

**MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF ELIGIBILITY**

Re: _____

Date: _____

Name

Client Identification Number: _____

LTC Facility: _____

Dear _____:

This is to notify you that the individual identified above has been determined **eligible** for Medical Assistance (MA) for the period _____ through _____. The MA card will be sent to the Long Term Care Facility. A portion of the patient's income must be paid directly to the Facility, and you must contact the Facility to establish the time and manner of payment.

(NOTE: The Department of Social Services and the LTC facility must be notified of any increase in the patient's current income benefits and/or any new benefits received. The increased amount must be paid to the facility when received, whether or not a notice of increased payment requirement is received from the Department of Social Services or the facility has billed for it.)

The portion of income to be paid to the Long Term Care Facility has been calculated as follows:

	Effective _____	Effective _____	Effective _____
Social Security	\$ _____	\$ _____	\$ _____
Veterans Benefits	_____	_____	_____
Pension _____	_____	_____	_____
Other _____	_____	_____	_____
Total Income	\$ _____	\$ _____	\$ _____
Personal Needs	_____	_____	_____
Health Insurance	_____	_____	_____
Medicare	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
Total Deductions	- _____	- _____	- _____
Cost of Care	\$ _____	\$ _____	\$ _____

If these amounts are not correct, you must contact the Department of Social Services immediately and, if necessary, the Department will adjust these amounts.

Any change in income, resources, health insurance premiums, medical expenses, living arrangements, persons living in the home, etc., must be reported within 10 working days to the Department of Social Services. The recipient, representative, and Long Term Care Facility are responsible for reporting such changes. Any of these changes could affect eligibility and income paid for the cost of care. 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. The procedures for requesting a hearing are attached.

Sincerely,

Case Manager

Department of Social Services

Telephone

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 to the following address:

DHMH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301

- **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.