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

May 1995

TN No.: 95-010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State/Territor	у:	Wyom	ing
<u>Citation (s)</u> 42 CFR 433.36 (c)	4.17	Liens	and Adjustr	ments or Recoveries
1902(a) (18) and 1917(a) and (b) of		(a)	Liens	
The Act			**************************************	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 lie imposed against the property of any individu prior to his or her death on account of medica 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 a 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.
TN No.: 10-006 Supersedes	Appro	oval Date	e: <u>8/26/10</u>	Effective Date: 4/1/10

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

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory	/:	Wyoming	
	(b) <u>/</u>	Adjustments o	r Recoveries
			plies with the requirements of section 1917(bregulations at 42 CFR 433.36 (h)-(i).
		Adjustments o paid are as fol	r recoveries for Medicaid claims correctly lows:
	(adjustm individu subject assistan services	manently institutionalized individuals, nents or recoveries are made from the ual's estate or upon sale of the property to a lien imposed because of medical ace paid on behalf of the individual for s provided in a nursing facility, ICF/MR, or redical institution.
		<u>X</u>	Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.
	,	status" than the real pro	of individuals under the age of 55 other ose with respect to whom it imposes liens on operty under §1917 (a) (1) (B) (even if it impose those liens).
		at age 5 paymer nursing based s	v individual who received medical assistance 55 or older, adjustments or recoveries of ats are made from the individual's estate for facility services, home and community-ervices, and related hospital and ption drug services.
		<u>X</u>	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:
			The State recovers for all approved services, for individuals age 55 and over, except for Medicare cost sharing identified at 4.17, (b)(3) Continued.

TN No.: 10-006 Supersedes

TN No.: <u>95-010</u>

Approval Date: <u>8/26/10</u>

Effective Date: 4/1/10

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

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Wyoming	

- 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.

TN No.: <u>10-006</u>				
Supersedes	Approval Date:	8/26/10	Effective Date:	4/1/10
TN No.: New				

Page 53b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: <u>WYOMING</u>

1917(b)(1)(C)	(4) <u>x</u>	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 2.6A, 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.
		The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6A, Supplement 8b.
		The State adjusts or recovers from the individual's estate on account of all facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry. These five States may either check this entry or one of the following entries.)
	~	The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.
		The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

TN No. <u>09-001</u> Supersedes TN No. <u>95-010</u> Approval Date 6/29/09

Effective Date_July 1, 2009_

HCFA-PM-95-3 Revision: (MB

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: WYOMING

Adjustments or Recoveries: Limitations (C)

> The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR \$433.36(h) - (i).

. (

- Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- With respect to liens on the home of any (2) individual who the State determines is permanently institutionalized and who must as a condition of receiving services institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized),
 - a child of the individual (who was (b) residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

# 95-010				1/1/1/4/
Supersedes	Approval Date	09105/95	Effective Date	04/01/95
דאו # אונינון			-	

NEW

HCFA-PM-95-3 (MB

May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	t
:	۲,

STATE/TERRITORY: <u>WYOMING</u>

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institinalized individual cannot reasonably be expected to be discharged from the medical institution and returen home. The description of the procedures meets the requirements of 42 CFR 443.36(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 443.36(g).
- (3) Defines the following terms:
 - a. estate (at a minimum, estate as defined under State probate law). Except for the grandfathered States listed in section 4.17(b)(3), of the State provides a disregard for assets or resources for any individual who received or is enttitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
 - b. individual's home,
 - c. equity interest in the home,
 - d. residing in the home for at least 1 or 2 years,
 - e. on a continuous basis,
 - f. discharge from the medical institution and return home, and
 - g. lawfully residing.

95-010					_
Supersedes TN # NEW	Approval Date	09/05/95	Effective Date _	04/01/95	

Revision: HCFA-PM-95-3

May 1995

(MB

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY:	WYOMING
------------------	---------

(4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.

t i

- (5) Defines when adjustment or recovery is not costeffective. Defines cost-effective and includes
 methodology or thresholds used to determine costeffectiveness.
- (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.

TN # 95-010
Supersedes Approval Date 09/05/95 Effective Date 04/01/95

TN # NEW