

NAME: Request for Discontinuation of Service Instructions (Policy Section 501.17)

PURPOSE: To request discontinuation of services for a member of the Aged and Disabled Waiver program due to:

- No Services have been provided for 180 continuous days.
- Unsafe Environment
- Member Noncompliance with Program
- Member No Longer Desires Services

1. Enter the Date of the request including the month/day/year.
2. **Member Information:** Document;
 - a. Member full name or Legal Representative if applicable
 - b. Address including street, city, zip code
 - c. Enter county
 - d. Medicaid Number (**11 digits**)
 - e. Phone Number
3. **Reason For Request:** Mark clearly in the box to signify the reason for the request for discontinuation of member services.
 - a) No services have been provided for 180 continuous days. ***The date of last service must be completed on the form.***
 - b) Unsafe environment – ***documentation must be attached to support the request for closure.***
 - Note: BoSS will attempt to process the request as a transfer by requiring the member (or legal representative) to sign a ***Consent for Release of Information Form*** *permitting all information regarding the unsafe circumstances to be disclosed to other agencies and APS Healthcare/IRG.*
 - c) Member Noncompliance with Program. Documentation must be attached to support the request for closure.
 - d) Member No Longer Desires Services. The member’s written request with signature must be attached.
4. Document the Name and location of the entity requesting the closure, including, mailing address and fax phone number.

5. Document name of other ADW Provider (PA/HM or CM agency) including, phone and fax number.
6. The person making the request must print full name, sign their name including title and the date.
7. All requests must be submitted to Bureau of Senior Services (BoSS) for review. If it is an appropriate request and BoSS approves, a notification of discontinuation of services will be sent to the member/legal representative with a copy to the Case Management Agency or F/EA along with fair hearing rights. The effective date for the discontinuation of services is 13 calendar days after the date of the BoSS notification letter, unless the member/legal representative requests a hearing.
8. All discontinuation of services must be reported on the Case Management Monthly Report to BoSS.
9. The following **Do Not** require a Request for Discontinuation of Services Form but ***must be reported on the Case Management Monthly Report***
 - a) Death
 - b) Moved Out of State
 - c) Medically Ineligible
 - d) Financially Ineligible