



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

What To Do When A Medicaid Recipient Passes Away

- Notify the deceased recipient's case worker at the appropriate District Office of the Department of Welfare and Supportive Services (DWSS). The District Office addresses and phone numbers are attached.
- Complete the Patient Trust Fund (PTF) form, providing the following information: 1) patient trust account amount at date of death (with copy of Patient Trust Fund ledger), date released and whether remitted to Medicaid Estate Recovery, enclosed or disbursed, with name, address, phone number and relationship to decedent 2) surviving spouse, next of kin, or person handling estate contact information 3) other helpful information and 4) name, title and phone number of person completing form. If the patient was released prior to their death, the form needs to state that. This form is available on our website, <http://dhcfp.nv.gov/Providers/Home/> and will also be mailed to you by Medicaid Estate Recovery (MER) when estate recovery begins.
- Complete the Patient Liability (PL) form, providing the following information: 1) patient liability account amount to be disbursed (with copy of Patient Liability ledger) and status of account funds – pending with expected release date, remitted to Medicaid Estate Recovery, enclosed or disbursed with name, address, phone number and relationship to deceased 2) surviving spouse, next of kin, or person handling estate contact information 3) other helpful information and 4) name, title and phone number of person completing form. If the patient was released prior to their death, the form needs to state that. This form is available on our website, <http://dhcfp.nv.gov/Providers/Home/> and will also be mailed to you by MER when estate recovery begins.
- If the funds were released to a family member or authorized representative, please have them sign the Petition to Claim Decedent's Personal Funds form (sample enclosed), and inform them that all or a portion of this money may be due to Medicaid Estate Recovery. If they feel that all or a portion of the money belongs to them, based on the expenses and allowances on the form, they must contact Medicaid Estate Recovery for verification that the funds are theirs. MER will determine the approved expenses according to Federal guidelines. This form is available on our website, <http://dhcfp.nv.gov/Providers/Home/>. Please send the completed form to Medicaid Estate Recovery, at the address listed at the end of this letter.

- If there is no responsible party to send PTF or PL funds to or they have agreed to release the money to MER, the money is sent directly to MER, at the address below. Please do not send one check for several decedents; each check must be for one person only.
- If a recipient is still living and has been discharged from the facility, contact the appropriate Division of Welfare and Supportive Services District Office to notify them of a patient's discharge or transfer. If contact with the recipient has been lost, contact the appropriate District Office to locate the recipient (see enclosed list). Do not send any funds to Medicaid Estate Recovery. MER **cannot** accept checks for recipients who are still living.
- Please note the following:
 - Money received from Social Security, which is considered income, is due to MER, except for the check received for the month of the patient's death. **Do not send funds to Social Security (except for the month of death funds)**. Please refer to the following regulations:
 - NRS 422.29302 - Recovery of benefits paid for Medicaid: Powers and duties of the Department; claim against estate of recipient; regulations; distribution of money recovered; payment in cash.
 - NRS 422.054 - "Undivided estate" defined.
- PTF and PL funds may not be used to pay off an outstanding balance on the patient's account.
- These funds must be released within 30 days from the date of death. (Code of Federal Regulations, Title 42, 483.10, (c) Section 6 and 8).
- Medicaid Estate Recovery may be reached at 1100 E. William Street, Suite 109, Carson City, NV 89701, Ph (775)687-8414, Fax (775)684-3720, email mer@dncfp.nv.gov.

Enclosures: MER Notification of Program Operation

Patient Trust/Patient Liability forms

Petition to Claim Decedent's Personal Funds form

List of Department of Welfare and Supportive Services District Offices