



Date: \_\_\_\_\_

Health and Human Services Commission (HHSC)

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Case, EDG Number: \_\_\_\_\_

(Name and Address)

\_\_\_\_\_

\_\_\_\_\_

**Transfer of Assets/Undue Hardship Notification**

Medicaid will not pay \_\_\_\_\_ institutional facility services\* charges from \_\_\_\_\_ through \_\_\_\_\_ because you transferred assets for less than fair market value and/or waived rights to receive income or an inheritance. As a facility resident, you can receive all other Medicaid benefits as long as you meet other eligibility requirements. **Note:** The only Medicaid benefit state school residents receive is facility services.

\* Institutional facility services include: nursing facility care, intermediate care facility for mentally retarded (ICF/MR) vendor services, state school care or care in institutions for mental diseases.

Medicaid will not pay \_\_\_\_\_ home and community-based waiver services from \_\_\_\_\_ through \_\_\_\_\_ because you transferred assets for less than fair market value and/or waived rights to receive income or an inheritance.

Date of Earliest Transfer:	Type(s) of Asset(s) Transferred :	Total Value of Transfer(s): \$
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**Your home equity value of \$ \_\_\_\_\_ exceeds the substantial home equity limit of \$ \_\_\_\_\_ .**

Medicaid will not pay \_\_\_\_\_ institutional facility services\* effective \_\_\_\_\_ because your home equity value exceeds the limit.

\* Institutional facility services include: nursing facility care, intermediate care facility for mentally retarded (ICF/MR) vendor services, state school care or care in institutions for mental diseases.

Medicaid will not pay \_\_\_\_\_ home and community-based waiver services effective \_\_\_\_\_ because your home equity value exceeds the limit.

If we do not hear from you by \_\_\_\_\_, we will assume that you agree with the information above and your Medicaid benefits will be affected as indicated. You will receive a final notice of the decision, which also will explain your right to appeal.

Please call \_\_\_\_\_ immediately if:

- You transferred the asset for some reason other than to qualify for assistance.
- You received payment or compensation for transferring the asset.
- The penalty period would cause undue hardship for you (see below for information about undue hardship).

**Undue Hardship:** You can claim undue hardship when a penalty would result in discharge to the community and/or inability to obtain necessary medical services so that your life is endangered. Undue hardship also exists when a penalty would deprive you of food, clothing, shelter or other necessities. Undue hardship applies only to you, not to your relatives or authorized representatives. Undue hardship does not exist when the penalty causes you inconvenience or restricts lifestyle, but would not put you at risk of serious deprivation.

Undue hardship may exist when you have no place to return to in the community and/or cannot receive the care required to meet your needs, and one of the following three conditions exist:

- The location of the receiver of the asset is unknown to you, other family members or other interested parties.
- You can show that physical harm may occur as a result of pursuing the return of the asset.
- The receiver of the asset is unwilling to cooperate with you and HHSC. (**Example:** The receiver of the asset is involved in a potential Adult Protective Services exploitation case or potential fraud case.)

To submit an undue hardship claim, send a written statement to HHSC (see address at the top of the letter) by \_\_\_\_\_ and include an explanation of your reasons for the asset transfer, who received the asset, how the person who received the asset can be located, why your needs cannot be met, and why there is undue hardship for you. Other documentation may be requested before a decision is made by HHSC.

Nursing facility staff may submit an undue hardship claim on your behalf if you or your authorized representative gives written consent.

*If you claim undue hardship, HHSC must make a decision within 30 days of receipt of the waiver request and supporting documentation (or sooner, if possible). You have the right to appeal an adverse decision on undue hardship.*

#### **Discrimination Complaints**

**If you believe you have been discriminated against because of race, color, national origin, age, sex, disability or religion, you may file a complaint by contacting:**

**HHSC Civil Rights Office  
701 W. 51<sup>st</sup> St., Suite 104  
MC W-206  
Austin, TX 78751**

**Telephone: 1-888-388-6332  
TTY: 1-877-432-7232  
Fax: 1-512-438-5885**

**You can also file a complaint by contacting:**

**U.S. Department of Health and Human Services: 1-800-368-1019  
Office for Civil Rights - Region VI TTY: 1-214-767-8940  
1301 Young St., Room 1169 Fax: 1-214-767-0432  
Dallas, TX 75202**