

MENTALLY RETARDED/DEVELOPMENTALLY DISABLED (MR/DD)**17.32 THE APPLICATION/REDETERMINATION PROCESS**

The application/redetermination process is the same as for SSI-Related Medicaid in Chapter 1, with the following exceptions:

Current full-coverage Medicaid recipients, including SSI and Deemed SSI recipients, must complete the DFA-LTC-5 to evaluate any annuities, trusts, and/or other potential resources or transfers when determined medically eligible for MR/DD. The DFA-2 is used for all other applicants. The application is processed when the Worker receives a memorandum from the LTC/AC Unit which gives the date that medical necessity for MR/DD Waiver services eligibility is established.

Eligibility begins on the latest of these dates:

- The physician's assessment date on the DD-2A; or
- The date financial eligibility is determined; or
- The date the client or his representative signs the Plan of Care.

NOTE: When the applicant's eligibility for, or enrollment in, this program is pending, he must not be refused the right to apply due to his pending status for the MR/DD group, but must be evaluated for any or all DFA programs.

MR/DD cases, except SSI recipients, are redetermined financially once a year and a face-to-face interview is required. Redeterminations are completed using the same criteria and procedures for applications.

MENTALLY RETARDED/DEVELOPMENTALLY DISABLED (MR/DD)**17.33 CASE MAINTENANCE****A. COUNTY TRANSFER**

When an MR/DD client moves from one county to another, the case record must be transferred to the new county of residence. See Section 17.3,A.

B. CHANGES IN INCOME

NOTE: Income is not deemed for MR/DD cases. When the client's income increases to above 300% of the SSI payment level, he is no longer eligible for MR/DD services. The Worker must:

- Notify the LTC/AC Unit of the ending date of eligibility for MR/DD.
- Notify the client or his representative by providing 13 days notice.
- Notify the case management agency.
- Take appropriate data system action.
- Evaluate the client for all other Medicaid coverage groups.

C. CLOSURE/DENIAL

When an MR/DD case is closed or denied and an application is taken for nursing care services, no waiver services are covered under Medicaid.