

Jefferson County Courthouse  
P.O. Box 4025  
Beaumont, Texas 77704



Beaumont (409) 835-8466  
Pt. Arthur (409) 727-2191 Ext. 8466  
Facsimile (409) 839-2311

JEFF R. BRANICK  
County Judge

June 8, 2011

**MEMORANDUM**

To: Attorneys at Law practicing in the Probate Court

From: Jeff R. Branick, County Judge

RE: MERP Authorization and Certification Form

On March 1, 2005, Texas implemented the Medicaid Estate Recovery Program in compliance with federal Medicaid laws. The Texas Department of Aging and Disability Services (DADS) manages the program. Under this program, the state may file a claim against the estate of a deceased Medicaid recipient, age 55 and older, who applied for certain long-term care services on or after March 1, 2005.

Many Texas probate courts have established local rules requiring a recipient's heir to provide a sworn statement specifying whether the recipient's (or decedent's) estate is subject to a MERP claim. To assist in determining whether a decedent's estate is subject to a MERP claim, DADS has created the Authorization and MERP Certification. The form is attached.

You may obtain more information at the following website:

[http://www.dads.state.tx.us/services/estate\\_recovery/](http://www.dads.state.tx.us/services/estate_recovery/)

**THIS FORM WILL BE REQUIRED BEFORE PROBATING A WILL AS A  
MUNIMENT OF TITLE BEGINNING JULY 1, 2011.**

**TEXAS MEDICAID ESTATE RECOVERY PROGRAM (MERP)  
AUTHORIZATION AND MERP CERTIFICATION**

**FROM: Name:** \_\_\_\_\_  
**Company/Firm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**RE: Deceased Owner's Name:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_  
**Deceased Owner's Medicaid ID and/or Social Security Number:** \_\_\_\_\_  
**Complete Property Address:** \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 1:  
Authorization to Obtain MERP Claim Information**  
*(To be Completed by Heirs/Beneficiaries or Estate Representative)*

The undersigned heir/beneficiaries or Estate Representative of the Deceased Owner are unable to certify that the estate of the Deceased Owner is exempt or is not subject to a MERP claim, and hereby authorizes MERP to complete Section 2 of this form below and provide same or any other information related to a MERP claim against Deceased Owner to the requestor above.

**By:** \_\_\_\_\_ **By:** \_\_\_\_\_  
 (Signature) (Signature)

**Printed Name:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**SECTION 2  
CERTIFICATION BY MERP**  
*(To be Completed by MERP)*

<input type="checkbox"/>	_____ initial	Based on the Social Security Number provided, there is no pending MERP Claim against the Deceased Owner's estate and the State of Texas does not intend to file a MERP Claim against the Deceased Owner's estate.
<input type="checkbox"/>	_____ initial	There is a MERP Claim filed against the Deceased Owner's estate in amount of \$ _____, as evidenced by the attached document.
<input type="checkbox"/>	_____ initial	MERP intends to file a MERP claim against the Deceased Owner's estate in the amount of \$ _____.

*This is not a dismissal of any other claim the State may have against this estate. Estate representatives of deceased Medicaid recipients whose estates may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with the DADS' Third Party Recovery unit by calling: (512) 438-2200, #4 to determine if the Department of Aging and Disability Services may have other claims on this estate.*

**TEXAS MERP REPRESENTATIVE**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name** **Title**

**FAX OR MAIL COMPLETED FORM TO:** HMS – The Texas Medicaid Estate Recovery Contractor  
 5615 High Point Drive, Suite 100  
 Irving, Texas 75038  
 Phone: 1-800-641-9356 **Fax: 214-560-3918**