

**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**Explanation of Ineligibility Due to Excess Resources**  
**IMPORTANT – PLEASE READ CAREFULLY**

Case Name: \_\_\_\_\_  
C.I.D. Number: \_\_\_\_\_  
Date: \_\_\_\_\_

We have determined that **you** (or the Medical Assistance recipient that you represent) **have more resources than allowed**. The excess amount is \$ \_\_\_\_\_.

For this reason, you are determined to be **ineligible** for Medical Assistance. You will remain ineligible for Medical Assistance for each month that your resources exceed the allowable amount as of the first day of the month.

**If your eligibility is being terminated, your Medical Assistance benefits will be restored if you use the excess amount to reimburse the Medical Assistance Program for payments it has made on your behalf.** If you reduce your resources in this way before \_\_\_\_\_, your Medical Assistance benefits will be restored without loss of coverage. If you do otherwise, you will lose Medical Assistance coverage for the months in which your resources exceed the standard.

If you decide to reimburse the Program, it is not necessary that you contact your Case Worker. Simply mail a check (no cash) along with the enclosed forms to:

Division of Recoveries and Financial Services  
P. O. Box 13045  
Baltimore, Maryland 21203

You and your Case Worker will receive a receipt of the payment.

If you decide not to pay your excess resources to the Medical Assistance Program, your Medical Assistance benefits will not be restored automatically. You must reapply at the local department of social services. A Case Worker will decide if you are again eligible and, if so, when your eligibility begins. Inform your Case Worker if you reduce your resources, such as by buying a burial plan, paying for repairs to your home, or purchasing personal items. However, giving away your resources for less than fair market value (e.g., by gifts to family or friends) may be considered a disposal, which results in a penalty period during which Medical Assistance will not pay for nursing facility services.

If you have questions about these instructions, you may call \_\_\_\_\_  
Case Worker  
at \_\_\_\_\_.  
Telephone Number