



NOTICE OF CONSUMER DISCHARGE:

Consumer Name: _____ ID# _____

Address: _____

RN Care Coordinator: _____

Date of Notice: _____ Date Of Discharge: _____

Dear Consumer:

Thank you for allowing us to provide you with personal and/or supportive cares services. Personal Care regulations require we notify you of the reason for discharge.

The reason for Discharge is:

- Per the consumer request.
- Non-payment for services provided.
- Consumer no longer meets criteria for MA Personal Care Services and/or IndependenceFirst guidelines.
- Consumer no longer needs personal care services as determined by the attending Physician.
- The safety of the personal care worker/RN Care Coordinator/Consumer is compromised.
- Consumer is abusing or misusing the personal care benefit as determined by the Department or Agencies under s.DHS 104.02(5).
- IndependenceFirst cannot staff at this time.
- Consumer is being transferred to _____ agency.
- Other: _____

Discharge Comments:

RN Care Coordinator and Date

We have included the Home Care Provider List for your resources.

Please contact PAS Program Director/Assistant Program Director at IndependenceFirst with any questions or concerns at 1-414-291-7520. Please reference the IndependenceFirst Consumer Appeals Procedure.

A complaint may be filed by writing the Bureau of Health Services, Division of Quality Assurance, PO Box 2969, Madison, WI 53701-2969 or by calling the departments toll-free complaint line 1-800-642-6552 or by filing a complaint at <http://dhfs.wisconsin.gov/bqaconsumer/HealthCareComplaints.htm>