



State of Tennessee
Department of Finance and Administration
DIVISION OF TENNCARE

UNDUE HARDSHIP WAIVER

(Legal Authority: 42 U.S.C. 1396p; 42 U.S.C. 1396r-5)

An applicant or member, who is denied long-term services and supports, can request a waiver based on undue hardship. Undue hardship means that if the person is deprived of (goes without) those services, his health or life would be put at extreme risk and/or they would go without food, clothing, shelter, or other necessities of life.

Applicant/Member Name: _____ Responsible Party: _____
Address: _____
City: _____ State: _____
Name of Facility: _____
Phone Number: _____ County: _____

For the above named applicant/member, denial of long-term services and supports would result in deprivation of:

- medical care, such that applicant's/member's health or life would be endangered; or
- food, clothing, shelter, or other necessities of life.

An applicant/member may request hardship if he has been or will be denied long term services and supports for any of the reasons below. Please tell us why you are claiming hardship:

- Homestead property equity exceeds \$585,000.00
- A penalty period caused by a transfer of assets
- An estranged spouse's failure to cooperate with the resource assessment process

You must tell us the reason for the deprivation and send us proof. The proof must show how the deprivation condition is met. A list of the proof you can use is on the next page.

Be sure to keep the originals for your records. Send us a copy.

There are two ways to get this page and your proof to us: FAX:
1-855-315-0669

MAIL: TennCare Connect
P.O. Box 305240
Nashville, TN 37230-5240

Signature of Person Filing Claim: _____ Date: _____

(Information below is to be completed by TennCare Staff)

Date Undue Hardship Waiver Filed: _____	Case Number: _____
Name of Person Filing Undue Hardship Waiver: _____	
Relationship to Patient (check one): Self Responsible Party Nursing Home Representative	
Deprived of (check all that apply): Medical Care Food & Clothing Shelter Other (explain)	



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Applicants/members must provide the following documentation when applying for an undue hardship decision.

To prove the applicant's or member's health or life is at risk:

1. A signed statement from the nursing facility that shows that the applicant/member is currently living in the nursing facility. The statement must also show that the applicant/member does not have the ability to pay for services. This kind of statement is only needed if the applicant/member is applying for Nursing Home services;

and

2. A signed statement from a licensed physician or licensed nurse practitioner that shows that she is the applicant's/member's primary care professional. The statement must also show that excess home equity limit, a penalty period, or estranged spouse non-cooperation would deprive the applicant/member of medical care such that the individual's health or life would be endangered.

To prove the applicant or member would be deprived of basic needs:

1. A signed statement by the applicant/member or authorized representative documenting that a penalty period would deprive the individual of food, clothing, shelter, heat, hot water, electricity, gas service, cooking fuel, or transportation to medical appointments;

and

2. Applicants/members claiming to be deprived of heat, hot water, electricity, gas service, cooking fuel, or transportation to medical appointments must also provide proof that the excess home equity limit, a penalty period, or estranged spouse non-cooperation would result in:
 - a. utilities being stopped (cut off); **or**
 - b. the applicant/enrollee being unable to travel to Medicaid-covered services from Medicaid-enrolled providers due to lack of transportation.