



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

MassHealth Request for a HARDSHIP WAIVER OF A PERIOD OF INELIGIBILITY

In accordance with federal Medicaid law and guidance, MassHealth may waive a period of ineligibility due to a disqualifying transfer of resources if it would cause the applicant or member undue hardship by putting them at risk of serious deprivation. The applicant or member needs to prove all circumstances of 130 CMR 520.019(L) are met. MassHealth may waive the entire imposed period of ineligibility, or a portion of the period of ineligibility.

If the applicant or member feels the imposition of a period of ineligibility would result in undue hardship in accordance with 520.019(L), they should submit this form and all supporting documentation to MassHealth within 15 days of the date on the MassHealth notice that informed the applicant or member of the period of ineligibility.

Member or Applicant Information

Name

Date of birth..... (MM/DD/YYYY)

MassHealth ID or last 4 digits of SSN

Member's address

Name of duly appointed Authorized Representative filing on behalf of the applicant or member
(if applicable)

Name of skilled nursing facility representative filing on nursing facility resident's behalf
(if applicable)

Submission Process

A request for a hardship waiver of a period of ineligibility must be made by the applicant or member or their Authorized Representative. If the applicant or member is a nursing facility resident, the nursing facility may file a request on behalf of the nursing facility resident with their express written consent or the consent of their Authorized Representative.

Send this completed form and all supporting documentation by mail or fax within 15 days of the date of the MassHealth notice that informed the applicant or member of the period of ineligibility to:

MassHealth Enrollment Center
PO Box 4405
Taunton, MA 02780-0968
Fax: (857) 323-8300

Review

MassHealth will tell the applicant or member of the decision in writing. MassHealth will send the notice within 30 calendar days of getting the written request or within 30 days of the fair hearing decision related to the disqualifying transfer penalty period, whichever is later. MassHealth may extend this 30-day period if we need more documentation or information. We may also extend it if we determine there are extenuating circumstances, as determined by MassHealth, that require more time.

If the hardship waiver of a period of ineligibility is denied, the applicant or member or their duly appointed Authorized Representative can request a fair hearing. For more information, see 130 CMR 610.000: MassHealth: Fair Hearing Rules.

Signature of the applicant or member or the representative filing on their behalf

..... Date

Printed name

If the nursing facility is requesting the hardship waiver on behalf of one of its residents: The nursing facility resident or their duly appointed Authorized Representative must agree to and give written consent for the nursing facility to file a hardship waiver request on the nursing facility resident's behalf and represent them in this request for an undue-hardship waiver.

I give permission for the nursing facility representative named below to submit this request for a hardship waiver of a period of eligibility on behalf of

Nursing Facility Representative's Name

Nursing Facility Representative's title/position

Name of Skilled Nursing Facility

Address of Skilled Nursing Facility

Signature of the nursing facility resident or their Authorized Representative

..... Date

Printed name