

NURSING FACILITY SERVICES**17.6 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 nursing facility administrator and the LTC Unit of the client's contribution to his cost of care.

The form is prepared when there is any change in the client's contribution toward his cost of care. It is self-explanatory. The form is completed when the eligible client first enters the nursing facility, leaves a nursing facility, is transferred to a different nursing facility, or when the ineligible individual who is in a nursing facility becomes eligible for payment. When the client resides in more than one nursing facility in the same month and his contribution must be divided, see Section 17.9.

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This form is also used to pay for LTC Services for individuals who have requested a waiver of their denial of LTC services based on the Undue Hardship Provision. They may be eligible for up to 30 days of payment for bed-hold days while awaiting a decision of the Undue Hardship Committee. When a DFA-NH-3 is sent to the LTC Unit indicating payment for this reason, the payment occurs outside of the usual data system process. Payment for bed-hold days while awaiting a decision is not extended to individuals denied due to excessive home equity.

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 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.

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 DFA-NL-A, DFA-NL-B, DFA-NL-C and DFA-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 DFA-NL-A, DFA-NL-B, DFA-NL-C and DFA-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

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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.

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 the individual **is otherwise eligible for LTC services except for one or more of the following Policies: (1) excessive home equity, (2) transfer of asset to a non-permissible trust, and/or (3) transfer of asset penalty.** The Fair Hearing form, DFA-FH-1, must be sent with the DFA-NL-UH-1.

When the individual is not otherwise eligible for LTC Services, only the DFA-FH-1 is sent.

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.