

**MENTALLY RETARDED/DEVELOPMENTALLY DISABLED (MR/DD)**

**17.46 BILLING PROCEDURES AND PAYMENT AMOUNTS**

Payment for MR/DD services is made by the Bureau for Medical Services. BMS maintains a hotline for vendor questions.

All provider inquiries related to billing or payment issues must be referred to BMS. Please direct your calls to Provider Services at 888-483-0793 or (304) 348-3360.

**INTERMEDIATE CARE FACILITY/MENTALLY RETARDED (ICF/MR)****17.47 THE APPLICATION/REDETERMINATION PROCESS**

The application/redetermination process is the same as SSI-Related Medicaid, with the following exceptions:

As a result of the Medley, et al. vs Lipscomb court order, the Department is required to determine an individual's eligibility for ICF/MR level of care and placement in a group home within three working days of receiving a completed application. Presumptive eligibility is determined using a **DFA-ICF/MR-1**. The case management agency, in conjunction with the admission committee from the certified group home, is responsible for determining the initial financial eligibility. This presumptive eligibility period may not exceed thirty (30) days. The completed **DFA-ICF/MR-1** is considered the initial application.

The **DFA-ICF/MR-1** form must be date-stamped when received in the local office. The 3-day time limit begins the day after it is received. The 3-day time limit refers to 3 working days.

When **the DFA-ICF/MR-1** form is received, the CSM is responsible for:

- Having the case entered **and approved for presumptive eligibility** in RAPIDS within this 3-day limit; and
- Assigning the case to a Worker who issues a **DFA-6** to the client or his representative to obtain **any** required verification **to determine ongoing eligibility after the 30-day presumptive eligibility period**.
- Assuring that a decision **for ongoing eligibility** is made within the 30-day presumptive period, once the required verification is received.

For all ICF/MR applicants, other than those already admitted and living in a certified facility, the applicant must apply for admission to the group home. The staff at the group home has the option of using the **DFA-ICF/MR-1** to presumptively determine medical and financial eligibility. When this is done, the procedures discussed above are followed.

When the application for ICF/MR is made using the **DFA-2**, and, thus, no presumptive decision is made by the case management agency/group home admission committee, the application is processed, using SSI-Related Medicaid processing time limits apply.

Eligibility is redetermined once a year and a face-to-face interview is required.