

Maryland Medical Assistance Program

HOME EQUITY VALUE WORKSHEET

Client's Name: _____ Client ID: _____

Local Department of Social Services/DEWS: _____

Application/ Redetermination Date: _____

Date of Evaluation: _____

Owner(s): _____

Fair Market Value: _____

Encumbrances: _____

Total Encumbrances: - _____

Equity Value: = _____

When the equity value exceeds \$500,000, by any amount, complete and fax the DES/LTC 813 to the Division of Recipient Eligibility Programs (DREP) at (410) 333-5087 on the same day that the case is finalized on CARES to void the individual's span on MMIS recipient screen 4 for coverage of nursing facility services or on MMIS screen 8 for HCB Waiver services.

The individual's Medicaid eligibility (MMIS screen 1) is not affected.