



Minnesota Department of **Human Services**

## Minnesota Health Care Programs

# Notice of Action for Payment of Long-Term Care Services

Date: \_\_\_\_\_

Case number: \_\_\_\_\_

Worker name: \_\_\_\_\_

Worker phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Agency name: \_\_\_\_\_

Agency address: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### Why am I getting this notice?

You asked to have Medical Assistance (MA) pay for services you receive through the Home and Community Based Waiver Programs or to pay for services while you are in a long-term care facility. The section that applies to you has been marked below.

Home and Community Based Waiver Programs include:

- EW (Elderly Waiver)
- CADI Waiver (Community Alternative for Disabled Individuals)
- CAC Waiver (Community Alternative Care)
- TBI Waiver (Traumatic Brain Injury)
- DD Waiver (Developmental Disabilities) (formerly known as MR/RC).

### MA payment of your long-term care services is:

☐ **Approved** Your coverage will start \_\_\_\_\_.

DATE

☐ **Denied** MA will not pay for your long-term care or waiver services because of the reason(s) marked on the next page.

☐ **Ending** MA payment of your long-term care or waiver services will end on \_\_\_\_\_ because of the reason(s) marked on the next page.

DATE

For worker use only: Check each box on the next page that applies.

**Over →**

## **MA will not pay for your long-term care or waiver services because:**

### ☐ **Home Equity Limit**

- ☐ Your home has an equity value of more than \$500,000. You are subject to this rule because you do not have any of the following people living in your home:

- A spouse,
- A child who is under 21, or
- A child of any age who is blind or has a disability.

**Call your county right away if you feel your life or health will be in danger as a result of losing MA payment of your long-term care services or if your home equity value falls below the \$500,000 home equity limit.** (*Minnesota Statutes*, Section 256B.056)

- ☐ Your request that the home equity limit not be applied to you has been denied. You have not shown that your life or health will be in danger if you do not receive MA payment of your long-term care services. (*Minnesota Statutes*, Section 256B.056)

### ☐ **Annuity Requirement**

You did not make the Department of Human Services (DHS) a preferred remainder beneficiary of one or more annuities that you or your spouse own. As a result, a transfer penalty has been applied and you are not eligible for MA payment of your long-term care or waiver services until \_\_\_\_\_.

DATE

### ☐ **Uncompensated Transfer Hardship Waiver**

Your request for a waiver of the transfer penalty for an uncompensated transfer due to a hardship is denied. You have not shown that your life or health will be in danger if you do not receive MA payment for your long-term care services. (*Minnesota Statutes*, Section 256B.0595)

**\*\*SEE THE NEXT PAGE FOR MORE IMPORTANT INFORMATION\*\***

**Over →**



# Important Information

- **Appeal rights.** An “appeal” is a legal process where a Human Services judge reviews a decision made by the county agency. You may appeal a decision if:
  - You feel the agency did not act on your request for assistance, or
  - You do not agree with the action taken.

You may represent yourself at the hearing, or you may have someone (an attorney, relative, friend or another person) speak for you.

- **For emergency help,** when your case is about an emergency and you need a decision on your appeal, you can ask for an emergency hearing by calling the county or the State Appeals Office.
- **For Cash, Child Care and Health Care,** you may appeal *within 30 days* from the date you received this notice by sending a letter saying you do not agree with the decision. You can send this letter to the county agency, or directly to the State Appeals Office. If you show “good cause” for not appealing your Cash, Child Care and Health Care *within 30 days*, the agency can accept your appeal for *up to 90 days* from the date you received this notice. “Good cause” is when you have a good reason for not appealing on time. The human services office will decide if your reason is a good cause reason. You can ask to meet informally with county staff to try to solve the problem, but this meeting will not delay or replace your right to an appeal.
- **For Food Support,** you may appeal *within 90 days* by writing or calling the county or the State Appeals Office.

Write: Minnesota Department of Human Services	or	Call: Metro:	(651) 431-3600 (Voice)
Appeals Office		Outstate:	(800) 657-3510
PO Box 64941		TTY:	(800) 627-3529
St. Paul, MN 55164-0941		Fax:	(651) 431-7523

**If you want to keep getting your benefits until the hearing,** you must appeal before the date of the proposed action, or within 10 days after the date the notice is mailed, *whichever is later*. For most programs, if you file your appeal on time, you will get your benefits until a Human Services judge decides your appeal. If you lose your appeal, you will have to pay back the benefits you got while your appeal was pending. You can ask the county to end your benefits until the decision. If you end your benefits and then win your appeal, you will be paid back for benefits that you should have received or, for Child Care Assistance, eligible costs you paid or incurred. Ask your county worker to explain how the timing of your appeal could affect your present or future assistance.

- **You have the right to reapply** at any time if your benefits stop.
- **Access to free legal services.** You may be able to get legal advice or help with an appeal from your local legal aid office. To contact your local legal aid office call:

Hennepin .....	(612) 334-5970
Ramsey .....	(651) 222-4731
All other Minnesota counties .....	(888) 354-5522

- **Your right to file a complaint.** If you feel the county or the Minnesota Department of Human Services treated you differently in the handling of your public assistance application or benefits because of race, color, national origin, political beliefs, religion, creed, sex, sexual orientation, public assistance status, age or disability, including physical access to government buildings, you may file a complaint with your county agency or any of the following agencies.

Minnesota Department of Human Services  
Office for Equal Opportunity  
PO Box 64997  
St. Paul, MN 55164-0997  
(651) 431-3040 (Voice)  
(866) 786-3945 (TTY)

Minnesota Department of Human Rights  
190 East 5th Street, Suite 700  
St. Paul, Minnesota 55101  
(800) 657-3704 (Voice)  
(651) 296-1283 (TTY)

U.S. Department of Health and Human Services  
Office for Civil Rights, Region V  
233 North Michigan Avenue, Suite 240  
Chicago, Illinois 60601  
(312) 886-2359 (Voice)  
(312) 353-5693 (TTY)

U.S. Department of Agriculture  
Director, Office of Civil Rights  
1400 Independence Avenue, SW  
Washington D.C. 20250-9410  
(800) 795-3272 (Voice)  
(202) 720-6382 (TTY)

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

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This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-2670 or (800) 657-3739. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.