

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. NOTICE OF CLIENT'S CONTRIBUTION TOWARD HIS COST OF CARE

The client, or his representative, the nursing facility administrator, and the BMS LTC Unit must be notified in writing of the client's contribution to his cost of care.

DFA-NL-A, DFA-NL-B, DFA-NL-C, EDI2, EDR2

The notice of decision generated by the data system is used to notify the client, or his representative, and the nursing facility administrator, of the client's contribution to his cost of care. The notice will be automatically generated by the data system when the client first enters the nursing facility, or becomes eligible for payment, or has an increase or decrease in his contribution to care.

During the first month that Medicaid participates in the cost of care, it is necessary to prorate the client's contribution, see Section 17.9 for proration instructions. The Worker must manually calculate the prorated contribution and enter the prorated amount into the data system. The data system will automatically generate notice to the client, or his representative, and the nursing facility administrator.

Notification to BMS LTC Unit

A report automatically generated by the data system will be used to notify the BMS LTC Unit of the client's contribution to care when the client first enters the nursing facility, or becomes eligible for payment and when there is a change in the contribution of care.

DFA-NH-3

A DFA-NH-3 will be completed manually by the Worker to notify the client, or his representative, the nursing facility administrator and the BMS LTC Unit when the client leaves the nursing facility or is transferred to a different nursing facility. When the client leaves the facility, or resides in more than one nursing facility in the same month, his contribution must be divided, see Section 17.9 for proration instructions. The Worker must manually send a DFA-NH-3 to the original nursing facility, and the new nursing facility, for the month in which the client resides in both.

The DFA-NH-3 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 **and must be completed manually by the Worker**. The client 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."

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 **notice**.

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 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.