**STATE OF WISCONSIN**
**DEPARTMENT OF HEALTH SERVICES**
Division of Medicaid Services
F-10187 (04/2017)
Wis. Stat. § 49.453

**UH**

## State of Wisconsin

**Case #:**
**PIN:**

Agency Name
Street Address
City, State, Zip

Applicant/Member Name
Street Address
City, State, Zip

The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call Agency Phone . These services are free.

# YOU CAN REQUEST AN UNDUE HARDSHIP WAIVER FOR YOUR DENIED MEDICAID LONG-TERM CARE SERVICES

This letter is for: .

Previously, you got a letter letting you know that you cannot get Medicaid coverage for long-term care services for the following reason(s):

☐ You have a divestment penalty period.

☐ Your home has more than $750,000 in equity interest.

☐ Your community spouse did not sign the application and/or cooperate with the application process.

☐ You and your community spouse have assets over the program limit.

If this would cause you undue hardship, you may be able to have any divestment penalty period removed and get Medicaid coverage for long-term care services sooner. You must **provide proof** of undue hardship. Undue hardship means that you would not be able to pay for:

- Medical care, which would put your health or life at risk
- Food
- Clothing
- Shelter
- Other necessities of life

**How to Request an Undue Hardship Waiver**
To request an undue hardship waiver, fill out the attached Undue Hardship Waiver Request and submit it to your agency (your agency is listed at the top of this letter). If you reside in a medical facility, you can also use this form to allow the medical facility to apply on your behalf.

**UH**

**Deadline to Submit an Undue Hardship Waiver Request**
The date your agency gets your Undue Hardship Waiver Request determines when your Medicaid coverage for long-term care services could start.

If your agency gets your Undue Hardship Waiver Request **on or before** and your request is approved, any divestment penalty period will be removed. If your agency gets your Undue Hardship Waiver Request **after** and your request is approved, any divestment penalty period will end on the date your agency got your Undue Hardship Waiver Request.

**Decision About Your Undue Hardship Waiver Request**
You will get a letter with your agency's decision about your Undue Hardship Waiver Request. Your agency has up to 30 days to make a decision. If your Undue Hardship Waiver Request is approved, you will get a letter with more information about your start date for Medicaid coverage of long-term care services.

If you do not agree with the agency's decision, you may request a fair hearing. Information about how to request a fair hearing will be in the letter from your agency.

**More Information**
For more information about divestment, refer to the Medicaid for the Elderly, Blind or Disabled Divestment Fact Sheet (P-10058) at dhs.wisconsin.gov/library/P-10058.htm.

**Questions**
If you have questions about this letter, contact your agency listed at the top of this letter.

RESET FORM