

NURSING FACILITY SERVICES

The ES-NH-3 is not a substitute for any client notification letter. When appropriate, the ES-NH-3 is attached to the ES-NL-A, ES-NL-B or ES-NL-C.

NOTE: All notification letters regarding the client's contribution to his cost of care must contain the following statement "This resource must be paid for in-facility days and bed-hold days unless you are notified otherwise in writing."

NOTE: Any time the client or his representative is notified of any changes in the client's eligibility, the nursing facility administrator must also be notified. If more than one nursing facility is involved, each administrator must be sent a copy of the ES-NH-3.

When the client resides in more than one nursing facility in the same month and his contribution must be divided, see Section 17.9.

C. IM-NL-LTC-1

The IM-NL-LTC-1 is a calculation sheet used in determining eligibility based on 300% **of the SSI payment level for an individual**. It is also used to determine the client's contribution in the post-eligibility process, regardless of the method by which he was determined eligible. It must be sent to the client or his representative with forms ES-NL-A, ES-NL-B, ES-NL-C and ES-NH-3 for notification of all case activity involving income eligibility.

D. IM-NL-LTC-2

The IM-NL-LTC-2 is a calculation sheet used to determine the CSMA and FMA for nursing facility cases. It must be sent to the client or his representative with forms ES-NL-A, ES-NL-B, ES-NL-C and ES-NH-3 for notification when there is a change in the CSMA or the FMA.

E. ES-NL-D

The ES-NL-D is used to notify the client that the results of a spousal assessment cannot be appealed unless an application for nursing facility care is made. See Section 17.10. Form IM-NL-AC-1 must be mailed with the ES-NL-D. When the asset assessment is completed in RAPIDS, notification AEL3 is sent.

F. IM-NL-AC-1

This form is used to complete an Asset Assessment. See Section 17.10. The asset assessment may be completed in RAPIDS. See the RAPIDS User Guide.

NURSING FACILITY SERVICES

G. DFA-NL-UH-1

This form is used to notify the client, the client's authorized representative and the nursing facility of the right to request an Undue Hardship Waiver when denial of long term care services **is due to some aspect of the asset policy**, a transfer of resources or the trust policy.

The Fair Hearing form, DFA-FH-1, must be sent with the DFA-NL-UH-1.

H. DFA-NL-UH-2

This form is used to notify the client, the client's authorized representative and the nursing facility of the decision made by the Undue Hardship Waiver Committee regarding the Undue Hardship Waiver request. The Fair Hearing form, DFA-FH-1, must be sent with the DFA-NL-UH-2.