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| **SERVICE TERMINATION NOTICE** |
| **Date:**      **To:**       (person and/or legal representative)       (case manager, county) **Case manager phone number:**  **Person regarding:**  **Person’s PMI number:**  **Waiver type:**  **County of financial responsibility:**  This is our formal 60-day notice of our intent to terminate services for intensive support services. This notice will be given 30 days prior to termination of services for basic support services.The effective date of service termination (including those situations that began with a temporary service suspension) is scheduled for:      . This notice is given in conjunction with a notice of temporary service suspension. [ ]  Yes [ ]  No**Situation leading to the need for service termination**It has been determined that this company is not able to serve this person and must terminate services due to (check the applicable box for reason):[ ]  The termination is necessary for the person’s welfare and the license holder cannot meet the person’s needs.[ ]  The safety of the person, others in the program, or staff is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others.[ ]  The health of the person, others in the program, or staff would otherwise be endangered.[ ]  The license holder has not been paid for services.[ ]  The program or license holder ceases to operate.[ ]  The person has been terminated by the lead agency from waiver eligibility.The detailed reasons for service termination are as follows:      **Summary of actions taken by this company**Prior actions that have been taken to minimize or eliminate the need for this termination include: [ ]  Consultation with the person’s support team or expanded support team to identify and resolve issues leading to the issuance of this termination notice.[ ]  Request to the case manager for intervention services or other professional consultation or intervention services to support the person in the program.If, based upon the best interests of the person, the circumstances at the time of this notice were such that this company was unable to take action as provided above, the specific circumstances and the reason for being unable to do so are documented here: [ ]  Additional actions taken by this company to minimize or eliminate the need for the termination and why these measures failed to prevent the termination:      **Please note:** * You may request from our agency any information required upon receipt of this notice and during the service termination notice and that information will be provided.
* During the service termination notice period, this company must work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care.
* You have the right to appeal the termination of services under MN Statutes, section 256.045, subdivision 3, paragraph (a).
* You have the right to seek a temporary order staying the termination of services according to the procedures in MN Statutes, section [256.045](http://www.revisor.leg.state.mn.us/stats/256/045.html), subdivision 4a or subdivision 6, paragraph (c).

**Sincerely,** [Signature and title]**Date DHS was notified, in writing, of the service termination (residential supports and services only):**      **DHS fax number:** 651-431-7406 |