

Interruption of Service and Change in Delivery of In-Home Services

Client: _____ #: _____

Dates of Disrupted Services: from _____ to _____

Next scheduled appointment with client or guardian: _____

Regularly planned services as stated on the Service Plan were disrupted for the following reasons:

- _____ the client/family requested to reschedule
- _____ the client did not show for the appointment
- _____ no current authorization or coverage for services
- _____ provider failed to reach client to schedule services
(provider must document attempts to contact client)
- _____ provider requested to reschedule
(if yes, the provider must complete a provider absence and coverage of care plan)
- _____ client was referred to a higher level of care
(if yes, provider must complete a higher level of care form)
- _____ other: _____

Describe your plan to correct and prevent further disruption to the client's in-home services:

Provider signature and credentials: _____ Date: _____

Supervisor signature and credentials: _____ Date: _____