

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Request for Discontinuation of Services (Policy Section 501.34)

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

- No Services have been provided for 180 continuous days.
- Unsafe Environment
- ADW Participant noncompliance with program
- ADW Participant no longer desires services
- ADW Participant no longer requires services
- ADW Services are no longer sufficient to maintain ADW participant safely in a home setting

1. Enter the Date of the request including the month/day/year.

2. **ADW Participant Information:** Document;

- a. Participant full name and 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 ADW 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.***
- c. Participant Noncompliance with Program. Documentation must be attached to support the request for closure.
- d. Participant No Longer Desires Services. The participants’s written request with signature must be attached.
- e. Participant no longer requires services. Documentation as to why services are no longer necessary should be attached.
- f. ADW Services are no longer sufficient to maintain ADW Participant safely in a home setting

4. Document the Name and location of the entity requesting the closure, including mailing address, telephone, and fax number.

5. Document name of other ADW Provider (PA 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 ADW Participant/legal representative with a copy to the Case Management Agency or F/EA along with fair hearing rights (no hearing rights sent when participant no longer desires services). The effective date for the discontinuation of services is 13 calendar days after the date of the BoSS notification letter, unless the ADW Participant/legal representative requests a hearing. The exception to this is a request to close due to unsafe environment -even if ADW Participant requests a hearing within 13 calendar days on

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Unsafe environment closures, the services will cease on the 13th day if they have not already been terminated.

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