



Complete this form when a Participant will no longer be using Participant-Directed Services.

MCO/Service Coordinator Information		
Date:	MCO:	Service Coordinator Name:
Service Coordinator Email:		SC Phone Number:
Participant/Common Law Employer Information		
Participant Name:		Participant ID:
Common Law Employer Name:		

Termination from Participant-Directed Services	
Reason for Termination:	
<input type="checkbox"/> Deceased <input type="checkbox"/> Entered Facility <input type="checkbox"/> No Longer Waiver Eligible	
<input type="checkbox"/> Self-direction was more responsibility than the participant/representative wanted	
<input type="checkbox"/> Participant/representative had difficulty finding a worker	
<input type="checkbox"/> Participant/representative didn't understand they were the employer with responsibility for hiring, firing, and managing their DCWs	
<input type="checkbox"/> Participant/representative had difficulty using the F/EA's web-based portal	
<input type="checkbox"/> Participant/representative needed help training their DCW	
<input type="checkbox"/> Enrollment process for DCWs took too long and was complicated	
<input type="checkbox"/> Participant/representative received conflicting messaging from Tempus customer care or inadequate support to resolve issues	
<input type="checkbox"/> Participant/representative received inadequate support from the CHC-MCO	
<input type="checkbox"/> Participant/representative refused to say a reason why they disenrolled or did not enroll	
<input type="checkbox"/> Participant/representative hired the agency they wanted	
<input type="checkbox"/> DCW went to work for an agency and participant moved to that agency	
<input type="checkbox"/> Involuntarily Removed	
<input type="checkbox"/> Other: _____	
Effective Date of Termination:	

Email to: PAFMS@tempusunlimited.org