

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: OHIO
LIENS AND ADJUSTMENTS OR RECOVERIES

Citation:
42 CFR 433.36(c)
1902(a)(18) and
1917(a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens (imposition of lien against property of an individual on amount of medical assistance rendered to him under state plan)

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.

X The State imposes liens on real property on account of benefits incorrectly paid.

X 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.)

X The State imposes liens on real property of an individual after the individual's death except as provided in (b)(4).

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4.17 Liens and Adjustments or Recoveries, continued

(b) Adjustment or Recoveries. [Adjustment or recovery of medical assistance correctly paid under a State plan]

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:

1917(b)(1)(A)

(1) For permanently institutionalized individuals, adjustments or recoveries are made from the individuals' estate or upon sale of the property subject to a 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, including assistance furnished prior to the time the state determines the individual to be permanently institutionalized.

X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual, including assistance furnished prior to the time the state determines the individual to be permanently institutionalized, and a) any premium payments to managed care organizations, and b) medical assistance amounts expended for Medicare cost-sharing (premiums, deductibles, and coinsurance) and/or Medicare premiums.

(2) X 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),

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1917(b)(1)(C)

- (4) X If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in **Attachment 2.6-A, Supplement 8c** (State Long-Term Care Insurance Partnership), the State does **not** seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

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STATE OF OHIO

CITATION

LIENS AND ADJUSTMENTS OR RECOVERIES

1917(b)(2)(B)
42 CFR §433.36(h) – (i)

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36(h) – (i).

1917(b)(2)(A)

(1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individuals' surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.

1917(b)(1)(B)(ii)

(2) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles [Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), Qualified Disabled and Working Individual (QDWI), QMB Plus, and SLMB Plus]. This protection extends to medical assistance for four Medicare cost sharing benefits (Part A and B premiums, deductibles, coinsurance and 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.

1917(b)(3)

(3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

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LIENS AND ADJUSTMENTS OR RECOVERIES

4.17 Liens and Adjustments or Recoveries, continued

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36 (d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36 (f).
- (3) Defines the following terms:
 - Estate,
 - Individual's home,
 - Equity interest in the home,
 - Residing in the home for at least 1 or 2 years,
 - On a continuous basis,
 - Discharge from the medical institution and return home, and
 - Lawfully residing.
- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

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