



## Adverse Actions- The Provider's Responsibility

Bureau of Long Term Services and Support  
Division of Senior and Disability Services  
Department of Health and Senior Services




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### Objectives

- Learn the different types of adverse actions
- Be able to define adverse actions and discuss all aspects of adverse actions
- Be knowledgeable of the appeal process and the provider reassessor's involvement

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### What is an Adverse Action?

Any change to a participant's HCBS to which they disagree and that adversely affects the participant.

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## Adverse Action

At reassessment, an adverse action may include:

- Level of Care not met
- Decrease in a previously authorized service
- Closing of a previously authorized service
- Denial of a service that was requested by the participant

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## Provider Reassessor's Responsibility

- Discuss any potential adverse action with participant
- Complete the reassessment process
- Thoroughly document the conversation

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## What is NOT an Adverse Action?

When the participant agrees with the reduction, denial, or closing of HCBS, this is not considered to be an Adverse Action

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## State and Federal Law

- Participants are to receive written notification
- Participants have the right to appeal any adverse action
- Participants have the right to continue services when an appeal is requested timely

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## Waiting Period

42 CFR 431.211 – Any adverse action results in a change to the case status or changes a prior authorization shall require a ten (10) business day notification prior to the date of the change or closing.

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
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## Level of Care Not Met

Provider reassessor responsibility:

- Discuss level of care outcome with participant and notify participant that level of care as a condition of eligibility
- Inform participant that DSDS staff will follow-up
- Thoroughly document conversation

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## Decrease or Denial of a Service

Provider reassessor responsibility:

- Discuss the decrease or denial of services with the participant
- If the participant is in agreement with the change, thoroughly document conversation
- If participant is **not** in agreement, thoroughly document conversation and notify DSDS

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## Inability to Self-Direct: CDS

Provider reassessor responsibility:

- Determine if the participant has the ability to self-direct
- If unable to self-direct, discuss other care options to meet their care needs
- If the participant accepts another service, complete reassessment and thoroughly document and upload documents

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
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## Inability to Self-Direct: CDS

Provider reassessor responsibility:

If the participant disagrees with the determination of their inability to self-direct

- Upload documents that support the determination
- Thoroughly document the situation
- Enter the requested care plan
- Notify DSDS within one business day

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## Participant Fraud: CDS

Provider reassessor responsibility:

- Complete the reassessment including the requested care plan and required signatures
- Thoroughly document information supporting fraud allegations
- Make a report to DSDS Hotline at 800-392-0210

**Participants who commit fraud of the CDS program are no longer entitled to receive CDS**

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## Appeals

The opportunity to appeal any adverse action is required by both Federal and State Law

- Requests can be made to DSDS verbally or in writing
- Appeals may be requested by anyone, but confirmation must be made by the participant or guardian

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## Timeframes for Appeal

Important Timeframes:

- Ninety (90) business days
- Ten (10) business days

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## Appeal Hearing Process

- Upon request of an appeal, a hearing date will be set
- Provider reassessor may be asked to testify
- As a hearing date could be set at a much later date, thorough documentation is important
- Hearings can be in person or by conference call

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## Questions?

 [BLTSS  
ReassessorTraining@health.mo.gov](mailto:ReassessorTraining@health.mo.gov)  
or  
[PCCP  
Providerreassessmentreview@health.mo.gov](mailto:Providerreassessmentreview@health.mo.gov)



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