STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: <u>Alabama</u>

<u>Citation (s)</u> 42 CFR 433.36 (c) 1902(a) (18) and 1917(a) and (b) of	4.17	Liens a	and Adjustments or Recoveries
The Act			X The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.
			The State complies with the requirements of section 1917 (a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.
			The State imposes liens on real property on account of benefits incorrectly paid.
			X The State imposes TEFRA liens 1917 (a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.
			The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State Plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)
			The State imposes liens on both real and personal property of an individual after the individual's death.

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(b)	<u>Adjustr</u>	stments or Recoveries		
	The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i). Adjustments or recoveries for Medicaid claims correctly paid are as follows:			
	a i s a s	adjustment individual' subject to a assistance j services pro	nently institutionalized individuals, s or recoveries are made from the s estate or upon sale of the property a lien imposed because of medical paid on behalf of the individual for ovided in a nursing facility, ICF/MR, or cal institution.	
	-		astments or recoveries are made for all other medical assistance paid on behalf of the individual.	
	s t r	status" of i than those real proper	letermines "permanent institutional ndividuals under the age of 55 other with respect to whom it imposes liens on ty under §1917 (a) (1) (B) (even if it pose those liens).	
	a I r t	at age 55 o payments a nursing fac based servi	lividual who received medical assistance r older, adjustments or recoveries of the made from the individual's estate for ility services, home and community- ces, and related hospital and n drug services.	
	=		ddition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State Plan as listed below:	
			Recoveries for all approved medical assistance, for Medicaid recipients age 55 and over, except for Medicare cost-sharing as specified at 4.17 (b) (3-continued).	

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4.17 (b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery - Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1,2010. The date of service for deductibles, coinsurance, and copayments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

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