

# New Mexico Developmental Disabilities Supports Division

## Discontinuation of Services Report

**Name:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_  
**Last 4 digits of SS#:** \_\_\_\_\_ **Case Management Agency:** \_\_\_\_\_

**Date of Therapy Provider Agency Service Termination:** \_\_\_\_\_

**OT/PT/SLP:** name and credentials

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### Rationale for Discontinuation:

*Specific therapy* services provided by *name of therapy provider agency* have been terminated. The reason for this decision is [describe the general reason for discharge](Examples include: *Name* has accomplished the current therapy goals. OR *Name* and his/her guardian have decided to terminate services with this provider agency and will be selecting another agency to provide ongoing services. OR *Name* is moving away from this service provider's area of service delivery. OR *Name* is no longer *interested in/cooperative with* therapy and has decided to discontinue).

### Specific Therapy Recommendations

It is recommended that *Name* continue to receive/discontinue *specific therapy* services. [If the therapist recommends continue therapy service, identify specific areas of service.]

(Examples include: aspiration risk management, assistive technology for the function of \_\_\_\_\_, mobility, positioning, sensory, environmental modifications, etc).

Additionally, NAME would benefit from [identify the service] (Examples include: consultation with \_\_\_\_\_; functional vision evaluation; lap tray for wheelchair; SAFE Clinic).

### IDT Discussion [section is needed if the therapy provider will NOT be replaced]

The IDT discussed discontinuation of *specific therapy* and agree that ongoing services are not required at this time. A plan for discharge is identified on the Ongoing Therapy Discharge Plan form including the following, as appropriate:

- the status and plan for Written Direct Support Instructions (WDSIs);
- the status and plan for ISP teaching and support strategies (TSS);
- the plan for CARMP strategies developed, trained and/or monitored by the therapist; and
- the plan for assistive technology trained and/or monitored by the therapist..

**Goal Status** [if this report is integrated into a therapy progress report, the status of therapy goals will be stated as a requirement of the progress report]

[List each goal stated on the Therapy Intervention Plan and describe the status of that goal.]

### Budget Status:

The current [state the date range of the current ISP cycle] budgeted units for *specific therapy* has the following unit balances remaining:

[list billing codes and the balance remaining for each]

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10-1-XX