2)

To: Director, Estate Recovery Program

From: [Name]

Iowa Medicaid Enterprise

[Facility]

P.O. Box 36445

[Street Address]

Des Moines IA 50315

[City, State, Zip]

Phone: 515-246-9841 / Toll-Free: 888-513-5186

[Phone]

Fax: 515-246-0155

[Fax]

[E-mail]

You are hereby notified of the death of:

The surviving spouse, if any, is

Name:

Date of Death:

Date of Birth:

Social Security Number:

Name:

Street Address:

City/State/Zip:

Date of Birth:

Social Security Number:

The name and address of the contact person who is handling the affairs for the deceased is the spouse as listed above, or if not, as follows:

[name]

[street address]

[city, state, zip code]

[relationship to deceased]

[phone]

Further information regarding the marital status of the decedent is as follows, if applicable:

- The deceased was never married.
- The deceased was divorced at the time of death.
- The deceased was preceded in death by a spouse:

Name Date of birth

Social security number Date of death

The resident has used or his or her representative will likely use the services of the following:

Funeral Home City

Attorney City Executor

Bank Account # City

- The nursing home named above was the representative payee.

The decedent had an account with our facility and \$ remains in the account as of the date of death. Our intentions with regard to these funds are as follows (Check one):

- Remit to contact person named above
- Remit to funeral home

- Remit to the attorney if an estate will be opened
- Hold the funds until further notice from the Estate Recovery Program
- Other (please describe)

The resident owes a balance to our facility of \$ as of
(date)

Other information that may be helpful:

Revised 6/10

Use the button below to submit the form. The following page will allow you to print a copy for your records.

Burial Fund Referral Form

Pursuant to Iowa Code Chapters 249A.5(2) and 523A.303

To: Director, Estate Recovery Program

From: [Name]

Iowa Medicaid Enterprise

[Funeral Home]

P.O. Box 36445

[Street Address]

Des Moines IA 50315

[City, State, Zip]

Phone: 515-246-9841 / Toll-Free: 888-513-5186

[Phone]

Fax: 515-246-0155

[Fax]

[E-mail]

You are hereby notified that [name of deceased], [social security #],
, date of birth, who had a non-guaranteed irrevocable burial trust fund, or life insurance or an
annuity made payable or assigned to the funeral home, in the total amount of \$, died
 [date of death]. Final payment for funeral merchandise and funeral services has been made in the
amount of \$, and after an administrative fee of \$50.00 for the funeral home, there remains
\$ in the irrevocable burial trust fund, insurance policy, or annuity as of this date [date
this form is sent].

The name and address of the contact person who is handling the affairs for the deceased is the surviving spouse listed below, or if not, as follows:

Contact person, if not surviving spouse:

[name]

[street address]

[city, state, zip code]

The surviving spouse, if any, is:

[name]

[street address]

[city, state, zip code]

Social Security Number

Intake of Referrals

[relationship to deceased]

[phone]

Further information regarding the marital status of the decedent is as follows, if applicable:

- The deceased was never married.
- The deceased was divorced at the time of death.
- The deceased was preceded in death by a spouse:

Name:

Date of birth:

Social security number:

Date of death

The above named seller must receive a written response regarding any claim by the Estate Recovery Program within sixty days of sending this notice to the Estate Recovery Program.

If the above-named seller (funeral home) does not receive a written response regarding a claim by the director within sixty days of the mailing of this notice, the seller may dispose of the remaining funds in accordance with the above-cited Code section. Disposing of these funds in accordance with this Code section will relieve the seller of liability pursuant to this section, but the funds may still be recoverable under Iowa Code Sections 249A.5(2) and 523A.303.

Revised 6/10

Use the button below to submit the form. The following page will allow you to print a copy for your records.

[Submit Form and Show Printable Copy](#)

Bank and Credit Union Referral Form

Pursuant to Iowa Code Section 249A.5(2) and 523.303

To: Director, Estate Recovery Program From: [Name]

Iowa Medicaid Enterprise [Bank]

P.O. Box 36445 [Street Address]

Des Moines IA 50315 [City, State, Zip]

Phone: 515-246-9841 / Toll-Free: 888-513-5186 [Phone]

Fax: 515-246-0155 [Fax]

[E-mail]

You are hereby notified of the death of: The surviving spouse, if any, is

Name:

Date of Death:

Date of Birth:

Social Security Number:

Name: <input type="text"/>
Street Address <input type="text"/>
City/State/Zip <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth: <input type="text"/>
Social Security Number: <input type="text"/>

The name and address of the contact person who is handling the affairs for the deceased is the spouse as listed above, or if not, is as follows:

[name]

[street address]

[city, state, zip code]

[relationship to deceased]

[phone]

The deceased had a non burial fund account with our bank or credit union (see below for burial fund accounts) with \$ remaining in the account on the date of death. The account # is: . Our intentions with regard to these funds are as follows (Check one):

- Remit to contact person named above
- Remit to funeral home
- Remit to the attorney if an estate will be opened
- Hold the funds until further notice from the Estate Recovery Program
- Other (please describe)

Further information regarding the marital status of the decedent is as follows:

- The deceased was never married.
- The deceased was divorced at the time of death.
- The deceased was preceded in death by a spouse:

Name

Date of birth

Social security number

Date of death

The deceased recipient has used, or his or her personal representative will likely use, the services of the following:

Funeral Home City

Attorney City Executor

Other information that may be helpful:

For burial trust funds:

You are hereby notified that the above named deceased person, who had a social security number and death date as identified above, had a non-guaranteed irrevocable burial trust fund.. Final payment for funeral merchandise and funeral services has been made, and \$ remains in the irrevocable burial trust fund as of the date of this notice [date this form is sent]. The name and address of the contact person who is handling the affairs for the deceased is identified above.

The above named seller of the burial trust fund (the bank or credit union) must receive a written response regarding any claim by the Estate Recovery Program within sixty days of the mailing of this notice to the Estate Recovery Program.

If the above-named seller (bank or credit union) does not receive a written response regarding a claim by the director within sixty days of the mailing of this notice, the seller may dispose of the remaining funds in accordance with the above-cited Code section. Disposing of these funds in accordance with this Code section will relieve the seller of liability pursuant to this section, but the funds may still be recoverable under Iowa Code Sections 249A.5(2) and 523A.303.

Revised 06/10

Use the button below to submit the form. The following page will allow you to print a copy for your records.

Iowa Department of Human Services

Notice of Probate of Will, of Appointment of Executor, and Notice to Creditor (Iowa Code 633.304A)

In the District Court of Iowa in and for _____ County
In the Estate of _____, Deceased. Probate No. _____

To the Department of Human Services, Who May Be Interested in the Estate of the above deceased person, who died on or about _____ (date):

You are hereby notified that on _____ (date), the last will and testament for the above deceased person, bearing date of _____ (date), was admitted to probate in the above-named court and that _____ was appointed executor of the estate. The birth date of the deceased is _____ (date) and the deceased's social security number is ____ - ____ - ____.

You are further notified that:

- The deceased was never married.
- The deceased was divorced and unremarried at the time of death.
- The deceased was preceded in death by a spouse who died prior to July 1, 1994.
- The deceased has a surviving spouse with the name _____, birth date _____, and social security number ____ - ____ - ____.
- The deceased was preceded in death by a spouse with the name _____, birth date _____, and social security number ____ - ____ - ____, and date of death _____ (on or after July 1, 1994).
- The deceased received a waiver for a disability or undue hardship from the department with regard to another person's medical assistance debt whose name was _____ and social security number was ____ - ____ - ____.

Notice is hereby given that if the Department of Human Services has a claim against the estate for the deceased person or persons named in this notice, the claim shall be filed with the clerk of the above-named district court, as provided by law, duly authenticated, for allowance, within six months of the date of sending this notice or the claim is thereafter forever barred. If the Department does not have a claim, the Department shall return a notice to the Executor within six months of the date of this notice that the Department does not have a claim. No further notice from the Executor by mail or otherwise is required, so none will be provided.

Attorney for Executor _____ Date _____

Address _____

City/State/Zip _____

Phone # _____ Email Address _____

Further comments: _____

470-4494 (7/10)

Use the button below to submit the form. The following page will allow you to print a copy for your records.

SUBMIT

Iowa Department of Human Services

**Notice of Opening Administration of Estate, of Appointment of Administrator, and
Notice to Creditor** (Iowa Code 633.231)

In the District Court of Iowa in and for _____ County
In the Estate of _____, Deceased. Probate No. _____

To the Department of Human Services, Who May Be Interested in the Estate of the above
deceased person, who died on or about _____(date).

You are hereby notified that on _____(date), an intestate estate was opened in the
above named court and that _____ was appointed administrator of the estate.
The birth date of the deceased is _____ (date) and the deceased's social security number
is ____ - ____ - ____.

You are further notified that:

- The deceased was never married.
- The deceased was divorced and unremarried at the time of death.
- The deceased was preceded in death by a spouse who died prior to July 1, 1994.
- The deceased has a surviving spouse with the name _____, birth
date _____, and social security number ____ - ____ - ____.
- The deceased was preceded in death by a spouse with the name _____, birth
date _____, and social security number ____ - ____ - ____ , and date of death
_____ (on or after July 1, 1994).
- The deceased received a waiver for a disability or undue hardship from the department
with regard to another person's medical assistance debt whose name was
_____ and social security number was ____ - ____ - ____.

Notice is hereby given that if the Department of Human Services has a claim against the estate for the
deceased person or persons named in this notice, the claim shall be filed with the clerk of the above-
named district court, as provided by law, duly authenticated, for allowance within six months of the date of
sending this notice or the claim is thereafter forever barred. If the Department does not have a claim, the
Department shall return a notice to the Administrator within six months of the date of this notice that the
Department does not have a claim. No further notice from the Administrator by mail or otherwise is
required, so none will be provided.

Attorney for Administrator _____ Date _____

Address _____

City/State/Zip _____

Phone # _____ Email Address _____

Further comments: _____

470-4493 (07/10)

Use the button below to submit the form. The following page will allow you to print a copy for your records.

SUBMIT