

**INTERMEDIATE CARE FACILITY/MENTALLY RETARDED (ICF/MR)****17.48 CASE MAINTENANCE****A. COUNTY TRANSFER**

When an ICF/MR client moves from one facility to another, the Worker must change the address and vendor number in **RAPIDS**. When the new facility is in another county, the case record must be transferred as well. See Section 17.3,A.

**B. CHANGES IN INCOME**

When the client's income increases to more than 300% of the SSI payment level, he is ineligible and must be reevaluated for all other Medicaid coverage groups. Appropriate client notification, including advance notice requirements, and data system action apply.

**C. CLOSURE/DENIALS**

When an applicant who was presumptively approved for 30 days is later denied, the Worker must notify the LTC/AC Unit using form ES-NH-3.