

Maryland Medical Assistance Program

MANUAL MMIS INSTRUCTIONS FOR SCREEN 4/ SCREEN 8

When a penalty has been calculated using the DES/LTC 811, please complete this document and fax a copy to the Division of Recipient Eligibility Programs (DREP) at (410) 333-5087.

Timely submission of this form will ensure that MMIS recipient screen 4 (LTC) or MMIS recipient screen 8 (Waiver) is closed during the client's penalty period.

Client's Name _____ Client ID _____ AU ID _____

Social Security Number _____ Date of Birth _____

Penalty Begin Date _____ Penalty End Date _____

[FOR MMIS USE ONLY] Closing/Termination Code: I

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MANUAL HOME EQUITY INSTRUCTIONS FOR SCREEN 4/SCREEN 8

When the total equity value exceeds \$500,000 by any amount, after completing the DES/LTC 812, fax this form to DREP at (410) 333-5087 to void Screen 4/Screen 8.

Client's Name _____ Client ID _____ AU ID _____

Social Security Number _____ Date of Birth _____ Date of Ineligibility _____

[FOR MMIS USE ONLY] Closing/Termination Code: I

Case Manager _____ District Office _____ Telephone Number _____

YOU MUST RETAIN A COPY OF THIS FORM IN THE CLIENT'S CASE RECORD