

NOTICE OF DENIAL

(This version of the notice SHOULD ONLY be used for LTC applications filed after 6/1/18)

[Date]

Client Identification Number

(Address of Customer or AREP)

Dear _____
[Customer Name and AREP name(s)],

This notice provides information regarding your Long-Term Care Medical Assistance application, which you filed on _____, On _____, we informed you that we still needed documents in order to process your application and that we would keep the application pending until we received the documents needed to reach a decision.

Effective June 1, 2018, Long-Term Care Medical Assistance applications that are pending for 30 days will be denied if we have not received all of the requested and required documents. With this notice, we are informing you that your application is denied. However, you still have until _____ to return the missing documents for the determination of your [Insert the last day of the month for the sixth month after the application date] eligibility. If the documents are provided, we will review and determine eligibility for your initial application dated _____.

The following required documents are still needed to process your application:

If you have tried to obtain the documents but have had difficulty doing so, please contact us as soon as possible. We can assist you. Please contact me at the telephone number listed below.

You also have the right to appeal this notice of denial of Long-Term Care Medical Assistance. The denial is based on the failure to provide the necessary documentation to support your Long-Term Care Medical Assistance application within 30 days of submitting your application. The application process and timeline are provided for in the Code of Maryland Annotated Regulations, at COMAR 10.09.24.04-1.

You may request a hearing to appeal the denial. **Your appeal request must be submitted within 90 days of your receipt of this notice.** You may request an appeal by sending a letter requesting an appeal to:

Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Hunt Valley, MD 21031-1301

Please attach a copy of this notice to your appeal request.

Sincerely,

Case Manager Name and Telephone Number

cc: [LTC facility]

Enclosure: Appeal Rights
Fair Hearing Procedures