

Department of Health and Mental Hygiene
Division of Eligibility Waiver Services (DEWS)
Schaefer Tower,
6 St. Paul Street, Suite 401
Baltimore, Maryland 21202

MA No.: 12345678901

Date: 08/04/2014

Eric Test
Test Street 1
Baltimore, MD 20103

Dear Eric Test:

You are eligible for Medical Assistance under the Home and Community-Based Options Waiver.

Your Medical Assistance eligibility:

- ☐ began on _____.
- ☐ is re-approved and will continue unless you receive a cancellation notice.

You are:

- ☐ eligible to begin receiving waiver services on _____.
- ☐ re-approved for waiver eligibility and will continue to receive these services unless you receive a cancellation notice.

This decision is based on COMAR 10.09.55. If you do not agree with this decision you have the right to request a Fair Hearing within ninety (90) days of the date of this notice. Further details are on the last page of this letter.

At least every 12 months, you are required to submit a new application for Medical Assistance and waiver eligibility. This is necessary to redetermine your eligibility under the waiver. You will receive notification and an application package from your eligibility case worker when it is time for redetermination of your Medicaid eligibility.

All new Medical Assistance recipients will receive a red and white Maryland Medical Care Program card in the mail. If you lose your identification card, or you do not receive one within two weeks of this notice, call your eligibility case worker at the number listed on the next page. Show this card to every medical care provider each time that you receive medical care. If you received medical care during your eligibility period but had not received the card yet, contact your medical providers to notify them of your eligibility status and information.

Some Medical Assistance recipients must enroll in HealthChoice, a managed care program. If you have Medicare, you do not have to enroll in HealthChoice. If you are required to enroll in HealthChoice, and have not done so, you will receive information in the mail that will help you select the best managed care organization (MCO) for you. If you would like to speak to someone about HealthChoice, you may call (410) 767-5800 or 1(800) 492-5231.

IMPORTANT

It is very important to notify your eligibility case worker if you move. If your eligibility case worker does not have your current address at all times, you will not receive important letters about your continuing eligibility for Medical Assistance and your benefits under HealthChoice. Also, you must report changes in income, assets or health insurance to your eligibility case worker within ten (10) days of the change.

An Important Note About Your Assets

Immediately notify your eligibility case worker if the combined value of your countable assets including checking accounts, saving accounts, stocks, bonds, cash on hand, etc. exceeds \$2,000. Assets in excess of this amount may cause you to lose your eligibility. If your assets exceed this amount at any time and you fail to report this within 10 days, your services may be interrupted, you may be required to repay the program for the cost of services you received, and you may be required to file another application for Medical Assistance once your assets are reduced. Once you notify your eligibility case worker of excess assets, you may be given a chance to reduce those assets (such as, by sending the State a check for the excess amount, to pay towards your cost of care), your case may remain open, and you may continue receiving waiver and other Medical Assistance services.

If you have any questions about this letter, please call your eligibility case worker at the number below.

Sincerely,

dewsadministrator1 DEWS
Eligibility Case Worker,
Division of Eligibility Waiver Services
Tel: 4107156539

cc: Authorized Representative
Support Planner
Home and Community-Based Options Waiver Division

See next page for information about 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, support planner 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.

DHMH/WAI 03
Attachment for Applications and DEWS Notices
Summary of Procedures for Fair Hearings
8/24/06