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| **STATE OF WISCONSIN****DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-10189 (04/2017)Wis. Stat. § 49.453 |
| **UNDUE HARDSHIP BED HOLD NOTICE****UH** |

<Date of Letter>

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

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

To whom it may concern:

This letter is to notify you that ForwardHealth will make a bed hold payment while the above-named person’s undue hardship waiver request is reviewed. We received an undue hardship waiver request from this person on <Date Received>. We understand this person is residing in your long-term care facility.

The coverage period for the bed hold begins on the date the undue hardship waiver request was received by our agency (stated above) and ends on the date when an approval or denial decision is made. You will receive a letter notifying you of the agency’s decision. Per federal law, this period will not be longer than 30 calendar days.

If the undue hardship waiver request is approved, some or all of the divestment penalty period will be waived based on the effective date in the letter. If the undue hardship waiver request is denied, it will include the period (not to exceed 30 calendar days) you will be able to bill ForwardHealth for the long-term care services that you provided to this person during the undue hardship evaluation 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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