

## Self-Directed Service Termination Form

This form is completed when a Support Broker or Fiscal Intermediary (FI) service is being discontinued by the Self-Direction Participant, the Support Broker or the FI. This form does not remove authorization of the actual service from the Self-Direction Participant's self-direction budget or Life Plan.

|  |  |                |  |                           |                     |                     |  |
|--|--|----------------|--|---------------------------|---------------------|---------------------|--|
| <b>Name of Self-Direction Participant:</b>   |  |                |  |                           |                     |                     |  |
| Mailing Address:   |  |                |  |                           |                     |                     |  |
| Telephone:   |  |                |  | Email:                    |                     |                     |  |
| <b>Support Broker Information</b>  |  |                |  |                           |                     |                     |  |
| Name of Support Broker:  |  |                |  | Authorization Number:     |                     |                     |  |
| Mailing Address:   |  |                |  |                           |                     |                     |  |
| Telephone:   |  |                |  | Email:                    |                     |                     |  |
| <b>Fiscal Intermediary (FI)</b>  |  |                |  |                           |                     |                     |  |
| Name of Fiscal Intermediary (FI):  |  |                |  |                           |                     |                     |  |
| Mailing Address:   |  |                |  |                           |                     |                     |  |
| Telephone:   |  |                |  | Email:                    |                     |                     |  |
| <b>For completion by person requesting termination</b>   |  |                |  |                           |                     |                     |  |
| Participant/Designee   |  | Support Broker |  |                           | Fiscal Intermediary |                     |  |
| <i>Requested date of termination:</i>  |  |                |  | Service being terminated: |                     |                     |  |
|  |  |                |  | Support Brokerage         |                     | Fiscal Intermediary |  |
| Name of Person being terminated:   |  |                |  |                           |                     |                     |  |
| Title:   |  |                |  |                           |                     |                     |  |
| *On the second page, please explain your reason for terminating Support Brokerage/Fiscal Intermediary services.  |  |                |  |                           |                     |                     |  |
| <b>For completion by the Support Broker (if support brokerage is the service being terminated)</b>   |  |                |  |                           |                     |                     |  |
| Original Broker Agreement effective date:  |  |                |  |                           |                     |                     |  |
| Last day service was provided to this individual:  |  |                |  |                           |                     |                     |  |
| Were you providing start-up brokerage to this participant?   |  |                |  | Yes                       |                     | No                  |  |
| If yes, please indicate below the amount expended from the total budgeted start-up brokerage amount.   |  |                |  |                           |                     |                     |  |
| Original agreement dollar amount:  |  |                |  |                           |                     |                     |  |
| Dollars Expended:  |  |                |  |                           |                     |                     |  |
| Remaining agreement dollar amount:   |  |                |  |                           |                     |                     |  |
| <b>Signatures: (After signing, please send to the DDRO Self-Direction Liaison.)</b>  |  |                |  |                           |                     |                     |  |
| 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, Care Manager, and Self-Direction Liaison. I understand that I need to complete outstanding paperwork for this provider for services delivered prior to this termination. |  |                |  |                           |                     |                     |  |
| Self-Direction Participant/Designee Signature (required):  |  |                |  |                           |                     | Date                |  |
| Service Provider Signature (required):   |  |                |  |                           |                     | Date                |  |
| If signature is not obtainable, please indicate why in the space below:  |  |                |  |                           |                     |                     |  |
|  |  |                |  |                           |                     |                     |  |
| <b>DDRO Attestation</b>  |  |                |  |                           |                     |                     |  |
| The signature of the DDRO Self-Direction Liaison indicates that the DDRO supports this termination.  |  |                |  |                           |                     |                     |  |
| DDRO   |  |                |  |                           |                     |                     |  |
| Name of the DDRO Self-Direction Liaison  |  |                |  |                           |                     |                     |  |
| Signature of DDRO Self-Direction Liaison   |  |                |  |                           |                     | Date                |  |

## Explanation for Wanting to Terminate Self-Directed Services

Briefly explain why you are requesting to terminate the agreement for Support Brokerage/Fiscal Intermediary services with this person/agency.

## Instructions for distribution by DDRO Self-Direction Liaison

Before sending out this termination form, make sure all requested information has been provided and all parties have signed and dated the form.

- Send the first page only to the FI and the Support Broker/Support Broker provider agency.
- Send copy to the Self-Direction Participant/Designee. (If Participant is requesting the termination include page 2)
- Upload a copy of the termination form (including second page) to the Central Office SharePoint. Use the following naming convention:

**T\_LASTNAME,FIRSTNAME-SDBUDGET-19**