

441—83.108(249A) Adverse service actions.

83.108(1) Denial. An application for services will be denied when it is determined by the department that:

a. All of the medically necessary service needs cannot be met in a home- or community-based setting.

b. Service needs exceed the 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 physical disability waiver service is not identified in the member's service plan.

f. There is another community resource available to provide the service or a similar service free of charge to the member that will meet the member's needs.

g. The member receives services from other Medicaid waiver providers.

h. The member or legal representative requests termination from the services.

83.108(2) Reduction. A particular service may be reduced when the department determines that the provisions of 441—paragraph 130.5(3) "a" or "b" apply.

83.108(3) Termination. A particular service may be terminated when the department determines that:

a. The provisions of 441—paragraph 130.5(2) "d," "g," or "h" apply.

b. Needed services are not available or received from qualifying providers.

c. The physical disability waiver service is not identified in the member'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 member for the physical disability waiver service has not occurred.

g. The member receives services from other Medicaid providers.

h. The member or legal representative requests termination from the services.

[ARC 0318D, IAB 5/27/26, effective 7/1/26]