

441—83.88 (249A) Adverse service actions.

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

- a.* The consumer 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 consumer's service plan.
- f.* There is another community resource available to provide the service or a similar service free of charge to the consumer that will meet the consumer's needs.
- g.* The consumer receives services from other Medicaid waiver providers.
- h.* The consumer 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—subrule 130.5(3), paragraph “a” or “b,” apply.

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