

EDWP NOTIFICATION FORM

1. Mark (X) indicate the reason for sending: (CC to Provider Provider to CC)

Initial Change Complaint/Concern Transfer Discharge Other

2. To: _____ Date: _____

3. From: _____ Telephone: _____

4. Client Name: _____ (Source CCSP) Medicaid #: _____

Mark if new address Client Address: _____

City: _____ ZIP: _____ County: _____ Telephone: _____

5. SERVICES:

PSS PSSX CD PSS SFC
 ERS
 ALS
 ADH HALF, FULL LEVEL I, LEVEL II
 HDM
 SNS RN, LPN
 HDS
 OHR

COMMENTS: _____

6. Date your RN/Staff completed initial evaluation with client: _____ (Must be RN for ALS, ADH and PSS/X)

Services were accepted Services were not accepted – REASON: _____

7. Date services began: _____

8. Service Issues: *(Check all applicable below and clarify in #13)*

Request for service increase	<input type="checkbox"/>	Request for service decrease	<input type="checkbox"/>
Failure to pay cost share	<input type="checkbox"/>	Client out of home	<input type="checkbox"/>
Services initiated	<input type="checkbox"/>	Client termination	<input type="checkbox"/>
Requested provider change	<input type="checkbox"/>	Health/Safety Issue	<input type="checkbox"/>
Request for information	<input type="checkbox"/>	Missed Visit(s)	<input type="checkbox"/>
Admission to Rehab/NH	<input type="checkbox"/>	Request for PA info/PA update	<input type="checkbox"/>
Scheduled day surgery/no hospital admission	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

(scheduled hospital admits/overnight stay, ER visits or reports of falls require an online incident report-no form needed)

9. Discharge (briefly describe actions leading up to need for discharge process): _____

10. Date discharge (30-day) letter sent _____ Actual discharge date _____ Last day of service _____

11. Are services continuing through 30-day notice? Yes No

12. Initial or current services/frequency in the home/facility: _____

13. **Complaint/Concern/Other (from #8)**

14. Sender name or signature: _____ Title: _____ Date: _____ Email: _____

15. Recipient name or signature: _____ Title: _____ Date: _____ Email: _____

16. Recipient response: _____