**Termination Tracking Form**

**Subject: Termination for County/Contract Providers**

**Program** to complete as much information on this form as available and submit to QMS for review. Form is then submitted to IRIS to begin building program into the IRIS system – time is crucial! As more information is known, Program to submit updated tracking form with current date and only updated information that is being added/changed.

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| --- | --- |
| **Today’s Date:** | Click or tap to enter a date. |
| **Provider Name *DHCS*** (60 characters max including spaces)**:**  | Click here to enter text. |
| **Provider Name *IRIS*** (16 characters max including spaces)**:** | Click here to enter text. |
| **Address (include 9-digit zip code):** | Click here to enter text. |
|  | Click here to enter text. |
|  |  |
| **Phone #:** | Click here to enter text. |
| **Fax #:** | Click here to enter text. |
| **Legal Entity #** *(Corporate)***:** | Click here to enter text. |
| **Legal Entity Name *(Corporate Name)*:**  | Click here to enter text. |
| **Provider #:** (QMS applies using PFU, approx. 1-2 month wait) | Click here to enter text. |
| **Provider NPI #:**  | Click here to enter text. |
| **NPI # Deactivation Date** (Only Contract Providers)**:** | Click here to enter text. |
| **NPI # Deactivation notice attached** (Only Contract Providers)**:** | [ ]  Yes [ ]  Pending  |
| **Head of Service (HOS):** | Click here to enter text. |
| **Provider Contact Person Name (\*a person who can communicate with HCA):** | Click here to enter text. |
| **Provider Contact Phone # and email:**  | Click here to enter text.Click here to enter text. |
| **Reason for Termination of provider:** | Click here to enter text. |
| **Termination Date:****Last Date of Service:****Date Billing queues cleared:****Date all notes have been entered, all clients have been discharged and all EOCs have been Closed:** | **\*Date or TBD****\*Date or TBD****\*Date or TBD****\*Date or TBD** |
| **Please check types of Mental Health Service Activity to be terminated below.**  | **List any updates to the services** |
| [ ]  **05/40 Crisis Residential,** Number of Beds (maximum of 16)[ ]  **15/01 Case Management including 15/07 Intensive Care Coordination (ICC)**[ ]  **15/20 Peer Support Services**[ ]  **15/30 Mental Health Services including 15/57 Intensive Home-Based Services**[ ]  **15/58 Therapeutic Behavioral Services (TBS)**[ ]  **15/60 Medication Support;** [ ]  **Prescription-only** [ ]  **Medication Room**[ ]  **15/70 Crisis Intervention** | Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text. |