

**NOTICE OF INTENT TO IMPOSE A LIEN ON REAL PROPERTY
(INSTITUTIONALIZED INDIVIDUAL)**

NOTICE DATE:		EFFECTIVE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER		CIN NUMBER		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
CASE NAME (And C/O Name if Present) AND ADDRESS					
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> [</div>					
				OR Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.	

We have determined that you are an inpatient in a medical institution who is not reasonably expected to be discharged and return home.

You have an ownership interest in real property located at

We intend to impose a lien (a secured legal claim) on the above-listed property for Medical Assistance paid or to be paid on your behalf. The lien does not affect your ownership of the property. If you are discharged from the medical institution and return home, we will remove the lien.

This real property is exempt or disregarded as a resource to determine your Medical Assistance eligibility, since:

- the property is your home and you have expressed your intent to return to the home;
- the property is your home, and although you do not intend to return home, the property continues to be occupied by your dependent
 - adult child/stepchild who is not certified blind/disabled, or grandchild
 - parent, stepparent, grandparent, aunt, uncle, niece, nephew
 - sibling, stepsibling, half brother/sister, cousin, or in-law;
- the property is used in a trade or business;
- there is a legal impediment which prevents you from selling the property. The property will be a countable resource as of the first of the month following the month that the legal impediment has been removed.

You are not required to sell the property. However, whenever the property is sold, we will recover the amount of Medical Assistance paid or to be paid on your behalf from the proceeds of the sale. If the proceeds of the sale are more than the amount of Medical Assistance paid or to be paid on your behalf, we will redetermine your Medical Assistance eligibility based on your income and resources at that time.

The LAW and REGULATION which allow us to do this are Sections 369.1 and 369.2 of Social Services Law and 18 NYCRR 360-7.11.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

*REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT
OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS*

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing.** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: **New York City (Manhattan, Bronx, Brooklyn, Queens, Staten Island):**
(212) 417-6550

If you live in: **Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming**
County: (716) 852-4868

If you live in: **Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca,**
Steuben, Wayne or Yates County: (716) 266-4868

If you live in: **Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison,**
Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315)
422-4868

If you live in: **Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton,**
Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer,
Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren,
Washington or Westchester County: (518) 474-8781

If you live in: **Nassau or Suffolk County:** (516) 739-4868

OR

(2) **Writing:** By sending a copy of this notice completed, to the Fair Hearing Section, New York State Department of Social Services, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

Name: _____ Case Number _____

Address _____

Signature of Client: _____ Date: _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front page of this notice or write us at the address printed at the top of the front page of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed to the top of the front page of this notice or write to us at the address printed at the top of the front of this notice.