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State/Territory Name: MN

State Plan Amendment (SPA) #: 16-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 20, 2016

Marie Zimmerman, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Ms. Zimmerman:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #16-0007 --Removes the option for recovery of all medical assistance services from the estates of deceased individuals who received services at and after age 55, and limits recovery to nursing facility services, home and community-based services and associated hospital and prescription drug services

--Effective Date: July 1, 2016

If you have any additional questions, please have a member of your staff contact Sandra Porter at (312) 353-8310 or via e-mail at Sandra.Porter@cms.hhs.gov.

Sincerely,

/s/

Ruth Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosures

cc: Ann Berg, MDHS
Sean Barrett, MDHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

16-0007

2. STATE

Minnesota

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

1917(b) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY '16 \$ 857

b. FFY '17 \$3,477

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 53a of section 4.17 of the plan preprint

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

10. SUBJECT OF AMENDMENT: eliminating state option for Medicaid estate recovery

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Ann Berg, Deputy Medicaid Director
Minnesota Department of Human Services
540 Cedar Street, PO Box 64983
St. Paul, MN 55164-0983

13. TYPED NAME:

Ann Berg

14. TITLE:

Deputy Medicaid Director

15. DATE SUBMITTED:

August 30, 2016

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 30, 2016

18. DATE APPROVED:

December 20, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Ruth A. Hughes

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Revision: HCFA-PM-95-3 (MB)
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Minnesota

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.366(h) – (i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

(1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

(2) The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

(3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community based services and related hospital and prescription drug services, except as specified in (b)(4).

X In addition 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:

~~All medical assistance (MA) services except as specified in (b)(4).~~

The revision to paragraph (b)(3) above is effective July 1, 2016 for estate claims pending on or after July 1, 2016 and estates for people who die on or after July 1, 2016.

(4) Limitation on Estate Recovery – Medicare Cost Sharing

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for individuals qualified for a Medicare Savings Program group under 1902(a)(10)(E). This protection extends to the Medicare cost sharing benefits for each group under 1902(a)(10)(E) with dates of service on or after January 1, 2010: for QMB, Part A and B premiums, deductibles and coinsurance; for SLMB and QI, Part B premiums; and for QDWI, Part A premiums. The date of service for Medicare deductibles and coinsurance for QMB individuals is the date the request for payment is received by the State Medicaid agency. The date of service for Medicare Part A or B premiums is the date the State Medicaid Agency pays the premium. Individuals qualified for a Medicare Savings Program group under 1902(a)(10)(E) as QMB and SLMB individuals who also qualify for full Medicaid benefits under another eligibility group, receive the same estate recovery protection as stated above for QMB and SLMB individuals.

(ii) The exemption applies to a qualified individual under 1902(a)(10)(E) who is age 55 or older.