

Maryland Medical Assistance Program

TRANSFER/DISPOSAL OF ASSETS WORKSHEET

(Complete a worksheet for each transfer)

Client's Name: _____ Client ID: _____

Local Department of Social Services/DEWS: _____

Application Date: _____ Date of Transfer: _____

Date of Eligibility: _____

Check all that apply:

1. Was the Resource transferred to, or for the sole benefit, of any of the individuals identified below?

____ Spouse,

____ Blind or Disabled Son or Daughter,

____ Unmarried Child under 21 Years of Age

2. Was a Trust Fund established for the Sole Benefit of a Disabled Person Under 65 Years of Age ? _____

3. Was Home Property Transferred to the Person's:

____ Spouse,

____ Sibling with an equity interest, currently residing in the home, and resided at least 1 year prior to institutionalization;

____ Unmarried Child under 21 Years of Age;

____ Blind or Disabled Son or Daughter; or

____ Son or Daughter currently residing in the home, resided at least 2 years prior to institutionalization and verified parental care was provided to enable the institutionalized parent to reside at home rather than in an institution.

If the transfer was made to any of the above identified individuals, STOP HERE!

If Not, Proceed to the Next Section

Fair Market Value (FMV) at Time of Transfer: _____

Encumbrances at Time of Transfer: _____

Equity Value at Time of Transfer: _____

Compensation Received: _____

Uncompensated Value: _____

Uncompensated Value ÷ (4300.00) MA-6 Average Cost of Care =

Length of Computed Penalty - Month(s): _____

Partial Month Uncompensated Value ÷ \$141.00 =

Length of Partial Month Penalty – Day(s): _____

Penalty Begin Date: _____

Penalty End Date: _____

Case Manager: _____

If the client has an active penalty period, complete the DES/LTC 813 and fax 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 recipient screen 8 for HCB Waiver services.

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