
**MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS**

DOM-322 NOTICE OF TRANSFER OF ASSETS (DRA)

PURPOSE & USE

The purpose of this form is to give notice to a nursing home client that a period of ineligibility exists as a result of a transfer of assets on or after August 11, 1993. DOM-322 informs the client/representative that a 10-day period is allowed in which a rebuttal or undue hardship may be presented. This form does not replace the advance notice which must be issued if the rebuttal is not successful. Refer to Section F, Resources, for transfer of assets policy from DRA. DRA transfer policy is effective 02-08-06.

THIS FORM IS AVAILABLE IN MEDS.

INSTRUCTIONS

Prepare an original and 2 copies. The original is given or mailed to the client or representative and 1 copy is retained in the case record. The third copy is used as a tickler copy to hold for 10 days.

Enter the appropriate information pertaining to the transfer(s) being charged.

The worker must sign and date the form.

NOTICE OF TRANSFER OF ASSETS

_____ Case Name: _____

_____ Medicaid ID: _____

A nursing home patient or Home and Community Based Waiver recipient who applies for or receives Medicaid is prohibited from transferring assets at any time during the 60-month period before applying for or receiving long-term care services. The look-back period for assets placed in a trust is also 60 months prior to application for Medicaid. If assets are transferred, a period of ineligibility shall be charged which is equal to the number of months required to deplete the total uncompensated value based on the total value of all transferred asset(s) divided by the average cost of monthly nursing home care to a private pay patient. This period of ineligibility applies to assets transferred on or after February 8, 2006 as specified in the Deficit Reduction Act of 2005 (DRA) (Public Law 109-171).

Listed below is specific information about assets transferred by the Medicaid applicant/recipient named above:

Resource (s) transferred: _____

Uncompensated Value: _____

Period of Ineligibility for Nursing Home Services:

Beginning: _____

Ending: _____

An undue hardship waiver may be requested by a client or the client's authorized representative. The facility in which the person resides may apply for a hardship waiver on behalf of the individual if the facility has the individual's consent, or their personal representative's consent. You have ten days from the date given below to submit your request before action is taken on the case.

Medicaid Specialist: _____

Date: _____