

441—83.88(249A) Adverse service actions.

83.88(1) Denial. An application for services will be denied when it is determined by the department that:

- a. The member is not eligible for the services because all of the medically necessary service needs cannot be met in a home- or community-based setting.
- 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 brain injury 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 through the interdisciplinary process requests termination from the services.

83.88(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.

83.88(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 brain injury 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 department or the medical facility discharge planner for the brain injury waiver service member has not occurred.
- g. The member receives services from other Medicaid providers.
- h. The member or legal representative through the interdisciplinary process requests termination from the services.

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