

**441—83.8(249A) Adverse service actions.**

**83.8(1) Denial.** An application for services shall be denied when it is determined by the department that:

- a.* The client is not eligible for or in need of services.
- b.* Needed services are not available or received from qualified providers.
- c.* Service needs exceed the aggregate monthly costs established in 83.2(2)“*b*,” or are not met by the services provided.
- d.* Needed services are not available or received from qualifying providers.

**83.8(2) Termination.** A particular service may be terminated when the department determines that:

- a.* The provisions of 441—paragraph 130.5(2)“*a*,” “*b*,” “*c*,” “*g*,” or “*h*” apply.
- b.* The costs of the health and disability waiver service for the person exceed the aggregate monthly costs established in 83.2(2)“*b*.”
- c.* The member receives care in a hospital, nursing facility, or intermediate care facility for persons with an intellectual disability for 120 days in any one stay for purposes other than respite care.
- d.* The member receives health and disability waiver services and the physical or mental condition of the member requires more care than can be provided in the member’s own home as determined by the designated case manager.
- e.* Service providers are not available.

**83.8(3) Reduction of services** shall apply as in 441—subrule 130.5(3), paragraphs “*a*” and “*b*.”

[**ARC 0306C**, IAB 9/5/12, effective 11/1/12; **ARC 0757C**, IAB 5/29/13, effective 8/1/13; **ARC 3184C**, IAB 7/5/17, effective 8/9/17; **ARC 3234C**, IAB 8/2/17, effective 9/6/17]