

Request for a Medicaid Hardship Exception

Please review the attached information, which explains hardship exceptions, prior to completing the form below.

Name of person subject to the disqualifying transfer penalty period:	Phone Number:
Address:	
Penalty period start date:	Penalty period end date:

Name of person submitting this request (if different than above):	Relationship to person subject to penalty period:
	Phone Number:
Address (if different than above):	

Signature of person submitting this request:	Date:
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If you are not the person subject to the penalty period, or that person's representative, the section below must also be completed by the person subject to the penalty.

Consent: I give my consent to _____ (provider or facility completing the form) to request a hardship exception on my behalf.	
Signature of person subject to the penalty period, or their representative:	Date:

You must attach required documentation described on the following pages.

Send information to: N.D. Medicaid Eligibility Unit
N.D. Department of Human Services
600 E. Boulevard Ave. Dept. 325
Bismarck, ND 58050-0250

Information About the Medicaid Hardship Exception

1. An exception to the disqualifying transfer penalty period will be granted if you prove that an undue hardship exists.
2. A request for an undue hardship exception must be made within 90 days after you have been notified of the transfer penalty, or within 90 days after you become aware of a change that creates a hardship.
3. If a facility in which a person lives is applying for the hardship exception on behalf of the person, the facility must have the consent of the person or the person's representative.
4. When a request for a hardship exception is received, the N.D. Department of Human Services will determine whether an undue hardship exists. If the Department grants a hardship exception, it will provide you with the start date and possibly an end date.
5. A hardship exception will not be granted if the person, his or her spouse, or anyone acting on behalf of either, made the transfer after a previous request for a hardship exception.
6. If a request for an undue hardship exception is denied, you have a right to request an appeal of that decision.
7. If a hardship exception is approved by the Department, or by the appeal process, the hardship exception may end, or change if:
 - a. New information is discovered that would have affected the original decision;
 - b. Circumstances change;
 - c. Any additional disqualifying transfer of income or assets is made; or
 - d. Additional income or assets are converted to a form that is exempt or excluded.

The hardship exception process is based on N.D.A.C. 75-02-02.1-33.1 and 75-02-02.1-33.2.

Request for a Medicaid Hardship Exception Instructions

An undue hardship exception request must include all of the following:

- Information that clearly shows how the penalty period will deprive the person of medical care such that the person's health or life will be endangered, or that the person will be deprived of food, clothing, shelter, or other necessities of life.
- Information that shows that the person has pursued all lawful means to get the transferred assets or income back, or received other compensation equal to the value of the transferred assets or income.
 - The person may be able to get the assets or income back from whoever received them, or
 - If the income or assets were transferred improperly, the person may be able to get them back from any insurer of the property, or
 - If somebody else transferred the assets or income, the person may be able to get them back whoever made the transfer.
- Information that shows that the provider or facility who has, or will, provide care to the affected person has no legal options, or **has exhausted all legal options** under N.D. Century Code chapter 13-02.1, the Uniform Fraudulent Transfers Act (or any similar law of another jurisdiction), against whoever received the assets or income, or if appropriate, against whoever transferred the assets or income on behalf of the person.
- Proof of the value, and amount owed, of any home owned by the person or his or her spouse.
- Proof of the value of all other assets owned by the person or his or her spouse except for the value of personal effects, clothing, household goods, furniture, one motor vehicle (if the vehicle is mainly used to serve the needs of the person, the spouse, or their minor children who live with them).

IMPORTANT: The above information is needed in order to determine whether a hardship exception can be granted, and is based on N.D.A.C. 75-02-02.1-33.1 and 75-02-02.1-33.2.