

**INTERMEDIATE CARE FACILITY/MENTALLY RETARDED (ICF/MR)****17.51 NOTIFICATION**

The applicant or his representative must be notified in writing of the action taken on his application using form DFA-NL-A. The recipient, his representative and the nursing facility administrator must be notified in writing in advance of any action that results in a change in the level of benefits using form DFA-NL-B or DFA-NL-C, whichever is appropriate. See Chapter 6. This Section discusses additional notification procedures related to nursing facility cases.

**A. WHO RECEIVES NOTIFICATION**

The Worker must determine who to notify as follows:

- When the client is not physically/mentally able to manage his own affairs, notification letters are addressed to the client's spouse or representative.
- When the client is not able to manage his own affairs and does not have anyone to act for him, notification letters are addressed to the facility administrator.

When the notification letters are addressed to someone other than the client, the following alterations in the form are required:

- In the upper left hand side, enter "re" followed by the client's name and case number.
- In the appropriate items, the name of the client (e.g., Mr. Smith or Mr. Smith's) is substituted for "you," "yours" or "client."

**B. DFA-NH-3, NOTICE OF CLIENT'S CONTRIBUTION TOWARD HIS COST OF CARE**

The DFA-NH-3 is used to notify the client or his representative, the ICF/MR facility administrator and the LTC Unit of the client's contribution to his cost of care.

The form is completed when the eligible client first enters the ICF/MR facility, leaves a facility, is transferred to a different facility, or when the ineligible individual who is in a facility becomes eligible for payment. A new form is prepared when there is any change in the client's contribution toward his cost of care. The form is self-explanatory.

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The DFA-NH-3 is not a substitute for any client notification letter. When appropriate, the DFA-NH-3 is attached to the DFA-NL-A, DFA-NL-B or DFA-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 ICF/MR facility administrator must also be notified. If more than one ICF/MR facility is involved, each administrator must be sent a copy of the DFA-NH-3.

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

The Worker notifies the LTC/AC Unit:

- When the ICF/MR case is approved. Use Form DFA-NH-3 to inform the LTC/AC Unit of the resource amount and the client's total contribution.
- When the presumptively approved client is subsequently denied.
- When the client's resource amount or total contribution changes.
- When the client becomes ineligible for any reason.

The DFA-NH-3 must show as ICF/MR at the top of the form. It must show the client's name, case number and name of the group home. The Worker notes the action taken on the form.

The BMS contract agency notifies the CSM of the date that medical necessity for ICF/MR is determined or if it is not determined.