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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Notice of Termination of Service** |
| PROVIDER’S NAME | P1 NUMBER | DATE OF NOTICE |
| PROVIDER’S CONTACT PERSON AND TITLE | PROVIDER’S PHONE NUMBER |
| PROVIDER’S SIGNATURE ADMINISTRATOR HAS BEEN CONSULTED: [ ]  YES [ ]  NO DATE SIGNED  |
| **Client Information** |
| CLIENT’S NAME | CLIENT’S ADSA ID NUMBER | CLIENT’S PHONE NUMBER |
| LEGAL REPRESENTATIVE’S NAME (IF APPLICABLE) | LEGAL REPRESENTATIVE’S PHONE NUMBER |
| REGION | PROVIDER HAS COMPLIED WITH DDA POLICY 4.24, CRITICAL CASE PROTOCOL[ ]  Yes [ ]  No | DATE OF NOTICE TO CLIENT / LEGAL REPRESENTATIVE |
| DATE PROVIDER FIRST NOTIFIED CRM OF SUPPORT CHALLENGES | DATE IDENTIFIED AS CRITICAL CASE (GH / GTH – N/A) | DATE OF CRITICAL CASE TEAM MEETING (GH / GTH – N/A) | DATE OF SERVICE TERMINATION |
| REASON FOR TERMINATION[ ]  The provider cannot meet the client’s needs.[ ]  The client’s safety or the safety of other individuals in the residence is endangered.[ ]  The client’s health or the health of other individuals in the residence is endangered.[ ]  The provider ceases to operate. |
| CIRCUMSTANCES LEADING TO TERMINATION:Explain the circumstances that led to termination of the client’s services. Explanation must include steps taken to preserve placement prior to notice. |
| OTHER FACTORS (SELECT ALL THAT APPLY)[ ]  Client experienced a change in medical condition that the provider can no longer support[ ]  Client experienced a change in behavioral health condition that the provider can no longer support[ ]  Service needs of the client exceed the ability of the provider[ ]  The provider is unable to meet contractual, certification, or employment requirements due to factors outside of the provider’s control.[ ]  Certification or license for the provider is suspended, revoked, not renewed, voluntarily surrendered, or is in jeopardy.[ ]  Client’s loss of housing[ ]  Other (describe):  |
| **Provider Modification to Notice** |
| Date notice is rescinded:  | New termination date:  |