

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

Notification procedures in Chapter 6 are applicable.

**B. LTC/AC UNIT**

The Worker notifies the LTC/AC Unit:

- When the ICF/MR case is approved. Use Form ES-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 ES-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. In addition, the LTC/AC Unit receives a daily printout from MIS which lists the client's name, case number, Block 51 resource amount, vendor number and beginning date of eligibility.

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