



# NOTICE OF EXCESS HOME EQUITY INTEREST

Name:  
Address:

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

Case Number: \_\_\_\_\_

----- (Fold here for window envelope) -----

Dear \_\_\_\_\_:

We have determined that your equity interest in your home exceeds the home equity limit. Due to your equity interest, you will be ineligible for Medicaid Institutional Care, Institutional Hospice, Program of All-inclusive Care for the Elderly (PACE), or Home and Community Based Services (HCBS) Waiver Programs.

The home equity limit may be waived if:

- Your spouse, minor child, or blind or disabled child is living in your home;
- Or
- You provide clear and convincing evidence that you would have an undue hardship situation because you cannot pay for food, clothing, a place to live or medical care and your life or health would be endangered if you do not qualify for Institutional Care, Institutional Hospice, PACE, or HCBS Medicaid assistance.

You or your designated representative must contact the eligibility specialist whose name and telephone number appear below within 15 calendar days of the mailing date on this notice to discuss this matter.

With your consent, or the consent of your designated representative, your facility may request a hardship exception on your behalf.

If we do not hear from you within 15 calendar days of the mailing date on this notice, we will send you a formal notice of your Medicaid eligibility status, including your rights to a fair hearing, when the final determination is complete.

Eligibility Specialist:	Office Address/Phone Number:
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