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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-89

Date: July 25, 1994

Division: Health & Long Term
Care

TO: Local District Commissioners

SUBJECT: Quarterly Estate and Casualty Recovery Report

ATTACHMENTS: Attachment I - Sample Blank Report (Available On-Line)
Attachment II - Completion Instructions (Available On-Line)

The purpose of this Local Commissioners Memorandum is to introduce, to provide completion instructions for, and to require submission of the Quarterly Estate and Casualty Recovery Report. A copy of the format (Attachment I) and the instructions (Attachment II) are provided.

The Omnibus Budget Reconciliation Act of 1993 (OBRA '93) requires the imposition of estate liens for recovery of Medical Assistance paid for long term care services on behalf of any recipient aged 55 years or more. Currently, 92 ADM-53 allows local districts to pursue recovery of any Medical Assistance paid on behalf of an individual from his/her sixty-fifth birthday. The same ADM authorizes recovery from personal injury settlements and/or awards of Medical Assistance paid for the recipient from the time of the injury. Only the amount paid for services for casualty related injuries and conditions may be recovered from insurance settlements and/or awards. An Administrative Directive will be issued providing new estate recovery requirements when enabling New York State legislation is enacted.

The changes in OBRA '93 have resulted in budgetary expectations regarding this class of revenue. Additionally, changes to the Welfare Management System (WMS) and the Medicaid Management Information System (MMIS) are under consideration; a clear picture of current collections and the potential for revenue enhancement would help provide justification for these system enhancements. The uneven reporting of collections from these recoveries has inhibited provision of the needed revenue information. Implementation of this new reporting mechanism will correct the problem. As partners in the administration of the Medicaid Program, both the State and Local Departments of Social Services can expect to benefit.

As part of the social service district's responsibility to collect recovery information, it is now required that the new form be completed quarterly. It is recommended that the individual(s) or unit(s) currently responsible for recovery activity prepare and send the report. Given the variety of organizational models found statewide, it is possible that more than one group in a district may participate in the function. However, please send only one report from your district. Requirements to include the information as part of the Schedule E-1 report have not changed but the addition of the separate reporting process will provide more information.

The form is available on the E-Lib component of Sperry-Link in the Medical Assistance drawer. Paper (hard) copies are available through the usual forms procurement procedure. Upon completion, it should be returned to John Brunelle, Bureau of Eligibility and Resources, Division of Health and Long Term Care. The E-Mail address is Otp060. If it is easier for you to send a hard copy please mail it to:

John Brunelle
New York State Department of Social Services
Bureau of Health and Long Term Care
One Commerce Plaza
Room 606
Albany N.Y. 12210

If you or your staff have questions, please call Mary C. Mahoney at 518 474-9795.

Sue Kelly
Deputy Commissioner
Division of Health and Long Term Care

LDSS Quarterly Estate and Casualty Recovery Report

District Name_____

District Code_____

Report Quarter/Year_____

A. Estate Recoveries

1. Number of death investigations started this quarter_____
2. Number of deaths investigated that resulted in claims_____
3. Number of estate recoveries realized during report quarter_____
4. Amount of medical assistance recovered for estates in A.3. \$_____

B. Casualty Recoveries

1. Number of casualty investigations started this quarter_____
2. Number of accidents investigated that resulted in liens_____
3. Number of accident recoveries realized during report quarter_____
4. Amount of medical assistance recovered from casualty cases in
B.3. \$_____

The following are instructions for completion of the

LDSS Quarterly Estate and Casualty Recovery Report

IDENTIFICATION SECTION:

Complete each line as specified with your District's name and code and the quarter for which activity is being reported.

A. ESTATE RECOVERIES:

1. Enter number of deaths for which estate recovery activity was initiated during this quarter (i.e. deaths among the aged 65 and older population until you are officially notified by ADM to pursue recoveries for those 55 and over.)
2. Enter number of estate claims actually made in this quarter.
3. Enter number of estate cases that resulted in recoveries realized during this quarter.
4. Enter total dollar amount of Medicaid expenditures recovered this quarter as a result of estate recovery activity. Include amounts recovered from estate claims, satisfaction of assignments of proceeds after the recipients' deaths, life insurance payments, PNAs from nursing homes, etc..

B. CASUALTY RECOVERIES:

1. Enter number of incidents for which casualty recovery activity was initiated during the quarter.
2. Enter number of casualty liens actually filed in this quarter.
3. Enter number of casualty cases that resulted in recoveries realized in this quarter.
4. Enter total dollar amount of Medicaid expenditures recovered as a result of casualty recovery activity this quarter.