

MARYLAND MEDICAL ASSISTANCE PROGRAM

NOTICE OF INELIGIBILITY DUE TO EXCESS RESOURCES OR DISPOSAL OF RESOURCES

Date: _____

Re: _____
Name

CURRENT _____

RETRO _____

CID #

Dear _____,

This is to notify you that based on the application filed on _____, the above named person has been determined ineligible for Medical Assistance for the reason(s) checked below:

- Resources exceed the Medical Assistance standard of \$_____. The amount of excess resources is \$_____. When the excess resources have been used for necessary personal or health care needs, you may reapply. When you reapply, you will be required to verify how the resources have been used. Keep all receipts for this purpose.
- Resources have been transferred or otherwise disposed of for less than fair market value. This results in a period of ineligibility for cost of care payments from _____ to _____. However, you are eligible for medical services covered under the red & white Medical Care Program Identification Card.

The following resources have been considered:

| Type of Resource | Amount |
|------------------|----------|
| _____ | \$ _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

This decision is based on COMAR 10.09._____. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this letter. You have the right to reapply.

Case Manager

Department of Social Services

Telephone Number

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

- 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.