Ohio Department of Medicaid

PERSONAL NEEDS ALLOWANCE (PNA) ACCOUNT REMITTANCE NOTICE

For Conveyance of PNA Account Funds to the State of Ohio

A. RESIDENT INFORMATION						
Last Name			First Name			MI
Social Security Number		Medicaid Billing Number (12 digits)		Date of Death (mm/dd/yyyy)		y)
Check or Money Order Number			Remittance Amount \$			
B. DECEASED PERSON'S RESPONSIBLE PARTY OR NEXT OF KIN INFORMATION						
Last Name		First Name		MI	Relationship	
Street Address						
City	State		Zip Code		Phone Number	
C. FACILITY INFORMATION						
Medicaid Provider Number (7 digits)			Contact Name			
Facility Name						
Street Address						
City	State		Zip Code		Phone Number	
Signature of Provider Representative						

Instructions

As set forth in Ohio Administrative Code (OAC) rules 5160-3-16.5 (for nursing facilities) and 5123:2-7-09 (for intermediate care facilities for individuals with intellectual disabilities), which are licensed by the Ohio Department of Health:

- If within thirty days from the date of death, an estate has been opened in probate court, or application for release from administration is filed, the facility must, within those 30 days, convey the remaining funds in the deceased resident's Personal Needs Allowance (PNA) account, and a final accounting of those funds, to the individual or probate jurisdiction administering the estate.
- If such estate is opened or application for release filed **not later than 60 days after the death**, the facility must convey the remaining funds in the deceased residents PNA account, and a final accounting of those funds, to the individual or probate jurisdiction administering the estate.
- If no estate has been opened or application for release filed within 60 days from the date of death, all remaining funds in the PNA account **must** be paid to the provider of funeral or burial services for any unpaid expenses if payment is not otherwise available, or to the Ohio Department of Medicaid (ODM) via the Medicaid Estate Recovery Program, **no later** than 90 days after the date of death.
- If such estate is opened or application for release is filed **61 or more days after the death**, ODM shall transfer all remaining funds in the PNA account received by ODM to the individual or probate jurisdiction administering the estate unless ODM is entitled to recover the money under section 5162.21 of the Revised Code.
- Complete Section A and prepare a check or money order payable to the Treasurer of State, State of Ohio, Attorney General's
 Office.
- 2. Complete **Section B** to provide information about the deceased resident's responsible party or next of kin, as available. If funds were incorrectly released to another party, please provide contact information here as well.
- 3. Complete **Section C** to identify your facility and sign.
- 4. Mail this form and remittance to:

Attorney General's Office Collections Enforcement Medicaid Estate Recovery 30 E. Broad St, 14th Floor Columbus, Ohio 43215