

Termination Form

This form is completed when a participant wants to discontinue working with a broker or contractor. This form does not remove authorization of the actual service.

Service to be terminated:	
<input type="checkbox"/> Broker	<input type="checkbox"/> Other:
Name of SD Participant:	Name of Broker or Contractor: Name of Agency (if applicable):
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Email:	Email :
Fiscal Intermediary (FI) agency:	

For completion by person requesting termination:	
<input type="checkbox"/> Participant/Designee	<input type="checkbox"/> Provider
Expected date of termination: ___/___/___	
Name of person being terminated:	Title:
Reason for termination:	

For completion by the Broker (if broker is the staff being terminated):	
Original Broker Agreement effective date: ___/___/___	
Last day of service provided: ___/___/___	
Were you providing start-up brokerage to this participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate below the amount expended from the total budgeted start-up brokerage amount.	
Original agreement dollar amount:	\$ _____
Less agreement dollars expended:	- \$ _____
Remaining agreement dollar amount:	\$ _____

Signatures: (After signing, please send to the DDRO Self-Direction Liaison.)	
By signing this document, I agree to terminate this provider and that I (the self-direction participant) will inform them in advance and notify my Fiscal Intermediary, Medicaid Service Coordinator (MSC) and Self-Direction Liaison. I understand that I need to complete outstanding paperwork for this provider for services delivered prior to this termination.	
SD Participant/Designee Signature (required): _____	Date: _____
Service Provider Signature (required): _____	Date: _____
If signature is not obtainable, please indicate why:	

DDRO Attestation	
The _____ DDRO supports this termination.	
Signature of DDRO SD Liaison: _____	Date: _____

DDRO SD Liaison – Send the completed, signed Termination form to the FI.
Send copies to the SD participant/designee and provider.

Revised 08/31/15
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