

REV - Review of Medical Assistance Debt Response Forms (MADRF)

Purpose:

To identify assets and expenses of deceased medical assistance recipient when no probate estate is opened, and generally when there are insufficient assets to pay the medical assistance debt in full.

Identification of Roles:

Administrative Assistant reviews and refers file to Operations Manager or Director depending on complexity of case.

Performance Standards:

N/A

Path of Business Procedure:

- Step 1: MADRF received in mail, matched to file and information added into the Estate Recovery database.
- Step 2: MADRF reviewed with file to identify assets, sorted and added to appropriate queue in the Estate Recovery database for those which appear to have funds to be requested and those which appear to have no assets.
- Step 3: Further review by Operations Manager or Director to determine how to proceed with the file.

Forms/Reports:

Medical Assistance Debt Response Form

RFP References:

N/A

Interfaces:

N/A

Attachments:

N/A

Iowa Department of Human Services

Medical Assistance Debt Response

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

To: Estate Recovery Program
PO Box 36445
Des Moines IA 50315
Phone: 515/246-9841 or 888/513-5186
Fax: 515/246-0155

From: Name: _____
Address: _____
City, state, zip code: _____
Phone: _____
Relationship to deceased: _____

Medical assistance recipient information (please print and fill in all blanks):

Name: _____ Date of death: _____

Assets of recipient at time of death:

Savings account	\$ _____
Checking account	\$ _____
Home and real estate	\$ _____
Household goods	\$ _____
Prepaid burial fund	\$ _____
Vehicles	\$ _____
Annuities	\$ _____
Other	\$ _____
Total assets	\$ _____

Higher priority expenses ² (Iowa Code 633.425):

Court costs	\$ _____
Attorney's fees	\$ _____
Executor's fees	\$ _____
Other costs of administration	\$ _____
Funeral and burial	\$ _____
Federal or state taxes	\$ _____
Nursing home	\$ _____
Medical expenses of last illness	\$ _____
Total expenses	\$ _____

Total assets _____ - **Total expenses** _____ = _____ ⁸

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that this page was completed correctly to the best of my knowledge.

Signature: _____ Date: _____

Was there a spouse? Name: _____ Date of Birth: ___/___/___

Social Security Number: _____

Is the spouse living: Yes No

Date of Death: ___/___/___

See the enclosed information if the recipient had a Miller Trust or Special Needs Trust.

Enclose first bank statement after date of death. Bank: _____ City: _____

Please provide a specific itemization of any amounts listed as costs of administration.

Funeral home: _____ City: _____

Please provide a statement of itemized expenses. If "guaranteed", please also insert "guaranteed."

Name of nursing home: _____ City: _____

Did the recipient have a life estate, jointly held or other interest in real property, trusts, litigation, or *any other assets*, including jointly held bank accounts, not listed above at the time of death?

Yes No Please explain: _____

If no funds remain, please return one signed copy in the envelope provided within 30 days. If assets of the recipient remain after completing the information, and no waiver for a spouse, blind or disabled child, or undue hardship is requested, please enclose one signed copy of this form and a check or money order payable to: **Iowa Department of Human Services** within 30 days.

470-4339 (5/07)