

This notice can be completed by either the case manager or the Services My Way participant or Authorized Representative (AR).

This is a request for:

Termination On-Hold Status

Today's Date: _____ (MM/DD/YY)

Participant Name: _____

Medicaid Number: _____

Name of Person Submitting Notice: _____

Street Address: _____

City/State/Zip: _____

Telephone #: _____ Email Address: _____

Relationship to Participant: _____

Effective Date of Termination or on-hold placement: _____

Reason for Termination or on-hold status:

Unable to hire PDWs No longer willing or able to manage employer responsibilities

Hospitalization Nursing facility or other out-of-community placement

Return to PCA, reason undisclosed

Other: _____

Voluntary Terminations would require the participant to start the enrollment process from the beginning if they would like to return to the Services My Way program.

On-hold Status for out-of-community placements (hospitalization or nursing facility) that exceed 120 days results in termination. When on-hold, PDWs will not be paid, and the Support Broker will not be completing monthly phone calls or quarterly visits. To remove on-hold status you must contact the assigned Support Broker.

Services My Way
**VOLUNTARY PARTICIPANT
ON-HOLD/TERMINATION NOTICE**

This notice can be completed by either the case manager or the Services My Way participant or Authorized Representative (AR).

This Termination/On-hold Notice is required and must be submitted to the Vendor Fiscal/Employer Agents (F/EA) Financial Management Service (FMS)-Support Broker entity within 48 hours of date/reason for termination or request to be placed on-hold.

Signature of Person Submitting Notice

Date

Signature of Participant or AR

Date

Signature of EPD Waiver Case Manager

Date

Signature of Support Broker

Date

Signature of the Services My Way Program Coordinator

Date

