

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**NOTICE OF NON-COVERAGE OF NURSING FACILITY SERVICES  
DUE TO SUBSTANTIAL HOME EQUITY**

Date \_\_\_\_\_

Re: \_\_\_\_\_

Name

\_\_\_\_\_

CID #

Dear \_\_\_\_\_,

This is to notify you that based on the application/redetermination filed on \_\_\_\_\_, you are determined **ineligible** for Medical Assistance coverage of nursing facility services. This is because you did not meet the Program's requirements related to home equity. **However, you are eligible for medical services covered under the red and white Medical Care Program Identification Card.** Your eligibility for Medical Assistance:

- began effective \_\_\_\_\_.
- is re-approved and will continue unless you receive a cancellation notice.

You reported that you have \$\_\_\_\_\_ in equity interest in your home property (after deducting any encumbrances secured by the home). So long as your home equity exceeds **\$500,000** by any amount, Medical Assistance will not pay for your nursing facility services.

If you cannot access these funds and the non-coverage of nursing facility services would cause you to be deprived of medical care, food, clothing, shelter, or other necessities so that your health or life would be endangered, contact the case worker below to find out about requesting an "undue hardship waiver."

This decision is based on COMAR 10.09.24.\_\_\_\_.

If you do not agree with this decision, you have the right to request a hearing within 90 days of the date on this notice. The procedures for requesting a hearing are attached. If you have any questions about this letter, please call your Case Manager at the number below.

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Department of Social Services

\_\_\_\_\_  
Telephone Number

## HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

### What do I do if I think your decision is wrong?

- **Call** the telephone number on the other side of this notice to ask for a conference.
- **Request** a hearing by:
- **Calling** 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
- **Visiting** your local department office and requesting a hearing; or
- **Mailing or giving** a request for a hearing in writing to:
- Your local department office; or
- The following address:

DHMH Docketing – Unit A Office of Administrative Hearings 11101 Gilroy Road Hunt Valley, Maryland 21031-1301
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- **If you don't want to fill out the form** to request the hearing:
- Come to your local department office. We will help you.
- Call your case manager at the telephone number on this notice or call 1-800-332-6347.

### How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

### How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

### Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

### When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

### Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

### Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

### How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.