

## PERSONAL CARE SERVICES PROGRAM DISCONTINUATION OF SERVICES INSTRUCTIONS

Form Name: Personal Care Request for Discontinuation of Services (Policy Section 517.28)

Purpose: To request discontinuation of services for a member of the Personal Care program due to:

- Unsafe Environment
- Persistent noncompliance with program
- Member no longer desires services
- Member no longer medically eligible for PC Services
- Member has not received any PC DCW services for 30 days

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

2. PC Member Information: Document;

- a. Member 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 PC services.

a. Unsafe environment – *documentation must be attached to support the request for closure. Only considered after following the Unsafe Environment/Non-Compliance Protocol.*

b. Persistent Noncompliance with Program. Documentation must be attached to support the request for closure. *Only considered after following the Unsafe Environment/Non-Compliance Protocol.*

c. Member No Longer Desires Services. The member's written request with signature must be attached or documentation where two witnesses accepted verbal request for closure of PC services.

d. Member has not accessed PC services for 30 days (unless member is in nursing facility).

e. Member no longer medically eligible for PC Services. Documentation as to why services are no longer necessary should be attached.

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

5. Document name of Provider (ADW, TBIW, IDDW) if dual services (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.

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7. All Discontinuation of Services forms must be uploaded into the UMC web portal. If it is an appropriate request and the operating agency (OA) approves, a Closure Letter will be sent to the Member/legal representative, if applicable with a copy to the PC Agency 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 OA Closure Letter, unless the Member/legal representative, if applicable requests a hearing. The exception to this is a request to close due to unsafe environment -even if member requests a hearing within 13 calendar days on Unsafe Environment closures, the services ceased upon agency request and OA approval. Another exception to this is when the member requests closure; PC services will cease immediately upon request.

9. The following do not require a Request for Discontinuation of Services however the provider must request discharge through the UMC web portal:

- a) Death
- b) Moved Out of State
- c) Financially Ineligible

If a member is found to not be medically eligible for the PC program upon re-evaluation they will receive notification of closure from the UMC.