#### INDIANA HEALTH COVERAGE PROGRAMS



## PROVIDER BULLETIN

BT200726

OCTOBER 4, 2007

To: All Long Term Care Providers

**Subject: Patient Trust Accounts** 

## Overview

Indiana Department of Health regulation [410 IAC 16.2-3.1-6(h)] requires that nursing facilities convey, within thirty days of a resident's death, the resident's personal funds deposited with the facility, and a final accounting of those funds, to persons administering the resident's estate.

The Office of Medicaid Policy and Planning (OMPP) is a creditor of the estate of a person who received Medicaid benefits after he or she turned fifty-five years old pursuant to 42 USC 1396p and I.C. 12-15-9. Medicaid has a priority claim to repayment, and the nursing facility should send to OMPP residents' personal accounts pursuant to the standards reported in this bulletin.

## **Determining Whether Funds Should be Sent to the State**

At the death of a resident, OMPP should receive the resident's account fund if:

- The resident was at least fifty-five years old
- The resident was a Medicaid recipient
- The resident is <u>not</u> survived by a spouse
- The resident is not survived by a dependant child under twenty-one years old
- The resident is <u>not</u> survived by a dependant child who is blind or disabled
- The resident had a pre-paid funeral arrangement, and
- No estate has been or will be opened in probate court.

# Information Facilities Should Send when Remitting Resident Account Funds

When sending funds to OMPP, include the following information:

- · Name of the resident
- Resident's Medicaid recipient identification number (RID #) or case number
- · Resident's date of death
- Amount of funds remitted for each resident (if more than one)
- · Reason the funds are being returned to Medicaid
- Name of the facility where the recipient resided

EDS P. O. Box 7263 Indianapolis, IN 46207-7263 • Name and telephone number of a facility contact person.

Remittances should be made payable to "Treasurer, State of Indiana" and mailed to the following address:

FSSA Claims Repayment P.O. Box 1007 Indianapolis, IN 46262-1007

## **Contact Information**

Questions can be directed to Michael Staresnick by email at <a href="Mike.Staresnick@fssa.in.gov">Mike.Staresnick@fssa.in.gov</a> or by telephone at (317)232-2121or toll free at (877) 267-0013.

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