

**MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF INELIGIBILITY DUE TO EXCESS INCOME**

Date: _____

Re: _____
Name

CID# _____

Dear _____,

This is to notify you that based on the application filed on _____, the above named person has been determined **ineligible** for Medical Assistance due to excess income. The income for the period _____ to _____ has been calculated as follows:

Source of Income	Monthly Amount	Amount for Period	
Social Security	_____	\$ _____	
Veterans Benefits	_____	_____	
Pension	_____	_____	
Other _____	_____	_____	
		Total Income	\$ _____

Deductions

Personal Needs Allowance	_____	\$ _____	
Spousal/Dependent Allowance	_____	_____	
Residential Allowance	_____	_____	
Cost of Long Term Care	_____	_____	
Other Medical Expenses	_____	_____	
		Total Deductions	-\$ _____
		Total Available Income	\$ _____
		Cost of Care	-\$ _____
		Excess Income For Period	_____

If medical expenses are incurred that will not be covered by health insurance or other sources and these expenses equal or exceed the amount of excess income, eligibility for Medical Assistance may be established under the spend-down provision. Enclosed is a sheet that tells you how to keep records of medical expenses. If incurred medical expenses equal the amount of excess income within the time period specified above, you should immediately report this to the Department of Social Services.

This decision is based on COMAR 10.09._____. If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this letter. You have the right to reapply.

Sincerely,

Case Manager

Telephone Number

Department of Social Services

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- **Call** the telephone number on the other side of this notice to ask for a conference.
- **Request** a hearing by:
- **Calling** 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing;
or
- **Visiting** your local department office and requesting a hearing; or
- **Mailing or giving** a request for a hearing in writing to:
- Your local department office; or
- The following address:

DHMH Docketing – Unit A Office of Administrative Hearings 11101 Gilroy Road Hunt Valley, Maryland 21031-1301

- **If you don't want to fill out the form** to request the hearing:
- Come to your local department office. We will help you.
- Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than **90 days** after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than **10 days** after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bonafide belief that the department's decision was in error.

When and where will the hearing be?

- The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

Do I have to come to the hearing?

- Yes. You will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule your hearing.

Can I bring someone to help me or speak for me?

- Yes. You can bring a lawyer, friend, or relative. If you want free legal help, call your local department or call Legal Aid at 1-800-999-8904. To see if you qualify for free legal representation, call the Maryland Volunteer Lawyer Services at 1-800-510-0050.

How can I prepare for the hearing?

- You can see your file, including your computer file, at your local department and talk with us about this decision. Please call the telephone number on the other page to make an appointment. We will send you our reasons for the decision that you are appealing, at least 6 days before your hearing.