
Long Term Care

The Worker must send an electronic message to the county office in which the representative lives. The following information is included:

- The month the redetermination is due
 - The amounts and sources of the patient's income as shown in the case record
 - The amount of the client's resource and his total contribution
 - Type and amount of the client's assets
 - Amount of the CSMA and FMA
- The Worker who receives the information, completes the interview, if applicable, with the representative and obtains required verification. He must explore all financial aspects of the case. See Sections 17.9 and 17.10.
- When the DFA-2 or DFA-MA-1 is completed, the Worker in the county in which the representative lives records all pertinent information and returns the form to the originating county.
- The Worker in the originating county completes the redetermination. If the client is no longer eligible for Medicaid, the case is closed. If the client remains eligible for nursing care services, RAPIDS is changed to reflect current circumstances and appropriate notification is sent.