



RETIREMENT FROM ACTIVE TREATMENT (DDPAS-9)

Please Type or Print

PAS Agency Name: _____

Date Form Completed: _____

Individual's Name: _____

Social Security Number: _____

If the individual/legal guardian decides to retire from active treatment, the individual will be provided with only nursing or medically related services. The individual would not receive active treatment services related to his/her developmental disability. The active treatment services that the individual would not be eligible to receive would include the following: 1) developmental training/sheltered workshop; and 2) additional staff time for assistance with augmentative communication devices. Further, increased staffing time and specialized training to assist the individual to develop skills related to his/her disability would not be available. These types of services are often above and beyond nursing services generally available to individuals age 60 or older residing in a nursing facility. The individual or legal guardian has the right to reconsider this choice at any time.

If the individual retires from active treatment, he/she would **not** be eligible for the following residential settings: 1) Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/DD, ICF/DD-16) and alternative community-based Developmental Disabilities services.

The PAS agency has explained the above information to the individual or legal guardian and the individual or legal guardian **has chosen to retire** from active treatment.

Signature of Individual or Legal Guardian: _____

Date: _____

Signature of PAS QIDP: _____

Date: _____



RETIREMENT FROM ACTIVE TREATMENT (DDPAS-9)

INSTRUCTIONS FOR COMPLETING DDPAS-9

PAS AGENCY: Enter the name of the PAS agency.

DATE FORM COMPLETED: Enter the date (mm/dd/yyyy) the form was completed by a PAS QIDP.

INDIVIDUAL'S NAME: Enter the legal name (last, first, and middle initial) of the individual.

SOCIAL SECURITY #: Enter the individual's 9 digit Social Security number.

RETIREMENT FROM ACTIVE TREATMENT: Clearly explain to the individual/legal guardian that choosing to retire from active treatment will result in the following action: 1) payment for the services previously listed will be precluded, noting that any involvement in these programs, if existing, will cease and if not existing now, will not begin; 2) placement in a waiver residential setting will be prohibited; 3) provision of waiver-based services such as Supported Living Services will not be available; and 4) services will be provided by the nursing facility just as they are to all geriatric residents in the nursing facility -- specialized assistance designed to increase skill levels will not be available.

Individuals age 60 and over or legal guardians have the right to refuse active treatment services. In the event an individual or legal guardian makes such a choice, documentation of this choice is to be placed in the individual's file. The individual or legal guardian has the right to reconsider this choice at any time.

SIGNATURES: The signature of the individual or legal guardian verifies that he/she has chosen to retire from active treatment. The signature of the PAS QIDP verifies that he/she has explained the contents of the form to the individual or legal guardian and that the PAS agency has discussed the information presented. Signature by anyone other than a PAS QIDP is invalid.