

MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE TO REVIEW MEDICAL ASSISTANCE ELIGIBILITY
FOR SSI LONG TERM CARE

Date: _____

RE: _____

Client ID #: _____

Dear _____:

This is to notify you that it is time to review Medical Assistance eligibility for the above-named recipient. Please answer fully the questions below:

1. **Does the recipient still reside in a nursing home?** Yes (go to #3) No (go to #2)

2. **What was the date of discharge or death?** ___/___/___ (Please stop here and return this form to the local department. If deceased, please send a copy of the death certificate.)

3. **What is the name of that nursing home?** _____

4. **Who is the recipient's current authorized representative?**

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Other Phone: _____

5. **What kind of income does the recipient receive? (Please attach proof(s) of income)**

SSI SSDI Veteran's Other _____

6. **What assets does the recipient own?** (bank accounts, life insurance, property, etc.)
(Please attach proof(s) of income)

Please return photocopies of those items with this letter to the local department before _____.

All Medical Assistance recipients are required to report to their caseworker any changes concerning their circumstances within 10 business days of the change. This includes, but is not limited to, changes in income, resources, living arrangements, and home property.

Sincerely,

Case Manager

Department of Social Services

Telephone Number

DHMH 4241 (SSI/LTC) – Revised 12/08