

SUSPENSION OF WAIVER SERVICES STATUS REPORT

The individual listed below has been placed on suspension from the waiver program. This is intended as a communication tool between DADS and the Local Authority (LA) for reporting and recording the status of the individual's situation. The data collected from this document will help to determine if/when the individual will be able to resume participation in the waiver program.

TO BE COMPLETED BY DADS				
<u>DADS' REPRESENTATIVE</u> - Complete All Fields In This Section Prior To Sending The Form To The Appropriate Local Authority (LA). Please Use An Encrypted/Secure Email Method.				
Name of Individual:	CARE ID:	Local Case No.:	Medicaid No.:	Date of Birth:
WAIVER PROGRAM: <input type="checkbox"/> TXHML <input type="checkbox"/> HCS	Suspension Date:	Suspension Reason:	Provider's Comp Code:	LA'S Comp Code:
Name of DADS Representative:	Name of Local Authority:		Date Sent to LA:	Status Due Date:

TO BE COMPLETED BY THE LOCAL AUTHORITY			
<u>LOCAL AUTHORITY REPRESENTATIVE</u> - Complete All Fields In This Section Prior To Returning This Document To DADS. Please Use An Encrypted/Secure Email Method.			
Describe The Event(s) That Led Up To The Provider Suspending The Individual's Waiver Services:			
Explain Why The Individual Is Still Unable to Resume Participation in Waiver Services:			
When Is The Individual Expected To Resume Participation In Waiver Services? <input type="checkbox"/> 0-30 DAYS <input type="checkbox"/> 30-60 DAYS <input type="checkbox"/> 60-90 DAYS <input type="checkbox"/> 90-180 DAYS <input type="checkbox"/> 180-270 DAYS <input type="checkbox"/> NOT EXPECTED TO RESUME SERVICES			
Additional Information or Comments (If Needed):			
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">Name of Person Completing This Section:</td> <td style="width: 30%; border: none;">Phone:</td> <td style="width: 35%; border: none;">Email:</td> </tr> </table>	Name of Person Completing This Section:	Phone:	Email:
Name of Person Completing This Section:	Phone:	Email:	

TO BE COMPLETED BY DADS		
Date Form Was Returned By LA:	Date of Entry Into Database:	How Many Days Have Services Been Suspended?
Have Any Requests For Continuation Of Services Been Granted? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, How Many Previous Requests Were Granted?	DADS Representative Recommendation: <input type="checkbox"/> CONTINUE SUSPENSION <input type="checkbox"/> TERMINATE SERVICES <input type="checkbox"/> OTHER (USE SPACE BELOW TO EXPLAIN)
Additional Information or Comments (If Needed):		