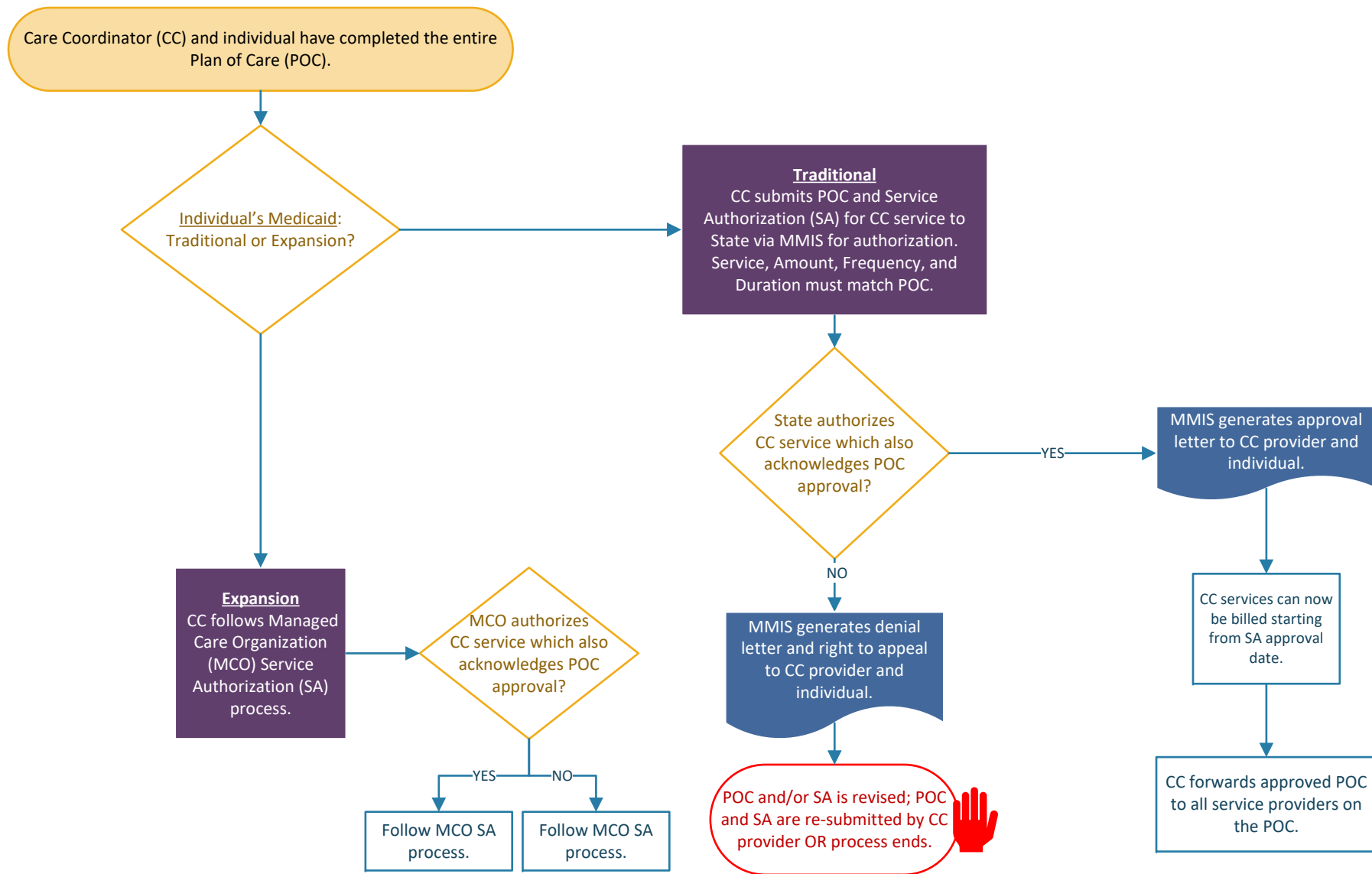
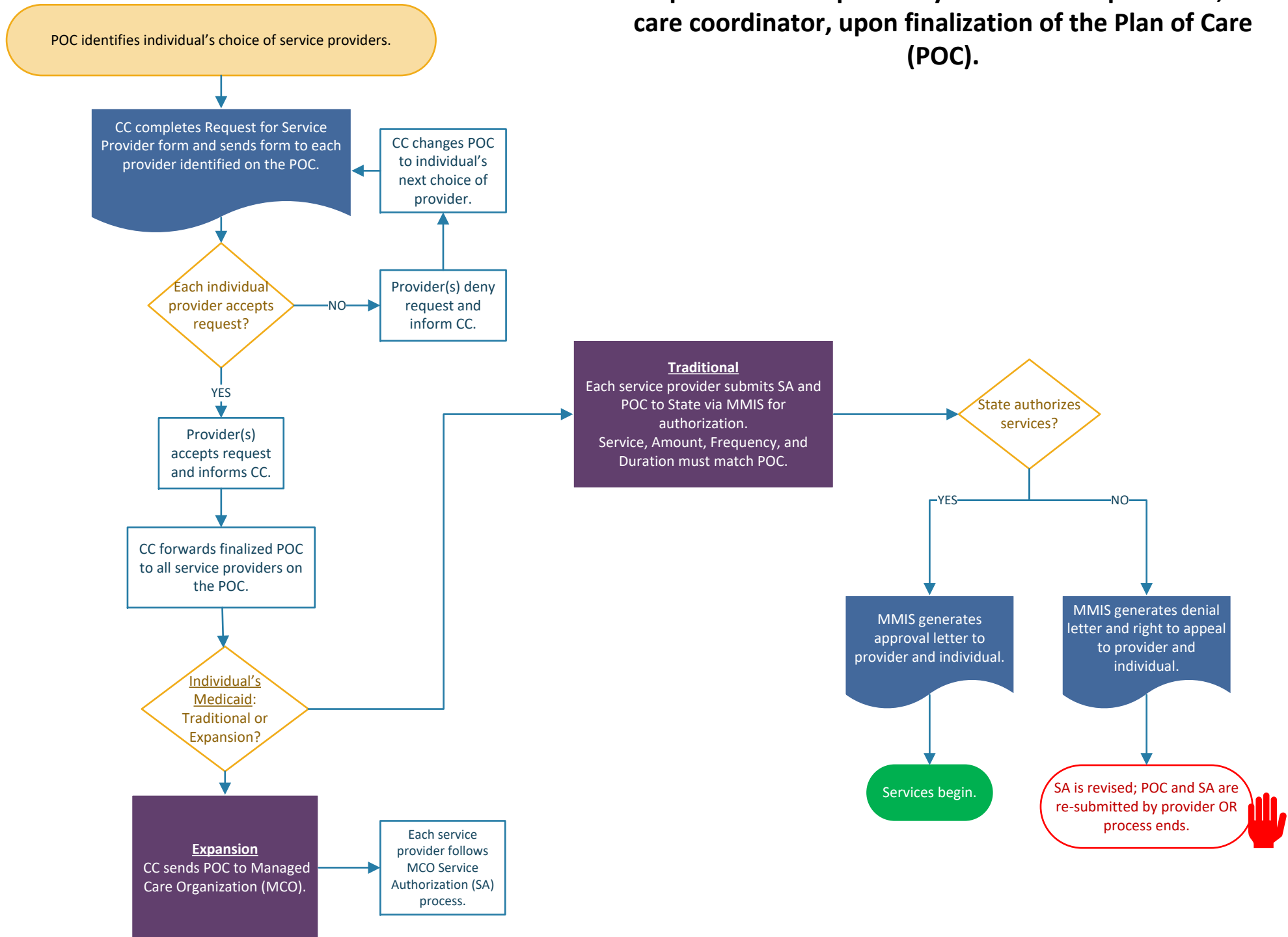


1915(i) Service Authorization Process Flows

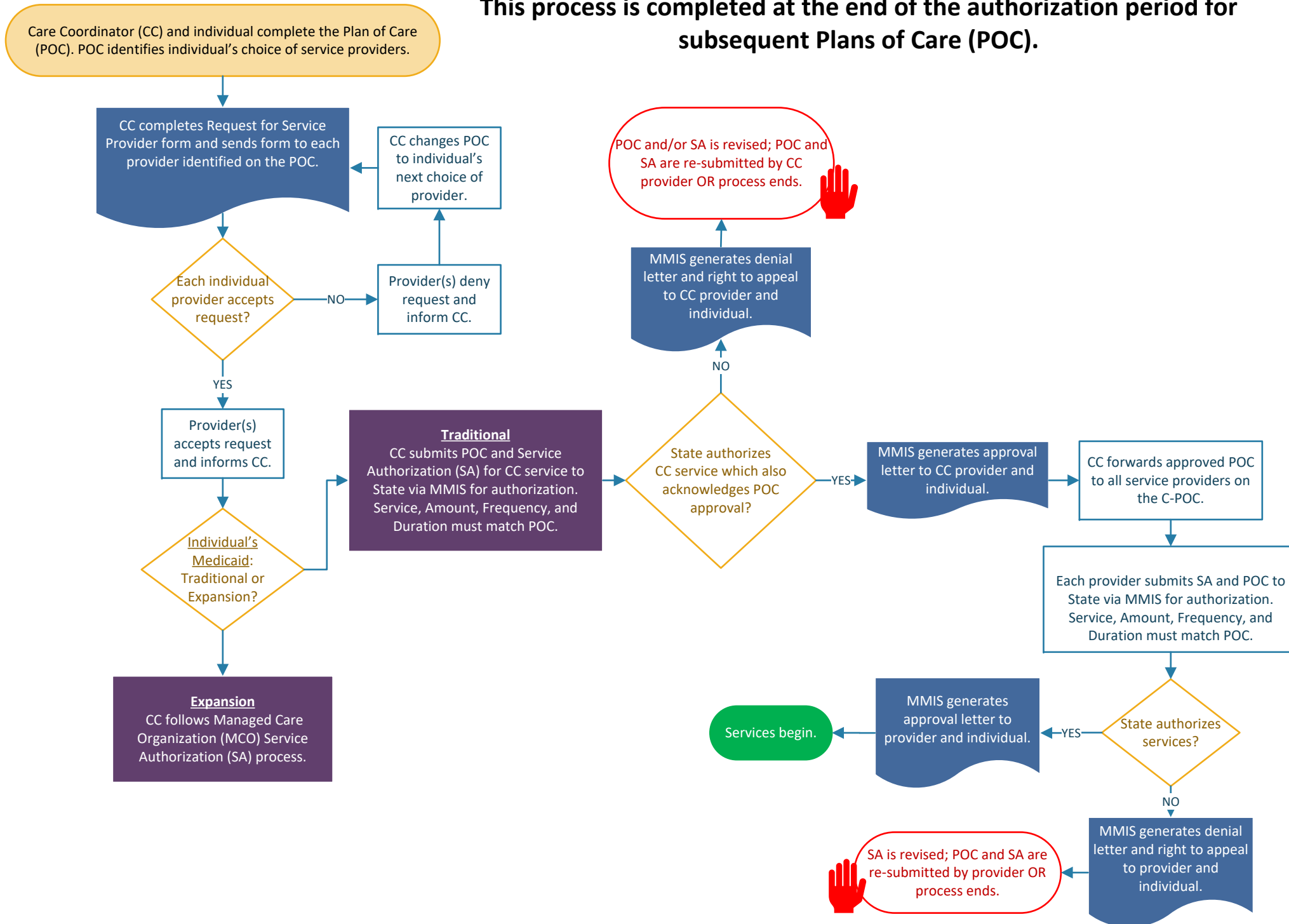
This process is completed by the care coordinator upon finalization of the Plan of Care (POC).



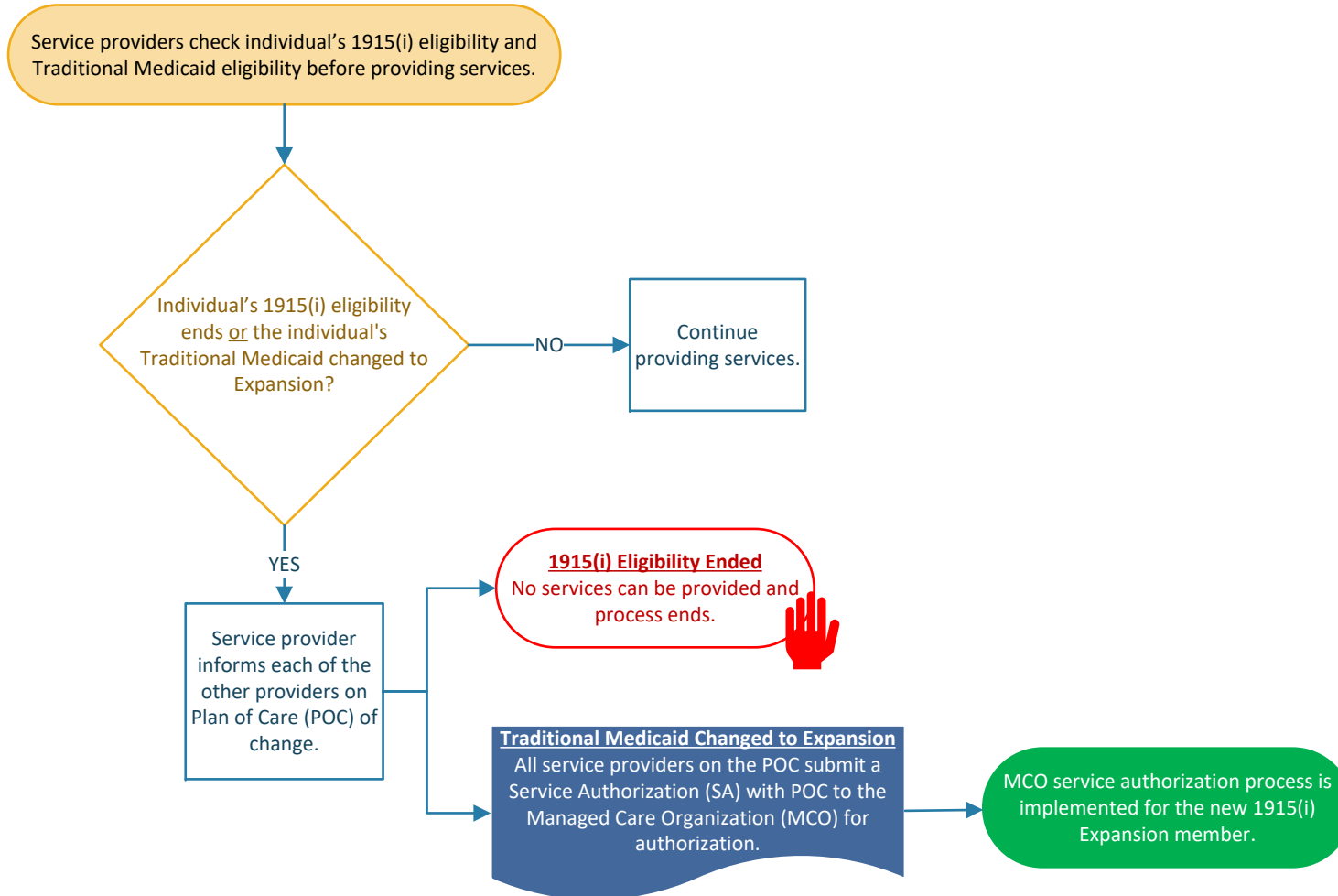
This process is completed by other service providers, not care coordinator, upon finalization of the Plan of Care (POC).



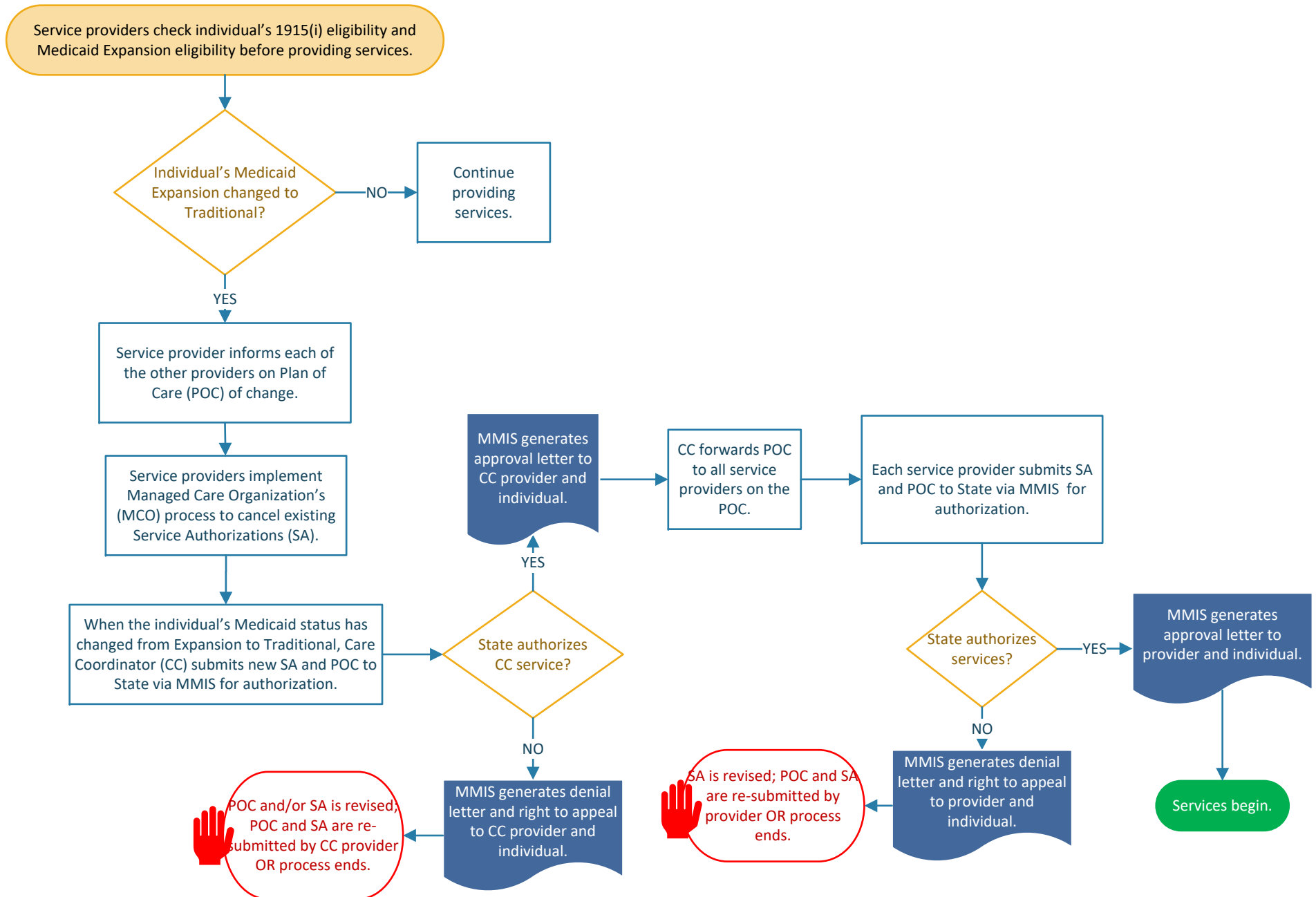
This process is completed at the end of the authorization period for subsequent Plans of Care (POC).



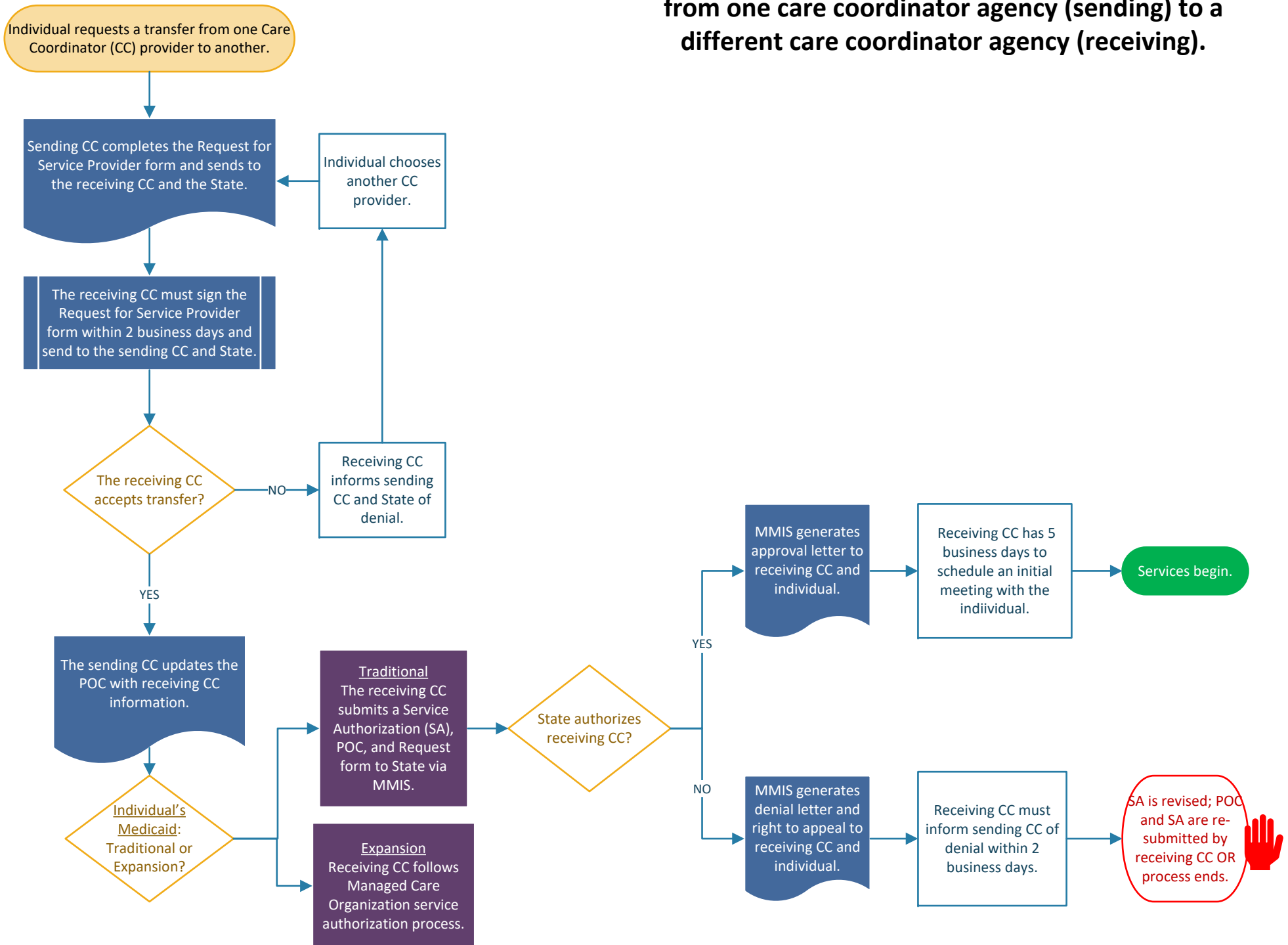
**This process is completed when an individual's 1915(i) eligibility ends
OR Traditional Medicaid changes to Medicaid Expansion.**



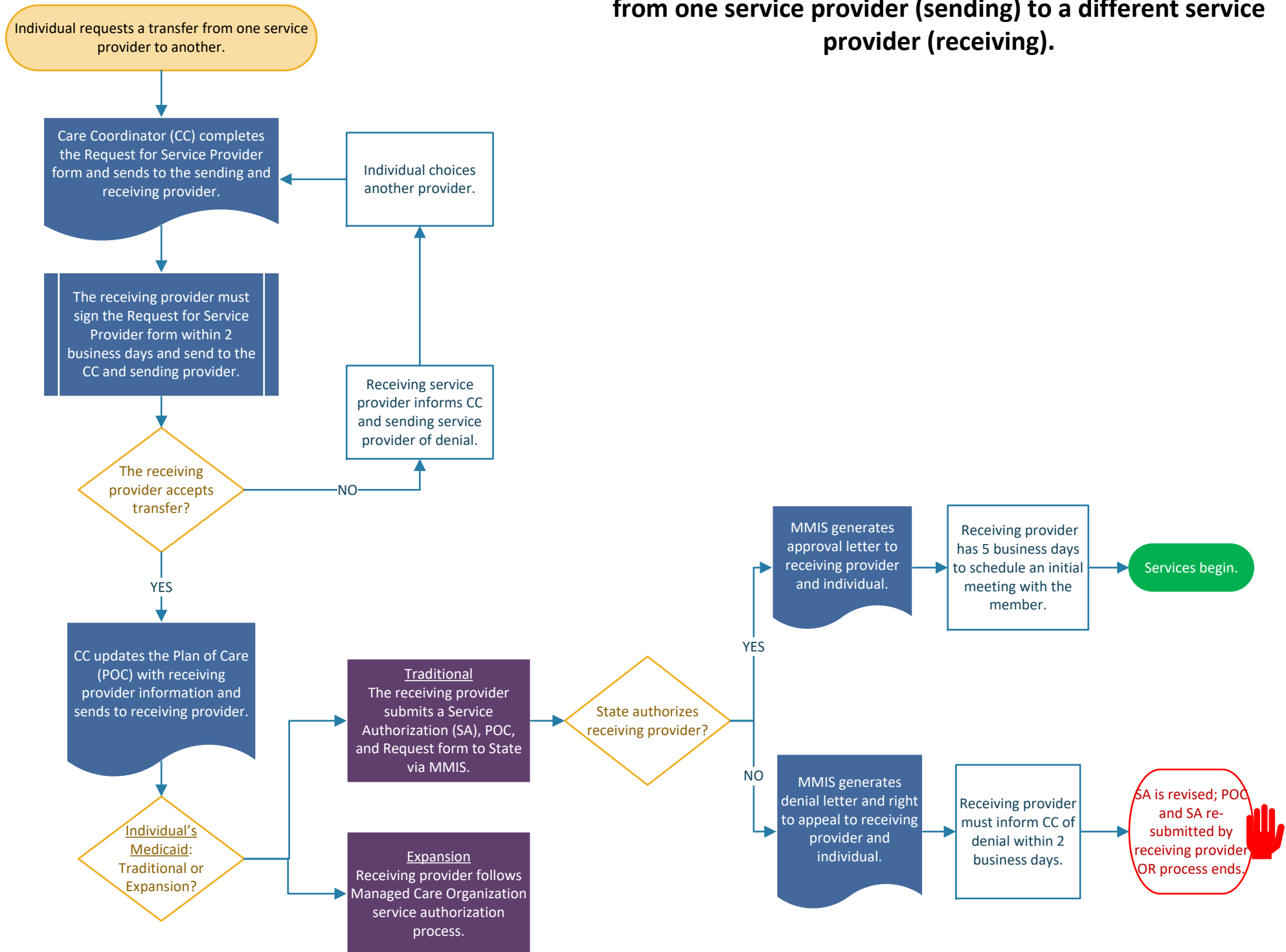
This process is completed when individual's Medicaid Expansion changes to Traditional Medicaid.



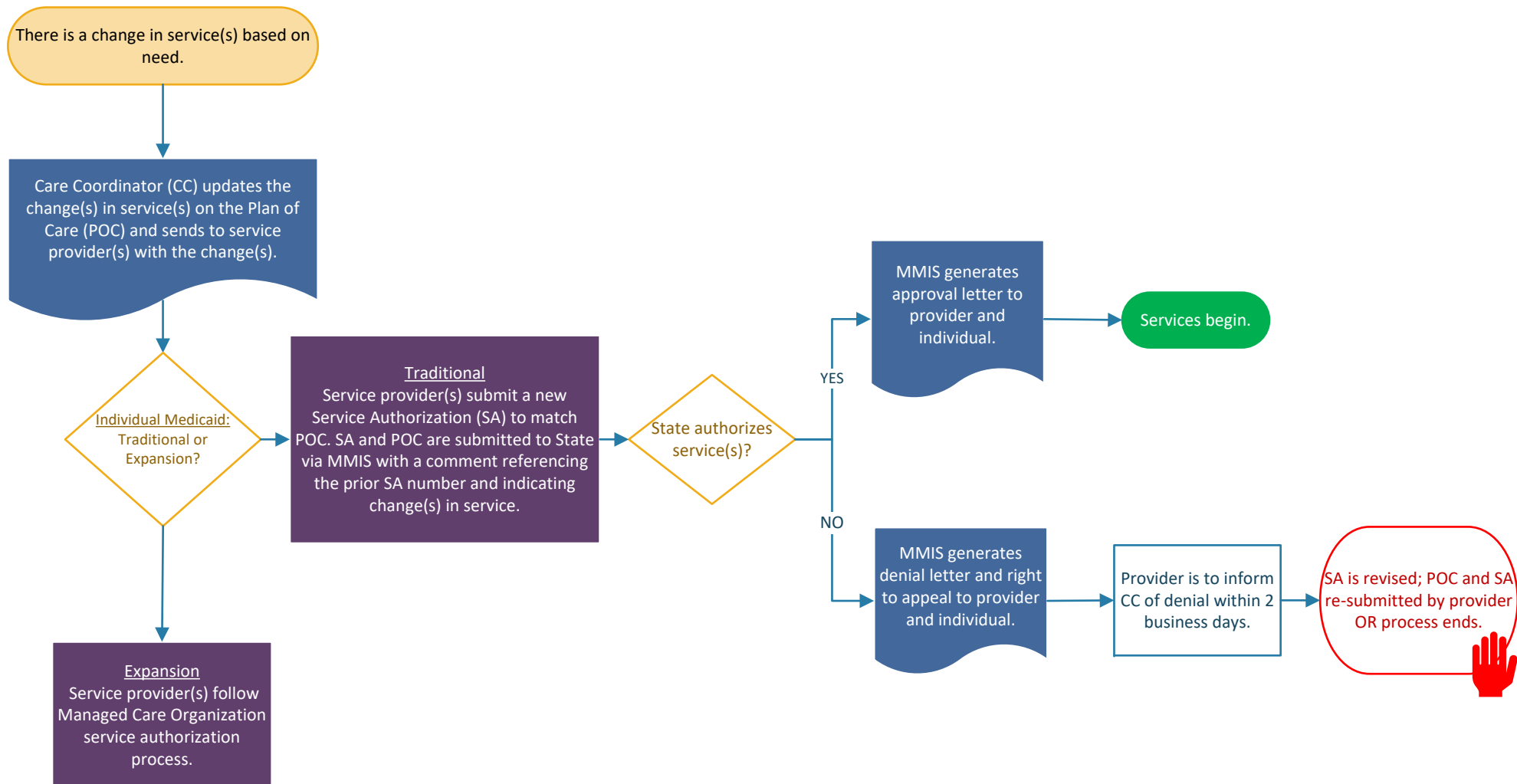
This process is completed when a individual transfers from one care coordinator agency (sending) to a different care coordinator agency (receiving).



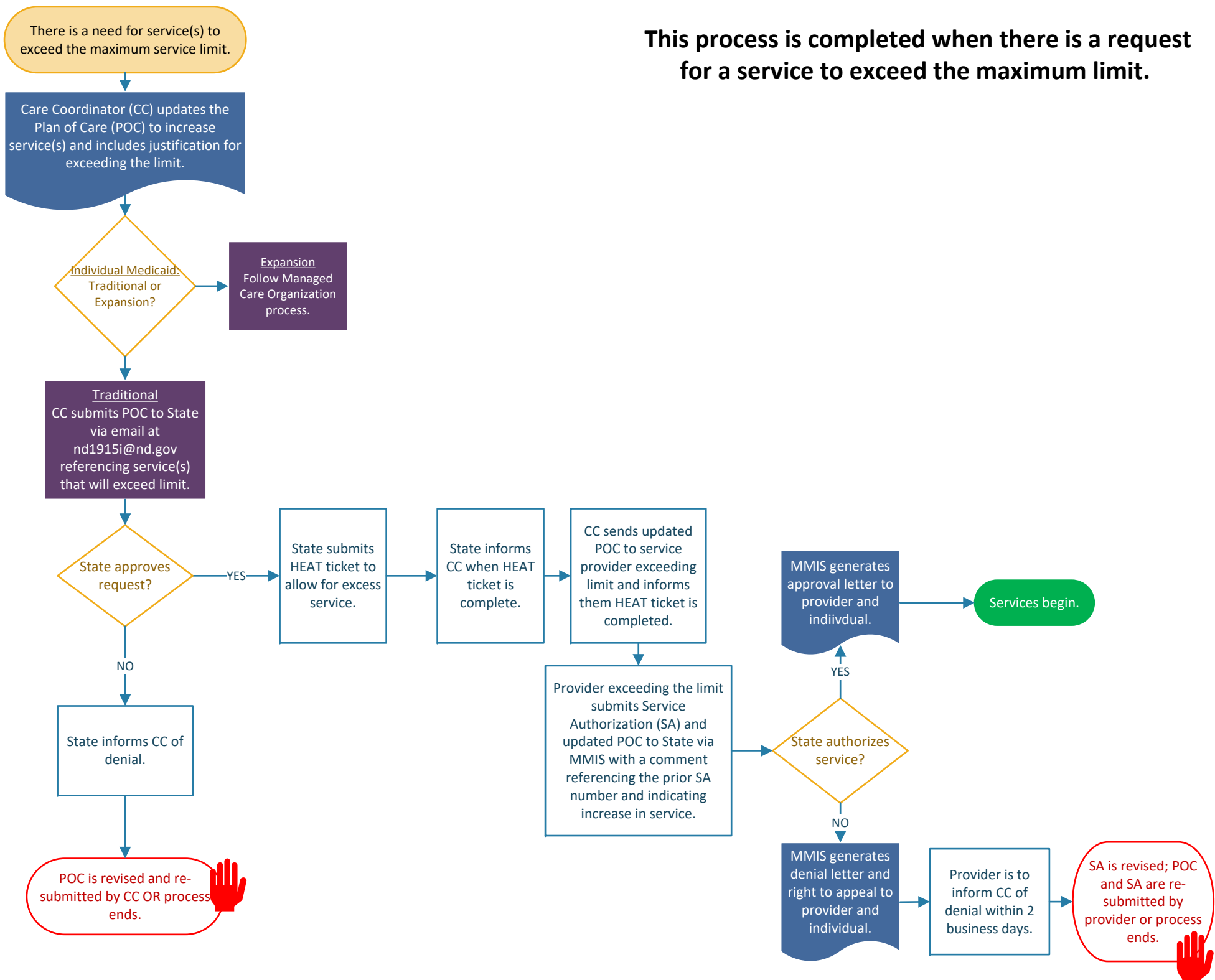
This process is completed when an individual transfers from one service provider (sending) to a different service provider (receiving).



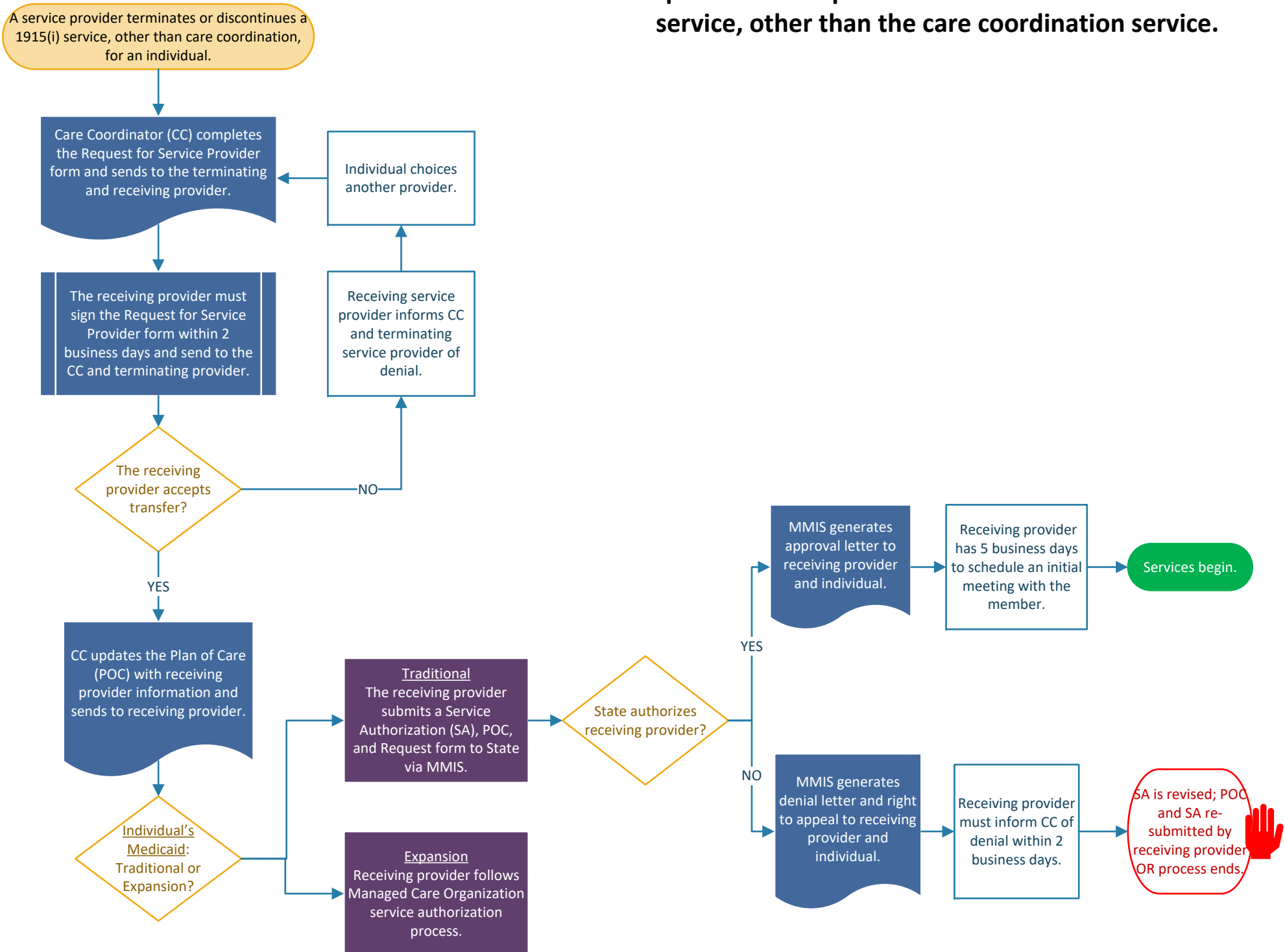
This process is completed when there is a change in service name, amount, frequency, or duration on the POC.



This process is completed when there is a request for a service to exceed the maximum limit.



This process is completed when there is a termination of service, other than the care coordination service.



This process is completed when there is a termination of the care coordination service.

