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| **STATE OF WISCONSIN****DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-10188 (04/2017)Wis. Stat. § 49.453 |
| **UNDUE HARDSHIP WAIVER DECISION FOR FACILITY****UH** |

<Date of Letter>

<Medical Facility>
<Address>
<City, State, Zip>

Regarding: <Applicant/Member Name>
Date of Birth:

To whom it may concern:

Previously, you received a notice that ForwardHealth will make a bed hold payment while the undue hardship waiver request for the person named above was reviewed. This notice is to inform you of the final decision regarding the waiver request:

[ ]  The undue hardship waiver request was **approved**. As a result, the divestment penalty period has been waived effective <Effective Date>. Coverage of Medicaid or BadgerCare Plus long-term care services will begin on this date.

[ ]  The undue hardship waiver request was denied. Coverage of Medicaid or BadgerCare Plus long-term care services for the undue hardship evaluation period will be authorized from <Begin Date> through <End Date>. You may bill for Medicaid or BadgerCare Plus long-term care services provided to the institutionalized person named above during this period.

If you have questions regarding this notice, please contact the agency worker listed below.

<Agency Name>
<Address>
<City, State, Zip>

<Agency Worker>
<Phone Number>

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| Name – Case | CARES Case Number | CARES PIN |
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