5/1/18

Date

NOTICE RE: LIEN FORM

Enclosed is a lien form which must be completed, signed, notarized, and returned to the District Office within 10 days.

A lien is a charge upon property for the payment or discharge of a debt. This lien form does not mean that the claimant will lose his/her ownership rights in the property.

Section 1917 of the Social Security Act allows the State to place a lien on the claimant's real property, home and non-home, because of Medicaid claims paid or to be paid when the individual is an inpatient of a medical institution, not reasonably expected to be discharged and return home, and whose income has been applied to his/her cost of care.
This lien applies to ____ non-home property _____ home property.

In order to take a lien on a home, the State has determined the claimant cannot reasonably be expected to be discharged from the medical facility and return home due to one or more of the reasons indicated below. If you are dissatisfied with this determination, you may request review. (See reverse side for procedures to request review.)

1. The claimant states that he/she does not intend to return home.
2. The claimant has been or will be in the medical facility beyond a reasonable time frame (a three-month limit).
3. A physician's statement has indicated the claimant cannot reasonably be expected to be discharged from the facility within three months from the date of admission.

The State cannot place a lien on a claimant's home if:

1. A spouse lives there.
2. A blind or disabled child or child under age 21 lives there.
3. A brother or sister with ownership interest has lived there one year prior to claimant's institutionalization and continues to live there.

The State cannot foreclose as long as:

1. Claimant is alive and maintains ownership of the property, or
2. A brother or sister who resided in the home at least one year prior to claimant's institutionalization continues to live there, or
3. A son or daughter who resided in the home two years prior to claimant's institutionalization and provided care for claimant continues to reside there.

The State may foreclose if:

1. Claimant sells or transfers property.
2. Claimant dies.
3. Claimant's surviving spouse dies.
4. Claimant has no surviving child who is blind, disabled, or under age 21.

Financial interest in the lien is for amount of expenditures paid on behalf of claimant, not to exceed the value of the property.

Sincerely,

SAMPLE ONLY

Medicaid Eligibility Specialist

CLAIMANT RIGHTS FOR CONFERENCE/REVIEW/HEARING

IF A PERSON IS DISSATISFIED WITH THE DECISION,
WHAT CAN BE DONE ABOUT IT?

1. REQUEST A CONFERENCE OR REVIEW OF CASE

You or your authorized representative may notify the Medicaid District Office for District Office cases, the SOBRA Regional Supervisors Office for SOBRA cases, and/or the Alabama Medicaid Agency Central Office giving the reason for the dissatisfaction and ask for either a conference with the agency staff or a review of the case. At a conference, you, a friend, relative, attorney, or another person who is authorized to represent you as explained below may present information to support your case.

2. REQUEST A FAIR HEARING

Instead of requesting a conference or review, or if after the conference or review you are still dissatisfied, you or your authorized representative may request a fair hearing. A fair hearing involves your or your authorized representative presenting information to support your case to a hearing officer who has no knowledge of the case and the Medicaid Agency staff, represented by legal counsel, presenting the information they have about your case.

Whether or not you request a conference/review, your written request for a hearing must be received by Medicaid within sixty (60) days following the effective date of the original agency action with which you are dissatisfied. Although any timely written request will protect your right to a hearing, a hearing request signed by someone on your behalf will not be considered complete for scheduling and other purposes until written authorization for that person to represent you is filed with the Agency. Such authorization includes a power of attorney, letters of guardianship, or an Appointment of Representative Form. An acceptable Authorization for Disclosure of Health Information form is also available from the Central and District Offices of the Medicaid Agency.

Once your hearing request is complete, you will receive a letter from a hearing officer providing information about hearing procedures and setting the time and place for the hearing. If you are satisfied before the hearing and want to withdraw your request, you or your representative should give written notice to the Medicaid Agency. The Agency need not grant a request for a hearing if the sole issue is a federal or state law or policy which requires an automatic change adversely affecting some or all recipients.

If the hearing request is received within 10 days following the effective date of termination or within ten (10) days of a notice to increase liability, benefits can be continued, or the liability remain unchanged, upon receipt of your written request. If benefits are continued pending the outcome of the hearing and the hearing decision supports the termination or liability increase, you will be responsible for repayment to the Alabama Medicaid Agency of the costs of all erroneous benefits paid after the effective date of the termination or change in liability.

MEDICAID AGENCY-CENTRAL OFFICE
ALABAMA MEDICAID AGENCY
501 DEXTER AVENUE
P.O. BOX 5624
MONTGOMERY, ALABAMA 36103-5624

MEDICAID AGENCY-LOCAL OFFICE
ALABAMA MEDICAID AGENCY

MEDICAID POLICIES AND PROCEDURES ARE IN COMPLIANCE WITH THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, FEDERAL AGE DISCRIMINATION ACT of 1975, AND THE AMERICANS WITH DISABILITIES ACT OF 1990.