

## **CHECKLIST FOR TERMINATING SELF-DIRECTING SERVICES**

Date:	
DWIHN Member:	Member ID:
Legal Representative (if ap	pplicable):
Email Address:	Telephone #:
CRSP:	Support Coordinator:
Fiscal Management Service:	
Reason for termination of SD:	
party. Termination of the agreement	n in effect until it is terminated, with or without cause, in writing by either does not affect the individual's right to access services and supports the right to local dispute resolution processes provided by DWIHN.
<u>STEPS</u>	
	ered Planning (PCP) process to assist the member/Legal Representative with ervices delivery to best meet the member's needs.
-	include discussion/documentation of barriers to continuing the current attempts to resolve any barriers, and the effective date.
☐ SC will document the final decision Progress Note.	on of a member/Legal Representative in an Addendum to the IPOS, IPOS,
□SC will early terminate the FMS se	ervice, if needed, and email the FMS and selfdetermination@dwihn.org.
☐The SC will email the service provservices identifying the reason(s):	riders, FMS, and DWIHN a written notice of the decision to end SD
☐ If a new service provider is select	ed, the SC will in-service the new service providers on the revised IPOS.