

ASSET TRANSFER UNDUE HARDSHIP CLAIM FORM

Return To: Agency: _____ Address: _____ _____
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Case Name: _____ Case #: _____ Worker Name: _____ Worker Telephone #: _____
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The opportunity to claim an Undue Hardship must be offered when the imposition of a penalty period for the uncompensated transfer of assets affects Medicaid payment for long-term care services including nursing facility, PACE, hospice, or community-based care (CBC). The opportunity to claim an undue hardship is in addition to the opportunity to appeal the transfer of assets decision itself. An undue hardship may be granted when documentation is provided that shows the assets transferred cannot be recovered and the immediate adverse impact of the denial or cancellation of Medicaid coverage would result in the individual being removed (discharged) from the nursing facility, PACE, hospice or CBC, or becoming unable to receive life-sustaining medical care, food, clothing or shelter.

The request for an Undue Hardship and all documentation must be submitted to the eligibility worker at the local department of social services by the deadline requested. **If you need additional time to provide the documentation, contact your eligibility worker.**

The Department of Medical Assistance Services will review the documentation provided with the undue hardship request to determine if an undue hardship may be granted and send written notification to your eligibility worker. Your eligibility worker will notify you in writing of the decision that is made.

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I want to claim an Undue Hardship. I affirm that the information provided about my claim for an Undue Hardship is true and correct to the best of my knowledge and belief.

Signature of Applicant/Recipient or Authorized Representative

Date

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In order to evaluate your Undue Hardship, **written** evidence of the following information must be provided:

- the reason(s) for the transfer;
- all attempts made to recover the asset or receive full compensation, including legal actions and the results of the attempts;
- formal notice of discharge from the facility, PACE, hospice, or CBC services due to denial or cancellation of Medicaid payment for these services (a warning letter or bill is not sufficient to show undue hardship);
- physician's statement that inability to receive long-term care services would result in the applicant/recipient's inability to obtain life-sustaining medical care (medical records or progress notes are not sufficient to show undue hardship);
- documentation that individual would not be able to obtain, food, clothing or shelter;
- list of all assets owned and verification of their value at the time of the transfer if the individual claims he did not transfer resources to become Medicaid eligible; and
- documents such as deeds or wills if ownership of real property is an issue.

Section §20-88.02 of the Virginia Code allows the Department of Medical Assistance Services(DMAS) to seek recovery from the transferee or recipient of the transfer, when a Medicaid enrollee transfers assets with an uncompensated value of \$25,000 or more within 30 months of receiving or becoming eligible for Medicaid long-term care services. The DMAS Recipient Audit Unit will notify the Medicaid recipient of the results of the evaluation for recovery.