



Process for Denial/Termination of Service

At St. Elizabeth's Adult Day Care Center, the health, safety, and well-being of every participant are our highest priorities. While we strive to retain and support all clients, there are instances where specific needs or behaviors may require the denial or discontinuation of services. In such situations, our team is committed to providing compassionate support by connecting participants and their caregivers with appropriate community resources. If the reason for denial is anticipated to be temporary, we will develop a tailored plan for delayed enrollment or reintegration to facilitate the participant's eventual return. At every step, St. Elizabeth's Adult Day Care Center is dedicated to making decisions with the utmost care, transparency, and unwavering respect for the rights and dignity of each individual.

Policy Purpose – The purpose of this policy is to establish a clear, fair, and transparent process for the denial or termination of participant services at St. Elizabeth's Adult Day Care Center. The policy ensures that all decisions are made thoughtfully, respectfully, and in compliance with the rights and dignity of participants.

Procedures

1. Identification of Need for Denial or Termination – Following the intake process and, if applicable, a nursing assessment, the responsible staff member will identify and clearly define the reason(s) for the proposed denial or termination of services for any new or returning participant.

2. Internal Review and Approval – Prior to any formal action, the proposed denial or termination must be discussed with the Chief Executive Officer (CEO) to review the rationale and obtain necessary approval.

3. Management of Time-Limited Denials – If the denial or termination is expected to be temporary, a timeline for reassessment and follow-up must be established. This period may extend up to six (6) months, depending on the applicable funding source's guidelines.



Process for Denial/Termination of Service

- 4. Comprehensive Documentation** – The reason for denial or termination must be clearly documented on the nursing assessment form. All supporting documentation should be accurate, complete, and available for internal review if needed.
- 5. Medical Justifications** – When the denial or termination is based on medical considerations, detailed medical justification must be provided. Staff must verify that the action does not infringe upon the participant's rights.
- 6. Non-Medical Justifications** – If the basis for denial or termination is non-medical (e.g., financial constraints, distance from the facility, or age ineligibility), this must be thoroughly documented on the nursing assessment form. Confirmation that participant rights are respected must be explicitly noted.
- 7. Participant and Caregiver Communication** The participant and caregiver must be kept informed of any communications, updates, or decisions received from the funding source throughout the process.
- 8. Formal Notification to Participant and Caregiver** – Staff must hold a direct, respectful conversation with the participant and caregiver to explain the decision, its rationale, and potential next steps.
- 9. Referral to Alternative Services** – Participants and caregivers must be provided with referrals to appropriate alternative services. All referrals must be documented on the nursing assessment form.
- 10. Follow-Up with Participant and Caregiver** – Within seven (7) calendar days of the initial notification, staff must follow up with the participant and caregiver to assess any changes in circumstances that could impact eligibility or service continuation.
- 11. Internal Notification of Final Decision** – Upon finalizing the decision, a notification email must be sent to the CEO, Billing, Marketing, and Transportation departments to ensure that all relevant parties are promptly informed.