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			83	17	10/97
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			IM-LTC-4	FORM	10/97
DATE: August, 1997			TO: All Income Maintenance Manual Holders		

This change is being made to Chapter 16 and Chapter 17 to correct the groups to which Estate Recovery applies and to correct the toll-free phone number of the Estate Recovery contract agency.

In addition, form IM-LTC-4 was created at the request of the Bureau for Medical Services due to problems encountered in the Estate Recovery process. The form will assist the Worker in explaining the applicability of Estate Recovery to any client who receives Medicaid payment for nursing care, HCB Waiver, ICF/MR or MR/DD services. This includes recipients of SSI Medicaid who receive payment for these services and QMB recipients who receive payment for nursing care services.

The form is provided for use in the application/redetermination process, or any time the Worker becomes aware that Medicaid is making payment for any of the above stated services. However, signing the form is not a condition of eligibility for Medicaid or for payment for the services and eligibility cannot be denied for failure to do so. The Worker will explain the applicability of Estate Recovery, but the client or his representative cannot be required to sign the form.

Questions regarding the Estate Recovery process must still be referred to the toll-free number for the Estate Recovery contract agency. The Worker's responsibility is only to insure that the client or his representative is aware that Estate Recovery may be applicable when Medicaid payment is made for the above stated services. Estate Recovery will be added to the Rights and Responsibilities section of the application form when revisions are made in the future.

Questions should be directed to the Policy Unit in the Office of Family Support.

c. Nursing Home Services

Those eligible as QMB's are eligible to have their QMB medical card pay the Medicare deductible and/or co-insurance for nursing home services.

If the client applies for Medicaid nursing home services as described in Chapter 17 and is found eligible, he is treated as a dual eligible. However, if the client does not apply for Medicaid nursing home services or is not eligible for them, his QMB eligibility pays the Medicare co-insurance and/or deductibles related to nursing home costs, without opening a separate nursing home case and without a client contribution for his cost of care.

To facilitate payment for such services, the Worker must notify the Long-Term/Alternative Care Unit in the Office of Medical Services, by memorandum, that the QMB client is in a nursing home, when it is known. The memorandum prompts the Long-Term/Alternative Care Unit to generate a billing form to the nursing home to pay for the covered services. The memorandum must contain the following information: client's name, case number, name of nursing home, date client entered the nursing home, date QMB eligibility began, the fact that the client has a QMB case only and, therefore, there is no client contribution toward his cost of care.

NOTE: Payments for nursing care services for QMB clients are subject to Estate Recovery. See Section 17.13. Form IM-LTC-4, Estate Recovery, should be signed by the client or representative when the Worker is aware that the QMB client is receiving paying for these services.

3. Reimbursement of Medicare Premium Amount

Once the Buy-In Unit includes the QMB client in the State Buy-in process and, thus, begins the State's payment of the client's Medicare premium to SSA, SSA refunds all of the Medicare premiums withheld during the time that the State should have paid the premium.

Such reimbursement to the client will not affect the client's eligibility.

the month following the month in which ineligibility occurs or whenever the advance notice period ends.

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application, provided all of the conditions described above are met for that period.

EXAMPLE: An individual is a patient in a hospital. The physician recommends nursing care to the patient's family and completes a PAS-95 dated 6/5/95. The family is undecided about placing the individual in a nursing facility and takes the patient home to provide care. They do not apply for Medicaid until 8/16/95 which is the date the client enters the nursing facility. Medicaid eligibility is established beginning 8/1/95, but the PAS-95 has expired. A new PAS-95 is not completed until 8/22/95. Medicaid nursing care payments begin 8/22/95.

EXAMPLE: Same situation as above except that the PAS-95 is dated 6/25/95. A new PAS-95 is not required, but nursing care payments cannot begin until 8/16/95, which is the date he entered the nursing facility.

EXAMPLE: An individual enters a nursing facility on 8/16/95 and the PAS-95 is signed 8/16/95. However, the client does not become Medicaid eligible until 9/1/95 due to excess assets. Payment for nursing care services begins 9/1/95.

EXAMPLE: An individual enters a nursing facility on 10/10/95 and a PAS-95 is signed on that date. On 11/25/95 his family applies for Medicaid to pay for his nursing care costs. Medicaid eligibility is backdated to 8/1/95 to cover the cost of his recent hospitalization. Payment for nursing care services begins on 10/10/95.

3. Content Of The Interview

In addition to the requirements in Chapter 1, the Worker must screen the client according to the priorities listed in Section 17.9,C.

The Worker must also explain the applicability of Estate Recovery, using the IM-LTC-4. The client or his representative must be asked to sign the IM-LTC-4, but a signature cannot be required and is not a condition of eligibility. The signed IM-LTC-4 is filed in the case record and a copy is provided to the client or representative. When the client or

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ES-2 is mailed to the responsible person with a cover letter explaining the procedure for signing the form on the client's behalf. A copy is retained in the case record.

b. Representative Lives in Another County

When the representative to be interviewed lives in another county, the interview may be conducted in the office of the county in which he lives, at the nursing facility or in the office of the county in which the nursing facility is located. When the office in the county in which he lives agrees to conduct the interview, the procedure is as follows:

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D. AFDC/U RECIPIENTS

When an AFDC/U recipient enters a nursing facility or an AFDC/U application is made, all eligibility requirements in Chapters 9 and 15 apply.

The nursing facility resident is included in the benefit group and \$30 of the AFDC/U check is used for his personal needs allowance. Because benefit groups of 8 or more receive only the capped AFDC/U check amount of \$477, a special needs allowance, as specified below, must be added to the AFDC/U check to ensure that the full personal needs allowance is available to the nursing care patient.



Benefit Group	Special Needs Allowance
8	\$15, \$50 or \$75
9 or more	\$30, \$65 or \$90

E. QUALIFIED MEDICARE BENEFICIARIES (QMB)

QMB recipients receive coverage for Medicare co-insurance payments and deductibles, which includes nursing care payment, when Medicare is participating in the cost of care. See Section 17.2.

F. APPLICATION OF TRUST AND TRANSFER OF RESOURCES POLICY

Because the trust and transfer of resources provisions which are effective for trusts and transfers established on or after 8/11/93 apply to all Medicaid Recipients, including SSI and Deemed SSI Recipients and AFDC/U Recipients, the Worker must contact the client or his representative to determine if these provisions apply. When either or both applies, the penalty is applied for as long as the trust exceeds the asset limit or until the transfer penalty period expires, or both, as appropriate.

MENTALLY RETARDED/DEVELOPMENTALLY DISABLED (MR/DD)

17.43 BENEFIT REPAYMENT

A. RECIPIENT REPAYMENT

When payment for MR/DD services is made for a recipient who is ineligible for such payment, or for Medicaid, repayment is pursued as specified in Chapter 20.

B. PROVIDER FRAUD

When fraud on the part of an MR/DD service provider, facility or other Medicaid provider is suspected, the procedures in Chapter 20 are followed.

C. ESTATE RECOVERY

Estate recovery applies to MR/DD cases. See Section 17.13. Refer all questions to the Estate Recovery contract agency.

ESTATE RECOVERY

Case Name: _____

SSN: _____

Federal and West Virginia law mandates the recovery of Medicaid paid after June 9, 1995 on behalf of individuals age 55 or older who receive Medicaid payment for nursing care or home and community based waiver services and related hospital and prescription drug services. These laws also mandate the recovery of Medicaid paid for nursing care, care in an intermediate care facility for the mentally retarded or other medical institution when an individual is determined permanently institutionalized.

The State will not recover or will defer recovery from the estate when:

- The individual has a surviving spouse
- The individual has a surviving child who is under age 21 or who is blind or disabled.

The amount of the recovery is the amount Medicaid pays for these services for the individual.

After a proof of claim is filed against the estate, heirs affected by Estate Recovery may file a hardship waiver.

Estate Recovery is not an eligibility requirement to receive Medicaid or payment for the services.

I certify that I have read and understand the above statements regarding Estate Recovery.

Signature of Applicant or Representative

Date

Street Address

City

State

Zip Code