

**OTHER ELIGIBILITY REQUIREMENTS****VOLUNTARY REPAYMENTS**

**Disposition:** A voluntary repayment is a payment made by a recipient, without coercion, to the local district for Medicaid correctly or incorrectly paid.

**Policy:** A client may elect to reimburse a local social services district for Medicaid correctly or incorrectly paid. Reimbursement for Medicaid correctly paid is always voluntary. The record clearly documents that the decision to reimburse the district was totally voluntary and that the client fully understood that s/he had no obligation to provide reimbursement. A recipient who receives a lump sum payment, placing him/her over the resource limit, may choose to reimburse the district for previously paid medical bills and continue his/her eligibility uninterrupted.

See **OTHER ELIGIBILITY REQUIREMENTS RECOVERIES** for recovery and voluntary reimbursement or repayment of assistance incorrectly paid.

**References:** Dept. Reg. 360-7.11

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**Documentation:** A statement from the A/R or his/her representative that the repayment was voluntary. The statement should include the amount of the repayment and when appropriate, the services or time period covered by the repayment.

When the repayment is for assistance correctly paid, the statement clearly indicates that the decision to reimburse was totally voluntary and that the A/R understands s/he is under no obligation to reimburse the district.