



Iowa Department of Human Services  
**ICF/ID Resident Care Agreement**

This contract is between the Iowa Department of Human Services (DHS),

Resident \_\_\_\_\_,

and \_\_\_\_\_, an intermediate care facility for persons with intellectual disabilities, agree that:

- Effective: \_\_\_\_\_, the resident was admitted to the facility.
- The facility shall provide the resident with personal, medical, and habilitative services as specified in the *Medicaid Provider Manual for Intermediate Care Facilities for Persons with Intellectual Disabilities*.
- The resident (or the resident’s legal representative) shall pay directly to the facility the amount of *client participation determined by DHS*. DHS shall pay the balance of the allowable payment for care directly to the facility.
- Any overpayments to the facility shall be treated in the manner specified in Item C. 2., Section II of the agreement for intermediate care facilities for persons with intellectual disabilities existing between the facility and DHS.
- Should the facility maintain the personal needs account for the resident, this function shall be performed in accordance with procedures outlined in the *Medicaid Provider Manual for Intermediate Care Facilities for Persons with Intellectual Disabilities*.
- Resident discharge or transfer shall be voluntary or otherwise justified, and may only be effected following appropriate notification and consultation with DHS, the resident (and legal representative or family), and the attending physician. The facility shall coordinate any alternate placement arrangements.
- If a resident is discharged from the facility on other than the last day of the month, a refund based on the daily payment rate must be made to the resident or the resident’s legal representative of estate for any prepaid days of care not received.

By signing this contract the facility, the resident, and DHS accept all its provisions, none of which shall limit the responsibilities of the signing parties to abide by current or subsequently imposed laws, rules, and regulations.

Iowa Department of Human Services Signature	Date
Intermediate Care Facility Signature and Title	Date
Address	
Resident Signature (or Representative)	Date
Medicaid #	