

TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY
CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS
AND CHILDREN-ELIGIBILITY
SUBCHAPTER 9. ICF/MR, HCBW/MR, AND INDIVIDUALS
AGE 65 OR OLDER IN MENTAL HEALTH HOSPITALS
PART 3. APPLICATION PROCEDURES

317:35-9-26. Application procedures for private ICF/MR

~~A request for payment for private ICF/MR is made to the local office in the county where the applicant lives.~~ Individuals may apply for private ICF/MR at the OKDHS human services center (HSC) of their choice. A written application is not required for an individual who has an active ~~Medicaid~~ SoonerCare case. The ~~DHS~~ OKDHS Notification Regarding Patient in a Nursing Facility, Intermediate Care Facility for the Mentally Retarded or Hospice form ~~(ABCDM-83)~~ 08MA083E, when received in the county office, also constitutes an application request and is handled the same as an oral request. The local county office will send the ICF/MR ~~DHS~~ OKDHS form ~~ABDCM-37D~~ 08MA038E, Notice to Nursing Care Facility or LTCA, within three working days of receipt of ~~DHS~~ OKDHS forms ~~ABCDM-83~~ 08MA083E and ~~ABCDM-96~~ 08MA084E, Management of Recipient's Funds, indicating actions that are needed or have been taken regarding the ~~client~~ member.

SUBCHAPTER 19. NURSING FACILITY SERVICES

317:35-19-6. Application procedures for NF

~~A request for payment for NF is made to the local office in the county where the applicant lives.~~ Individuals may apply for nursing home care at the OKDHS human services center (HSC) of their choice. A written application is not required for an individual who has an active ~~Medicaid~~ SoonerCare case. For NF, ~~DHS~~ OKDHS Form ~~ABCDM-83~~ 08MA083E, Notification Regarding Patient in a Nursing Facility, Intermediate Care Facility for the Mentally Retarded or Hospice form, when received in the county office, also constitutes an application request and is handled the same as an oral request.