

## TEMPORARY SERVICE SUSPENSION NOTICE

**Date:**

**To:** (person and/or legal representative)  
(case manager, county)

**Case manager phone number:**

**Person regarding:**

**Person's PMI number:**

**Waiver type:**

**County of financial responsibility:**

This is our company's formal notice of intent to temporarily suspend services. This notice must be provided on the first day of the service suspension and the effective date of temporary service suspension will be \_\_\_\_\_.

**Situation leading to the need for temporary service suspension**

It has been determined that this company is not currently able to serve this person due to (check the applicable box for reason):

- The person's conduct poses an imminent risk of physical harm to self or others and positive support strategies have been implemented, but were not effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension.
- The person has emergent medical issues that exceed this company's ability to meet the person's needs.
- The company has not been paid for services.

The detailed reasons for our temporary suspension of services are as follows:

**Summary of actions taken by this company**

Prior actions that have been taken to minimize or eliminate the need for this temporary service suspension include:

- Consultation with the person's support team or expanded support team to identify and resolve issues leading to the issuance of this notice.
- Request to the case manager for intervention services or other professional consultation or intervention services to support the person in the program.

If, based upon the best interests of the person, the circumstances at the time of this notice were such that this company was unable to take action as provided above, the specific circumstances and the reason for being unable to do so are documented here:

- Additional actions taken by this company to minimize or eliminate the need for the suspension and why these measures failed to prevent the suspension:

**Please note:**

- You may request from our company any information required upon receipt of this notice and during the time of temporary service suspension and that information will be provided.
- During the temporary service suspension, this company must work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care.

Sincerely,

[Signature and title]

**Date DHS was notified, in writing, of the temporary service suspension (residential supports and services only):**

**DHS fax number:** 651-431-7406