

441—90.4(249A) Application. The provider shall process an application for MR/CMI/DD case management no later than 30 days after receipt of the application. The provider shall refer the applicant to the department's service unit if other services are needed or requested.

90.4(1) Application record. The application shall include the consumer's name, the nature of the request for services, and a summary of any evaluation activities completed. The provider shall maintain this documentation for at least five years.

90.4(2) Application decision. The provider shall inform the applicant or the applicant's legally authorized representative of any decision to approve, deny, or delay the service in accordance with notification requirements at 441—subrule 7.7(1).

90.4(3) Delayed services. The application shall be approved and the consumer put on the referral list for assignment to a case manager when MR/CMI/DD case management cannot begin immediately because there is no opening on a caseload. The provider shall notify the applicant or the applicant's legally authorized representative in writing of approval and placement on the referral list. If an applicant is on a referral list for more than 90 days from the date of application, this shall be considered a denial of service.

90.4(4) Denying applications. The provider shall deny applications for service when:

- a. The applicant is not currently eligible for Medicaid; or
- b. The applicant does not meet the eligibility criteria in rule 441—90.2(249A); or
- c. The applicant or the applicant's legally authorized representative withdraws the application; or
- d. The applicant does not provide information required to process the application; or
- e. The applicant is receiving MR/CMI/DD case management from another Medicaid provider; or
- f. The applicant does not have a need for MR/CMI/DD case management.