

**NOTIFICATION OF RIGHT TO REQUEST AN UNDUE HARDSHIP WAIVER
(TRANSFER OF ASSETS)**

Notice Date: _____

Case Name and Address:

Medicaid ID Number: _____

Case Number: _____

We have determined that on (date(s)) _____ you/your spouse transferred (item(s)) _____ valued at \$ _____. The difference between this value and the amount actually received (\$ _____) is \$ _____. This amount is considered to be the uncompensated value. This results in a sanction period from _____ to _____ during which you are ineligible for institutional services.

Either you did not earlier rebut this decision or, after a rebuttal review, the penalty was reduced to the amount noted above or the rebuttal was denied.

You now have a right to request a waiver of this sanction period if you can prove that it will result in an undue hardship. To request a waiver you or your representative must notify the below named caseworker either in writing or verbally by the date noted below. The facility in which you reside may request a waiver on your behalf with written consent from you or your representative.

In order to be determined eligible for an undue hardship waiver you must demonstrate that denial of payment by Medicaid will cause you undue hardship. The burden of proof to show an undue hardship exists is your responsibility, your representative's responsibility, or the facility's responsibility where you reside provided you gave written consent. See the back side of this notice for a fact sheet explaining what undue hardship is and some documentation that may be provided.

You have until _____, which is 12 calendar days from the date of this notice, to request the undue hardship waiver. If you contact your worker by this date you will be notified regarding what information you need to provide to document your claim of undue hardship. Failure to contact your caseworker by this date to request an undue hardship waiver will result in imposing the sanction period or denial of institutional services. Contact your caseworker if you need an additional 12 calendar days to provide the documentation.

Caseworker Name and Phone Number

UNDUE HARDSHIP

Undue hardship is when a sanction period for Medicaid eligibility imposed due to a transfer of assets causes you to be deprived of:

- Medical care causing your life to be endangered, or
- Food, clothing, shelter, or other necessities of life.

You must have no other sources available to provide medical care, food, clothing, shelter, or other necessities of life.

You or a person or facility acting on your behalf is making a good faith effort to pursue all reasonable means to recover the transferred asset or the fair market value of the transferred asset.

Some documentation that may be supplied includes but is not limited to those listed below:

- Your doctor certifies in writing that in his/her professional opinion that denial of payment for nursing facility services will cause danger to your health or even death, or
- You have statements from persons who have knowledge of your situation (for example: doctors, nurses, social workers or family members) to show that the application of a penalty would deprive you of food, clothing, shelter, or other necessities of life, and
- You have documentation to show that you have pursued available legal or equitable remedies to recover the asset or the fair market value of the asset, and
- You can demonstrate with documentation that the transferred asset(s) are beyond your control and can not be recovered.

You can ask for a hearing

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

You have the right to see your record

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Raleigh area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. Their hours of operation are 8 am to 5 pm, Monday through Friday.