

**Bulletin Number:** MSA 14-64

**Distribution:** MI Choice Waiver Agencies, Aging and Disability Resource Collaborations

**Issued:** December 29, 2014

**Subject:** MI Choice Waiting List Removal Reasons

**Effective:** February 1, 2015

**Programs Affected:** Medicaid

The purpose of this bulletin is to list the reasons a MI Choice waiver agency may remove an applicant from the MI Choice waiting list. Removal reasons were not included in the original MI Choice policy chapter. To add clarity to the MI Choice waiting list policy, the removal reasons are indicated below.

A MI Choice waiver agency may remove an applicant from the MI Choice waiting list if the applicant:

- Enrolled in MI Choice;
- Enrolled in another community-based service or program;
- Was admitted to a nursing facility and no longer interested in MI Choice;
- Died;
- Moved out of state;
- Was not eligible for MI Choice;
- Was no longer interested in or refused MI Choice enrollment; or
- Was unable to be contacted by the waiver agency using all of the following methods:
  - The waiver agency called at least three times with a varied day of week and time of day.
  - If the waiver agency was able to leave a message, the applicant did not return the call within 10 business days.
  - The waiver agency sent a letter to the applicant with a deadline to contact the waiver agency within 12 business days, and the applicant either did not respond or mail was returned.

The Centers for Medicare and Medicaid Services requires an Adequate Action Notice be sent to the applicant not later than the date of removal from the MI Choice waiting list. MI Choice waiver agencies can find a template for the Adequate Action Notice posted on the Michigan Department of Community Health website. (Refer to the Directory Appendix of the Michigan Medicaid Provider Manual for website information.)

### Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved



Stephen Fitton, Director  
Medical Services Administration

(MI Choice Provider Letterhead)  
Adverse Action Notice

## Adequate Action Notice – MI Choice Waiting List Removal

Date:

Name:

Address:

City, State, Zip code

Dear \_\_\_\_\_:

Following a review of your long term care needs, you will be removed from the MI Choice waiting list for the following reason as specified in the MI Choice Policy Chapter of the Michigan Medicaid Provider Manual: \_\_\_\_\_. The legal basis for this decision is 42 CFR 440.230 (d).

If you do not agree with this action, you may request a **Medicaid Fair Hearing**. To request a Medicaid Fair Hearing, complete a DCH-0092 – Request for an Administrative Hearing form and mail it to:

**Request for Administrative Hearing  
Michigan Administrative Hearing System  
Michigan Licensing and Regulatory Affairs  
PO Box 30763  
Lansing, Michigan 48909**

The Medicaid Fair Hearing Request **must** be:

- **Received within 90 calendar days of the date of this notice,**
- In writing, and
- Signed by you or a person authorized to sign for you.

Sincerely,  
(Provider Representative)