

UNDUE HARDSHIP WAIVER LETTER

_____ County Department of Family and Children Services

_____ Date: _____

_____ Re: _____

Your Medicaid case will be:

___ Closed Section _____ of the Medicaid Manual

___ Denied Section _____ of the Medicaid Manual

___ Penalized due to a transfer of assets. Section 2342 of the Medicaid Manual. The penalty will begin _____ and last until _____. If you are a nursing home or institutionalized hospice patient, this means that Medicaid will not pay for your stay at the NH or services you receive as an institutionalized hospice recipient. If you are applying for or receiving Medicaid under one of the other “waivered” categories, this means you are not eligible for Medicaid, and your case will be denied or closed.

You will receive a separate computer generated notice to this effect. However, if you are already a Medicaid recipient, this action will not take effect until after 12 days from the date on this notice (timely notice).

If you feel that the denial/closure/penalty of your case will result in undue hardship to **you** (not to your spouse or anyone else), you may apply for an Undue Hardship Waiver to exclude the asset/transfer(s) that is making you ineligible or penalized. However, there are very strict guidelines for this to be considered. For transferred assets, you must take “legal action and equitable remedies to recover the asset” before undue hardship can be considered.

If you would like to pursue applying for the Undue Hardship Waiver, contact me using the information at the end of this letter, within **12 calendar days of the date on this notice**. This due date will be _____. I will mail/give you a form to complete. You must return the completed form to me with other information, including proof of the legal action taken, etc. I will let you know of other information we may need, perhaps including documentation from your physician.

You may request an addition 12 days, prior to the expiration of this initial 12 day period. If I do not hear from you before the date shown in the paragraph above, I will take the action outlined at the top of the letter to close/deny the case or activate the transfer penalty.

If you have been a recipient, your case will be kept open during the 12 day period or additional 12 day extension. Your application for Undue Hardship will be reviewed by Undue Hardship Waiver Letter

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our Medicaid Field Program Specialist (FPS) for approval or denial. If the FPS denies your waiver application, you will be sent another computer notice outlining the action taken. At that time, you may further make an appeal to be heard by an Administrative Law Judge. If you choose to make that appeal, you will complete the form attached to the notice on the appeal rights. If you are a recipient, you can request that your case remain open or not penalized pending the outcome of the hearing. However, if you choose this option and lose the appeal, you will have to repay the Department of Community Health for any Medicaid expenses paid on your behalf.

For questions and/or to request the Undue Hardship Waiver information, contact:

_____ Medicaid Eligibility Specialist

Phone: _____

Address:
