

COMMON LAW EMPLOYER AND PARTICIPANT SERVICES CHANGE FORM

This form is to capture **Common Law Employer changes, service holds, and terminations** from the Participant Directed Model of Service program. This form is **not** intended to support changes to Participant demographic information (name, address, etc...) or waiver type. These changes should be made in HCSIS or SAMS. PPL will receive these changes through regular data transfers provided by the Office of Long Term Living (OLTL).

SERVICE COORDINATOR

Date:	Service Coordinator Name:	Phone:
Agency:		Email address:

PARTICIPANT INFORMATION

Medicaid ID (10 Digit) #:	SSN:	PPL ID # (if known): C
Last Name:		First Name:

Please Select the Reason for Submission:

COMMON LAW EMPLOYER CHANGE

Last Name:	First Name:	SS Number:
Physical Address:		
City:	State:	Zip:
Relationship to participant:		
Phone:	Alternate Phone:	Email address:
Reason for Change:		

SERVICE HOLD

If the Participant has been admitted into a hospital, nursing facility, etc... please provide the reason for the gap in services and specify the start and end dates for the temporary hold.

Reason for Gap in Services	Effective Start Hold Date	Allow DCW to be pd. for this date (check one)	Effective End Hold Date	Allow DCW to be pd. for this date (check one)
		Yes No		Yes No

TERMINATION FROM FINANCIAL MANAGEMENT SERVICES

Reason for Termination:

- Voluntary: Deceased Entered Facility Switched to Agency Model No Longer Waiver Eligible
 Involuntary: Health and Safety Concern Consistent Non-Adherence to Program Policy
 Not Managing the Individual Budget According to the ISP Inappropriate Utilization of Funds Other

Enrollment End Date: _____

SUBMIT FORM: Fax completed form to: **855-858-8158** or **e-mail** form to: padpw-olti@pcgus.com.