

COMMUNITY TRANSITION SERVICES DECISION GUIDE FOR ACTION NOTICES

<u>Action taken by Transition Agency</u>	<u>Adequate Notice</u>	<u>Advanced Notice</u>
Applicant = NOT APPROVED FOR Community Transition Services (CTS) Participant = APPROVED FOR CTS		
Applicant is not eligible for or does not have open Medicaid case	X	
Applicant does not meet HCBS Eligibility criteria	X	
Applicant chooses not to participate in CTS Services during the initial meeting with them.	X	
Services terminated per participant request		X
Services terminated per participant request and participant signs a written statement requesting termination	X	
Transition agency does not honor participant request for additional services (either type or quantity)	X	
Services terminated because no longer eligible for Medicaid		X
Services terminated because no longer meet HCBS Eligibility Criteria		X
Services terminated because participant died	X	
Services terminated because successfully transitioned and enrolled in another HCBS program		X
Services reduced per participant request		X
Services reduced per participant request and participant signs a written statement requesting the reduction.	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	
Services reduced for any other reason		X
Services terminated for any other reason		X
Services not provided because prior authorization not approved by MDHHS	X	
Services terminated because the participant's address is unknown based upon returned mail with no forwarding address.	X	
Services terminated because individual enrolled in MI Health Link program.		X
Services terminated because individual transitioned and enrolled in MI Choice, MI Health Link, PACE, or Home Help		X
Services terminated because the individual left the nursing facility against medical advice (AMA)		X
Services terminated because the individual moved back home without the assistance of the transition navigator		X

- The transition agency must keep the following for each grievance or appeal filed:
 - A general description of the reason for the appeal or grievance
 - The date received
 - The date of each review or, if applicable, review meeting
 - Resolution at each level of the appeal or grievance, if applicable
 - Date of resolution at each level, if applicable
 - Name of the participant for whom the appeal or grievance was filed.
 - The records must be accessible to MDHHS or CMS upon request.