

DHMH Eligibility Determinations Division
6 St. Paul Street, Suite 400
Baltimore, Maryland 21202

Notice in Change to Contribution to Care

Date:
Medicaid #

Dear: _____

You are required to contribute a portion of your monthly income to the residential habilitation facility for services you receive under the **Community Pathways Waiver for individuals with developmental disabilities**. This is known as the “cost of care”. **The amount that you must pay has been recalculated because of the change checked below.** The “cost of care” does not include your room and board payment, which you must also pay to the facility. Pay your recalculated cost of care and your room and board directly to your facility. Please contact the facility to establish the time and manner of payment.

A copy of this letter is being forwarded to your authorized representative (if you designated one on your Medical Assistance application.). The first page of this letter is being sent to your facility in order to notify them that your monthly contribution towards your cost of care has been recalculated. The new total amount of the cost of care and room and board, which you are to pay directly to your facility, is also provided.

The new amount of your monthly contribution to your cost of care and your room and board has been recalculated as follows:

Effective Date		
Contribution to Care (If Applicable)	\$	\$
Room & Board Costs	\$	\$
Total Amount Due to Provider	\$	\$

**Your recalculated cost of care change was based on:

- Wages
- Medical Expense Deduction
- SSA Cola Increase
- Other

DHMH DD 11A
10/16/2015

This decision is based on COMAR 10.09.24 and 10.09.26. If you do not agree with this decision, you may request a hearing on the determination by mailing a written Request for a Medicaid Fair Hearing within 90 days of the date on this letter. Enclosed with this letter is a notice explaining your appeal rights and a form that you may use to request a Medicaid Fair Hearing.

This decision is made based on COMAR 10.09.24 and 10.09.26. If you have any questions about this letter, please call your eligibility case worker at the number below.

You or your authorized representative may appeal this decision to the Office of Administrative Hearings, pursuant to COMAR 10.01.04, within ninety (90) days of the date on this notice. Further details about the appeals process are attached. Mail your request for a hearing to the following address:

**Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W. Preston Street, 1st Floor
Baltimore, Maryland 21201**

Sincerely,

Eligibility Determinations Division

Telephone

cc: Authorized Representative
Developmental Disabilities Administration
DDA Regional Office

DHMH DD 11A
10/16/2015

See next page for information regarding Fair Hearings

Summary of Procedures for Fair Hearings

You have the right to appeal this decision within 90 days from the date of the notice. **Your request must be made in writing. Please include the specific reason(s) for your appeal and a copy of the denial letter that accompanies this notice. If you wish, someone may assist you in filing your appeal.**

Mail your request for a hearing to the following address:

Department of Health and Mental Hygiene
Office of Health Services
Attention: Appeals
201 W. Preston Street, 1st Floor
Baltimore, Maryland 21201

If you are presently receiving benefits, you must request a fair hearing within 10 days from the date of this notice of agency determination or by the effective date of the termination of benefits, whichever is later, to insure continuation of your services until the fair hearing decision is made. However, if the judge agrees with us and you lose your appeal, you may have to pay back benefits received while you waited for the hearing and judge's decision. This recovery might not be required if it is determined that your request for a hearing resulted from a bona fide belief that the Department's decision was in error.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or you must identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your resource coordinator, service coordinator, case manager or waiver eligibility case worker.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the Code of Maryland Regulations (COMAR), 10.01.04, 10.09.24.12, 10.09.24.13, and 10.09.24.15 and in the Code of Federal Regulations (C.F.R.), 42 C.F.R. § 431.200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1-800-999-8904 or the Maryland Disability Law Center at 1-800-233-7201.