MARYLAND MEDICAL ASSISTANCE PROGRAM

LIEN WORKSHEET

NOTE: COMPLETE THIS FORM ONLY IF THE PERSON OWNS HOME PROPERTY.

PART I. INSTITUTIONALIZED PERSON'S IDENTIFICATION

Name	Case Number	Date
Representative Name	Representative	Telephone Number
Representati	tive Address	
PART II. INSTITUTIONALIZED PERSON'S REAL PROPERTY		
HOME PROPERTY A	Address or Description	
Own	er(s)	
OTHER REAL PROPERTY (Within El	ligibility Limits) Address or Desc	ription
Own	er(s)	
 c. Blind or Disabled son or daughter? () Yes d. Brother or sister who has an equity interest in the least one year? () Yes () No If any response is YES, the lien provision is not a property. File form in case record. If all responses are NO, the medical review process. 	hild under 21?() Yes (() No home property and who has lively	person's real
Part III and Follow the instructions.		
PART III. MEDICAL REVIEW PROCESS The following actions are taken when the medical rev	view process is applicable to the	institutionalized
person.	iow proceed to applicable to the	montationalized
 Complete Part I of form DHMH 4245 (LTC), Phys Give the Report to the person or his/her represer complete Part II. 	•	nding physician
 The attending physician completes Part II and ref The person or representative returns the Report to The LDSS submits the Report to the Utilization C The Utilization Control Agent will notify the LDSS 4246 (LTC), Notice of Medical Review Decision. When the Notice of Medical Review Decision is ref 	to the Local Department of Social control Agent for a Medical Review of the Medical Review decision	al Services (LDSS). ew. by form DHMH
PART IV. LIEN APPLICABLITY	occived by the LDGG, proceed t	o r are iv.
Complete the following when the Notice of Medical R Based on the form DHMH 4246 (LTC), is the person property?	expected to be able to resume I	iving in his home
 Yes. The lien provision is not applicable to the Medical Review Decision in the case record. In home occupancy. No. The lien provision is applicable to the personal provision. 	struct the representative to repo	ort any changes in
the Deed(s). and tax assessment(s) for the person Administration, Division of Recoveries, P.O. Bo	perty(ies) to: Medical Care Com	pliance
Signature – Eligibility Technician	Local Department of	of Social Services
Printed Name – Case Manager	Telephone Number	Date
Signature - Supervisor	Telephone Number	Date