

INTERMEDIATE CARE FACILITY/MENTALLY RETARDED (ICF/MR)**17.48 CASE MAINTENANCE****A. COUNTY TRANSFER**

When an ICF/MR client moves from one facility to another, the Worker must change the address and vendor number in RAPIDS. When the new facility is in another county, the case record must be transferred as well. See Section 17.3,A.

When the client resides in more than one ICF/MR facility in the same calendar month, the Worker must determine the portion of the client's cost contribution which must be paid to each facility in accordance with Section 17.9. Since the ICF/MR rate varies based on the individuals' medical assessment level, a standard rate per facility is not posted on the Department's Intranet site. The Worker must contact each facility for the individual's ICF/MR rate.

B. CHANGES IN INCOME

When the client's income increases to more than 300% of the SSI payment level, he is ineligible and must be reevaluated for all other Medicaid coverage groups. Appropriate client notification, including advance notice requirements, and data system action apply.

C. CLOSURE/DENIALS

When an applicant who was presumptively approved for 30 days is later denied, the Worker must notify the LTC/AC Unit using form ES-NH-3.