



Midwest Special Services, Inc.

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Policy and Procedure on Temporary Service Suspension

Revised: September 2015

Reviewed: November 2017

PURPOSE

The purpose of this policy is to establish determination guidelines and notification procedures for service termination.

POLICY

It is the intent of Midwest Special Services, Inc. (MSS) to ensure continuity of care and service coordination between members of the support team including, but not limited to the person served, the legal representative and/or designated emergency contact, case manager, and other licensed caregivers during situations that may require or result in temporary service suspension or service termination. MSS restricts service termination to specific situations according to MN Statutes, section 245D.10, subdivision 3a.

PROCEDURE

MSS recognizes that *temporary service suspension* and *service termination* are two separate procedures. MSS must limit *temporary service suspension* to specific situations that are listed below. A *temporary service suspension* may lead to or include *service termination* or MSS may do a *temporary service suspension* by itself. MSS must limit *service termination* to specific situations that are listed below. A *service termination* may include a *temporary service suspension* or MSS can do a *service termination* by itself.

Temporary Service Suspension Procedures

- A. MSS must limit temporary service suspension to situations in which:
 1. The person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension, but have not been 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;
 2. The person has emergent medical issues that exceed MSS's ability to meet the person's needs;
or
 3. The program has not been paid for services.
- B. Prior to giving notice of temporary service suspension, MSS must document actions taken to minimize or eliminate the need for service suspension. Action taken by MSS must include, at a minimum:
 1. Consultation with the person's expanded support team to identify and resolve issues leading to issuance of the suspension notice; and

2. A request to the person's case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued due to non-payment of services.
 3. If, based on the best interests of the person, the circumstances at the time of the notice were such that MSS was unable to take the actions listed above; MSS must document the specific circumstances and the reason for being unable to do so.
- C. The notice of temporary service suspension must meet the following requirements:
1. MSS must notify the person or the person's legal representative and case manager in writing of the intended temporary services suspension.
 2. The notice of temporary service suspension must be given on the first day of the service suspension;
 3. The notice must include the reason for the action, a summary of actions taken to minimize or eliminate the need for temporary service suspension as required under MN Statutes, section 245D.10, subdivision 3, paragraph (d); and why these measures failed to prevent the suspension.
- D. During the temporary suspension period, MSS must:
1. Provide information requested by the person or case manager;
 2. Work with the expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and
 3. Maintain information about the temporary service suspension, including the written notice of temporary services suspension, in the service recipient record.
- E. If, based on a review by the person's expanded support team, the team determines the person no longer poses an imminent risk of physical harm to self or others, the person has a right to return to receiving services. If at the time of the temporary service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program. If the expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, MSS must document the specific reasons why a contrary decision was made.



Lyth J. Hartz, President

11-17-2017
Date

Related Forms:

- Notice of Temporary Service Suspension



Midwest Special Services, Inc.

NOTICE OF TEMPORARY SERVICE SUSPENSION

Date [insert date of written notice]

Person/Legal Guardian

Address

City, State Zip

RE: Temporary Service Suspension
Name of Individual

Dear [the person receiving services or legal representative]:

This letter is notification of temporary service suspension for [name of person receiving services].

The effective date of the temporary service suspension is [effective date of temporary service suspension].

The reason for the temporary service suspension:

___ Your conduct posed an imminent risk of physical harm to yourself or others and positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been 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.

___ You have emergent medical issues that exceed this program’s ability to meet your needs.

___ This program has not been paid for services.

Prior to giving this temporary service suspension notice, this program has at a minimum:

___ Consulted with your support team or expanded support team to identify and resolve issues leading up to the issuance of this notice.

___ Made a request to your case manager for intervention services or other professional consultation or intervention services to support you in this program.

This program has taken the following actions to minimize or eliminate the need for temporary service suspension:



Midwest Special Services, Inc.

The reason(s) why the actions and/or measures failed to prevent the temporary service suspension:

During the temporary suspension period, this program must provide information requested by you or your case manager. This program will work with your support team or expanded support team to develop reasonable alternatives to protect you and other and to support continuity of care.

If, based on a review by your support team or expanded support team, that team determines you no longer pose an imminent risk of physical harm to yourself or others, you have the right to return to receiving services.

If, at the time of the service suspension or at any time during the suspension, you are receiving treatment related to the conduct that resulted in the service suspension, your support team or expanded support team must consider the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in your care or treatment when determining whether you no longer poses an imminent risk of physical harm to yourself or others and can return to the program.

Name of MSS Representative (<i>please print</i>)	Title
Signature	Date

Provider Information:

Name:	Midwest Special Services, Inc.
Address:	
City, State, Zip:	
Phone Number:	

Date Notice Mailed	Name	Title
		<i>Person</i>
		<i>Legal Representative</i>
		<i>Case Manager</i>

Name of Case Manager:	
County of Financial Responsibility:	
Case Manager Phone Number:	