

Maryland Medical Assistance Program
Maryland Children's Health Program
NOTICE OF INELIGIBILITY
SERVICES FOR INELIGIBLE OR ILLEGAL ALIENS
Financial Reasons

Applicant's Name: _____

Date of Notice: _____

Applicant's Address: _____

Local Department: _____

Client ID: _____

Dear _____:

This is to notify you that based on the application you filed on _____, you have been determined **ineligible** for full Medical Assistance or Maryland Children's Health Program benefits or coverage of emergency medical services for the reason(s) checked below:

Your income is more than the amount allowed. The income considered for the period is:

SOURCE

AMOUNT

DEDUCTIONS

Your total income is \$ _____. The amount of deductions is \$ _____. Your net amount of income is \$ _____. The most net income allowed for ___ person(s) is \$ _____. Therefore, you have \$ _____ more than is allowed.

This decision is based on:

Medical Assistance policy at COMAR 10.09.24.07 and 10.09.24.09

Maryland Children's Health Program policy at COMAR 10.09.11.08

Your resources are more than the amount allowed. The resources considered for the period are:

SOURCE

AMOUNT

EXCLUSIONS

Your resources total \$ _____. The amount of exclusions is \$ _____. Your net amount of resources is \$ _____. The most resources allowed for ___ person(s) is \$ _____. Therefore, you have \$ _____ more than is allowed.

This decision is based on Medical Assistance policy at COMAR 10.09.24.08 and 10.09.24.09.

You may reapply at any time. 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 notice.

Sincerely,

Eligibility Case Worker

Telephone Number

Summary of Procedures for Fair Hearings

You have the right to appeal this decision within 90 days from the date of this notice.

If you think the decision is wrong, you may:

- Call your Eligibility Case Worker at the telephone number on the other side of this notice to ask about the decision.
- Request a hearing or ask for help to make this request by:
 - Calling your Eligibility Case Worker;
 - Calling the State's help line at 1-800-332-6347;
 - Visiting your local department office; or
 - Mailing or giving a written request for a hearing to your local department office.

The hearing will be scheduled at a time and place that are convenient for you. You will be expected to be present. If for any reason you cannot be present, you must notify the Office of Administrative Hearings to reschedule the hearing or to identify the person who will attend in your place. You may represent yourself, or if you wish, you may be represented by legal counsel or by a relative, friend or other person. It is not necessary, however, that someone represent you. You may bring any witnesses or documents you desire to help you establish pertinent facts and to explain your circumstances. A reasonable number of persons from the general public may be admitted to the hearing if you desire.

Prior to the hearing, you may review the documents and records that the Department will use at the time of the hearing and you can ask for the names of the witnesses the Department intends to call.

During the time before the hearing, if you have new or additional information you wish the Department to know about, you may request a reconsideration of your case by calling your case manager or Eligibility Case Worker.

Under some circumstances, the Department may pay for transportation and other costs if they are necessary for the proper conduct of the hearing.

All these procedures and a fuller explanation of the fair hearing process can be found in the state regulations, COMAR 10.01.04 and in federal regulations 42 C.F.R. § 431.200.

You may obtain free legal aid and help through various resources, such as the Legal Aid Bureau at 1-800-999-8904 or the Maryland Disability Law Center at 1-800-233-7201.