

## Suspension of Home Care Services Letter Template (English)

(Cue – Ensure letter is printed on standard Southern Health–Santé Sud office specific letterhead following the template guidelines in the [Graphics Standards Manual](#))

***Case Coordinators: Please ensure cues are removed from his letter template prior to forwarding to client and family via registered letter.***

***(Cue – Insert Date)***

***(Cue - Insert Name & Address)*** e.g. John Smith  
123 Fourth Street  
Anywhere, Manitoba  
R1R 1R1

***Dear Mr. or Mrs. (Cue - insert last name here)***

### **Re: Suspension of Home Care Services**

Southern Health-Santé Sud Home Care is a community-based program that provides home support to individuals who require health services or assistance with activities of daily living to help them safely remain in their home for as long as possible. Our commitment to clients is to develop a safe care plan within program policy to support care needs. This plan may include many resources such as caregivers, family or friends, alternate service providers or clients themselves, if deemed safe and reasonable.

As a community-based service program, there are certain conditions Home Care must follow in order to ensure that clients and employees are safe and services are provided as efficiently and effectively as possible.

The following issue(s) have been identified with respect to Home Care's ability to provide a safe care plan within program policy. ***(Cue - Select issue(s) from drop down menu and elaborate/provide details as necessary)***

We regret that past discussions with you and/or your family have failed to resolve the identified issue(s). Consequently, as per our discussions, please be advised that effective immediately, Home Care services will be suspended until a resolution is found.

Acknowledging that Home Care staff has reviewed with you and/or your family alternate options for your care provision during this time of service suspension, you and/or your family have indicated that during this time your care needs will be addressed by:

***Cue – Select option(s) from drop down menu re: how client/family has indicated they plan to have their care needs met during the service suspension. Elaborate with details as necessary)***

Choose an item.

As previously discussed, in order to have your Home Care services reinstated, the following actions must occur: ***(Cue - Select action(s) from drop down box. Be sure to include details to make actions(s) as understandable as possible. Consider attaching a H.C. standard agreement if there is a need to further elaborate on responsibilities/details).***

A Case Coordinator will be contacting you regularly, approximately every two (2) weeks for the next three (3) months to assess your progress with addressing the identified issue(s), to assist you as able, to reassess your health and safety needs and to discuss possible service re-instatement plans if and when appropriate.

Should you wish to appeal this decision, you may do so by contacting the Manitoba Health Appeal Board at:

Room 102 (Main Floor) 500 Portage Avenue  
Winnipeg, Manitoba R3C 3X1  
Business Hours: 8:30 a.m. – 4:30 p.m.  
Telephone: 204-945-5408  
Toll Free: 1 (866) 744-3257  
Fax: 204-948-22024  
Email: [appeals@gov.mb.ca](mailto:appeals@gov.mb.ca)

Thank you in advance for your time and consideration. Should you wish to discuss this matter further, please do not hesitate to contact me.

Sincerely,

***(Cue-Insert Name and Contact Information for the Case Coordinator)***

cc: Client File  
Primary Caregiver