

10-144 Chapter 101
MAINECARE BENEFITS MANUAL
CHAPTER VII

SECTION 5

ESTATE RECOVERY

Established: 9/18/95
Last Updated: 11/30/20

5.08 WAIVERS (cont.)

3. Health care maintenance activities or personal care services previously used during the application process to reduce a transfer of assets cannot be counted again toward a care given exemption or a claim reduction.
4. All care given exemptions will be based on and limited to the two (2) year time period immediately prior to the Member's death or institutionalization.
5. An applicant may not be granted a waiver pursuant to this section for any services rendered to a Member and for which the applicant received compensation, either monetary or non-monetary.

**The Department shall submit to CMS and anticipates approval for a State Plan Amendment related to these provisions.*

5.09 ESTATE RECOVERY EXEMPTION WITH QUALIFIED LTC INSURANCE
PARTNERSHIP POLICY

If a Member covered under a long-term care insurance policy received benefits for which assets or resources were disregarded through the MaineCare Eligibility process as outlined in the MaineCare Eligibility Manual, Part 14, Section 4.1, the Department will not seek adjustment or recovery from the Member's estate for the amount of assets or resources disregarded. The amount of disregard for estate recovery is equal to the total amount of the insurance benefits paid to or on behalf of the individual.

- A. Before applying an exemption for a qualified long term care insurance policy described under this subsection, the Department must determine that the policy is a qualifying long term care insurance policy. The Department will verify the policy by reviewing the list of qualified policies posted on the Maine Bureau of Insurance website at <http://www.maine.gov/pfr/insurance/>.
- B. The Member needs to ensure that any long term care insurance policy, for which an exemption is sought, qualifies for an exemption under the criteria adopted by the Bureau of Insurance. This can be done by contacting an eligibility specialist in the Department's Office for Family Independence (OFI).
- C. Within 60 days of notice of the Department's claim, the amount of benefits paid to the Member or on the Member's behalf must be confirmed [by the Department.] This time period may be extended if reasonable efforts have been made to obtain the confirmation information. If the amount is not confirmed, the Department will use the amount disregarded when eligibility was first determined as the value of the exemption unless a different amount is proven before recovery occurs. Evidence of the amounts paid may be submitted in the form of statements from the insurer or other reliable claims payment information. The Department may request additional information relevant to the exemption prior to final recovery.