

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
OR: HEALTH CARE FINANCING ADMINISTRATION**

- 1. TRANSMITTAL NUMBER: 10-009-UT
- 2. STATE: Utah
- 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
- 4. PROPOSED EFFECTIVE DATE: January 1, 2010

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

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:

Section 1917(b)(1) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

- a. FFY 2010 \$+322,560
- b. FFY 2011 \$+322,560

*203*  
*1313*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page ~~53 and 53a~~ of Section 4.17  
Page 53a-1 of Section 4.17

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page ~~53 and 53a~~ of Section 4.17

10. SUBJECT OF AMENDMENT:

Estate Recovery

*Section 115 of MIPPA*

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

13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED

March 31, 2010

16.

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

*3/31/10*

18. DATE APPROVED:

*6/18/10*

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

*1/1/10*

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

*Richard C. Allen*

22. TITLE:

*Associate Regional Admin.*

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: UTAH

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Citation	4.17	<u>Liens and Adjustments or Recoveries</u>
42 CFR 433.36(c) 1902(a)(18) and 1917(a) and (b) of the Act	(a)	<u>Liens</u>
	—	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 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.
	—	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 required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements).
	<u>X</u>	The State imposes liens on both real and personal property of an individual after the individual's death.

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T.N. # 10-009

Approval Date 6/18/10

Supersedes T.N. # 95-017

Effective Date 1-1-10

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: \_\_\_\_\_

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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 co-payments 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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TN No.: 10-008  
Supersedes  
TN No.: \_\_\_\_\_

Approval Date: 6/18/10

Effective Date: 7/1/10