

NAME: Discontinuation of Service Instructions (Policy Section 517.25)

PURPOSE: To request discontinuation of services for a member of the Personal Care Services 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 the last service must be noted on the form.***
 - b) ***Unsafe environment – documentation must be attached to support the request for closure.***
 - c) ***Member noncompliant 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. The person making the request must print full name, sign their name including title and the date.

6. All requests must be submitted to Bureau of Senior Services for review. If it is an appropriate request approved, a notification of discontinuation of services will be sent to the member/legal representative along with fair hearing rights. The effective date for the discontinuation of services is 13 calendar days after the date of the notification letter, unless the member/legal representative requests a hearing.
7. All discontinuation of services must be reported on the Personal Care Monthly Report submitted to the Bureau of Senior Services.
8. The following **Do Not** require a Request for Discontinuation of Services Form but ***must be reported on the Monthly Report.***
 - a) Death
 - b) Moved Out of State
 - c) Medically Ineligible
 - d) Financially Ineligible