



# State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
PO Box 362  
5 COMMERCE WAY  
HAMILTON, NJ 08691

PHILIP D. MURPHY  
*Governor*

CAROLE JOHNSON  
*Commissioner*

SHEILA Y. OLIVER  
*Lt. Governor*

VALERIE L. MIELKE, MSW  
*Assistant Commissioner*

## COMMUNITY SUPPORT SERVICES (CSS) TERMINATION NOTIFICATION FORM

Agency: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Consumer Address: \_\_\_\_\_

Primary Mental Health Diagnosis: \_\_\_\_\_

### *Notification of termination for the following reason*

Consumer "has achieved the individualized rehabilitation plan goals and is no longer eligible for further services." N.J.A.C. 10:37B-7.1(a)(1).

Consumer "refuses services after being notified by the PA that a refusal will result in termination of... all services." N.J.A.C. 10:37B-7.1(a)(2).

Consumer "chooses another provider." N.J.A.C. 10:37B-1.7(a)(3).

Consumer "leaves the geographic area served by the PA and services are no longer accessible." N.J.A.C. 10:37B-1.7(a)(4).

Consumer "is out of contact with the community support service provider for the continuous period of 90 days, and the PA has attempted to engage the consumer through repeated telephone calls, correspondence, and home visits," all of which is documented in the clinical record. N.J.A.C. 10:37B-7.1(a)(5). PA notified the consumer of the right to file a complaint pursuant to N.J.A.C. 10:37B-4.5.

Consumer "repeatedly violates a written rule governing consumer conduct, which is reasonable both on its face and in its application, after the PA delivers to the consumer a written notice to cease violating such rule." N.J.A.C. 10:37B-7.1(a)(6). PA notified the consumer of the right to file a complaint pursuant to N.J.A.C. 10:37B-4.5. The rule violated is: \_\_\_\_\_.

**PA attests that it has no reason to believe that the consumer is relocating to another community within the State not served by the PA. If PA has reason to believe that the consumer is relocating to another community within the State not served by the PA, the PA provided the consumer with the names and contact information of the following CSS programs that serve that geographic location: \_\_\_\_\_.**

**PA attests that this termination complies with the substantive and procedural requirements of N.J.A.C. 10:37B-1.1 et seq., including but not limited to compliance with the consumer service agreement, proper documentation of termination, and completion of the termination summary. PA agrees to provide DMHAS, upon request, any records demanded in accordance with N.J.A.C. 10:37B-7.3.**

Provider Agency Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Summary of Details (include plan for wellness checks):

DMHAS staff review:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_