

**DECISION GUIDE FOR NOTICES AND ADVERSE BENEFIT DETERMINATIONS**

<b><u>Action taken by Waiver Agency</u></b> Applicant = NOT ENROLLED IN MI CHOICE Participant = ENROLLED IN MI CHOICE	<b><u>Adequate Notice</u></b>	<b><u>Advanced Notice</u></b>	<b><u>Adverse Benefit Determination</u></b> Sent 10 Days Before Date of Action	<b><u>Adverse Benefit Determination</u></b> Sent By The Date of Action
Applicant does not meet nursing facility level of care	X			
Applicant placed on the MI Choice waiting list	X			
Applicant not enrolled in MI Choice after an assessment (regardless of reason)	X			
Services terminated per participant request			X	
Services terminated per participant request and participant signs a written statement requesting termination				X
Services reduced after an assessment because no longer medically necessary			X	
Waiver agency does not honor participant request for additional services (either type or quantity)				X
Services terminated because of NF placement				X
Services terminated because no longer eligible for Medicaid				X
Enrolled participant no longer meets the nursing facility level of care. (See note on page 3 regarding special provisions during the COVID-19 Public Health Emergency.)		X		
Services terminated because no longer meet NFLOC			X	
Services terminated because participant died				X
Services suspended because waiver agency could not find a provider and the last provider quit			X	
Services reduced per participant request			X	
Services reduced per participant request and participant signs a written statement requesting the reduction.				X
Services suspended because participant in hospital				X
Services terminated because participant does not meet criteria for receiving them			X	
Services terminated because participant does not meet criteria for receiving them and the participant signs a written statement indicating they understand the reason for terminating the services.				X

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Services reduced for any other reason			X	
Services terminated for any other reason			X	
Services suspended because participant is temporarily leaving service area.			X	
Services suspended because participant is temporarily leaving the service area and signs a written statement that they understand services must be suspended for this reason.				X
Denial to furnish services outside of the provider network when no in network provider is available to deliver or furnish the service.			X	
Services terminated because the participant's address is unknown based upon returned mail with no forwarding address.				X
Waiver agency changes a service, but not the amount of service authorized (e.g. change Chores from snow plowing to lawn mowing or CLS from one agency to another)	n/a	n/a	n/a	n/a
Waiver agency denies a request to add a service to a self-determination budget and does not provide the service through traditional methods				X
Waiver agency reduces the amount of the self-determination budget before the budget period ends.			X	

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### NOTES:

- Adverse Benefit Determinations allow 60 days for the individual to file an internal appeal.
- Services must continue until the waiver agency makes a hearing decision when **ALL the following occur:**
  - The participant files a request for an internal hearing before the date of action, **AND**
  - The appeal involves the termination, reduction, or suspension of services that are in place, **AND**
  - The period covered by the original authorization has not expired, **AND**
  - The participant requests that services do not change until after a decision is rendered.
- The waiver agency has 30 days from the date the appeal was filed in writing to make a hearing decision.
- If the waiver agency does not make a hearing decision within 30 days, the appellant may request a State Fair Hearing.
- The waiver agency must send the appellant a Notice of Resolution upon making a hearing decision.
- The participant will have 120 days from the date of the Notice of Resolution to file a Request for a State Fair Hearing.
- The participant can request that services continue while awaiting the State Fair Hearing.
- The appellant may request an expedited internal appeal. Waiver agency must have hearing within 72 hours.
- The waiver agency may request an extension on hearing decision. This must be in the appellant's best interest. Must get approval from MDHHS.
- **As a reminder, for the duration of the COVID-19 Public Health Emergency, please refer to Provider L-Letter 21-66 for details about using the LOCD Secondary Review Process for Door 0 LOCD's to establish the Door 8 COVID-19 frailty exception.**