

441—83.68 (249A) Adverse service actions.

83.68(1) Denial. An application for services shall be denied when it is determined by the department that:

- a.* The applicant is not eligible for the services.
- b.* Service needs exceed the service unit or reimbursement maximums.
- c.* Service needs are not met by the services provided.
- d.* Needed services are not available or received from qualifying providers.
- e.* The HCBS MR service is not identified in the applicant's service plan.
- f.* There is another community resource available to provide the service or a similar service free of charge to the applicant that will meet the applicant's needs.
- g.* Completion or receipt of required documents by the department for the HCBS program applicant has not occurred.

83.68(2) Reduction. A particular service may be reduced when the department determines that the provisions of 441—subrule 130.5(3), paragraph “*a*” or “*b*,” apply.

83.68(3) Termination. A particular service may be terminated when the department determines that:

- a.* The provisions of 441—subrule 130.5(2), paragraph “*d*,” “*g*,” or “*h*,” apply.
- b.* Needed services are not available or received from qualifying providers.
- c.* The HCBS MR service is not identified in the consumer's annual service plan.
- d.* Service needs are not met by the services provided.
- e.* Services needed exceed the service unit or reimbursement maximums.
- f.* Completion or receipt of required documents by the department for the HCBS program consumer has not occurred.
- g.* The consumer receives services from other Medicaid waiver programs.
- h.* The consumer or legal representative through the interdisciplinary process requests termination from the services.