



IMPORTANT NOTICE

YOUR ESTATE IS SUBJECT TO MEDICAID RECOVERY

_____ DATE OF NOTICE

It has been determined that you are residing in a medical facility on a **permanent or indefinite** basis. This is **NOTICE** that Federal and State law require the Division of Medical Assistance to file a claim against your estate to recover all Medicaid paid on your behalf for the time Medicaid pays a portion of your care in a nursing facility. We cannot collect any assets (property or money) that are not part of your estate at the time of your death. No lien will be placed on your property as part of the recovery process.

If you do not agree with the decision that you are residing in a medical facility and cannot reasonably be expected to return to your home to live, **YOU HAVE THE RIGHT TO A STATE HEARING TO APPEAL THIS DETERMINATION.**

- ➔ Complete the back of this notice and return to the Division of Medical Assistance within 30 calendar days of the date of this notice.
- ➔ A hearing will be scheduled and held within 30 days from the receipt of your request.
- ➔ You will receive a written decision within 15 days of the date of the review.
- ➔ If you do not agree with the decision made on your appeal, you will be notified of additional appeal rights at that time.

If you have questions about anything in this notice, contact your local Department of Social Services or call DMA, Eligibility Unit, toll-free at 800/662-7030

Applicant/Recipient/Representative Signature

Caseworker Signature

Date

PLEASE COMPLETE IF YOU DO NOT AGREE WITH THE DECISION THAT YOU ARE RESIDING IN A MEDICAL FACILITY AND CANNOT REASONABLY BE EXPECTED TO RETURN TO YOUR HOME TO LIVE.

I request a State Hearing

I do not think I am in a nursing facility on a permanent or indefinite basis because:

Applicant/recipient/representative signature

Date

Return to: The Division of Medical Assistance
Hearing Officers
2501 Mail Service Center
Raleigh, North Carolina 27699-2501