UNDUE HARDSHIP WAIVER LETTER

	County Department of Family and Children Services	
	Date:	
	Re:	
Your Medicaid case will be:	<u> </u>	
Closed Section	of the Medicaid Manual	
Denied Section	of the Medicaid Manual	
penalty will beginnursing home or institutionalized hose for your stay at the NH or services your stay are applying for or receiving N	ssets. Section 2342 of the Medicaid Manual. The and last until If you are a spice patient, this means that Medicaid will not pay ou receive as an institutionalized hospice recipient. Medicaid under one of the other "waivered" igible for Medicaid, and your case will be denied	
	r generated notice to this effect. However, if you are ion will not take effect until after 12 days from the	
you (not to your spouse or anyone el to exclude the asset/transfer(s) that is are very strict guidelines for this to b	nalty of your case will result in undue hardship to se), you may apply for an Undue Hardship Waiver a making you ineligible or penalized. However, there he considered. For transferred assets, you must take to recover the asset" before undue hardship can be	
the information at the end of this letter notice. This due date will be complete. You must return the comp	for the Undue Hardship Waiver, contact me using er, within 12 calendar days of the date on this I will mail/give you a form to eleted form to me with other information, including I will let you know of other information we may on from your physician.	
If I do not hear from you before the o	s, prior to the expiration of this initial 12 day period. date shown in the paragraph above, I will take the to close/deny the case or activate the transfer	

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:	
M	ledicaid Eligibility Specialist
Phone:	
Address:	