



STEVE SISOLAK  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

STEVE H. FISHER  
Administrator

TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_

**TRANSFER/DISPOSAL OF ASSET NOTIFICATION - HOME BASED WAIVER SERVICES**

Dear \_\_\_\_\_

In \_\_\_\_\_ you/your spouse or legal representative disposed of total assets valued at \$ \_\_\_\_\_  
Month/Year

We have determined the amount you received was less than what the asset was worth; therefore, we consider the difference as uncompensated value. We must presume the assets were disposed for an amount less than their value for the purpose of becoming eligible for nursing Home-Based Waiver services. This makes you ineligible for Home-Based Waiver Services.

If you do *not* agree with any of the above, you have until \_\_\_\_\_ to rebut this presumption OR request an undue hardship waiver.  
Date

If you choose to rebut this presumption, you must provide *convincing* evidence that addresses the following points:

1. Your reason for transferring the asset(s);
2. Your attempts to dispose of the asset at fair market value;
3. Your documentation fair market value was received if that is your contention or the reasons for accepting less than fair market value;
4. Your relationship, if any, to the person(s) to whom the asset was transferred;
5. Your plans for self-support after the transfer; and
6. Any relevant documentation you wish to provide regarding the transfer such as legal documents, correspondence, receipts, statements from other individuals, financial statements, etc.

If you choose to request an undue hardship waiver, you must provide *convincing* evidence the penalty period would cause an undue hardship. Your request must address the following points:

1. You are otherwise eligible for Medicaid; AND
2. You have insufficient funds to cover the cost of institutionalized care; AND
3. The person(s) who have your asset(s) refuses to make such asset(s) available to you; AND
4. You have exercised all reasonable efforts and all possible avenues to recover and/or access the assets by returning the assets to your ownership or to receive further compensation; AND
5. Without Medicaid, you would be forced to go without life sustaining medical care as determined by an individual licensed to practice medicine in the State of Nevada.