FOCUS SAMPLE REVIEW CHECKLIST
INDIVIDUALS PREPARING FOR TRANSITION

Agency/Area Program:	**Reviewer Name:**
Focus sample individual name/#:	**Review Date:**

BASED ON **OBSERVATIONS/INTERVIEWS** – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **OBSERVATIONS/INTERVIEWS**
TERMINATION OF SERVICES (404 NAC 4-003.06)	
Strategies and supports are given by the current provider to continue to meet the needs of the individual during the transition period prior to the termination date.	

BASED ON **FILE REVIEW --** THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
The individual's file includes **documentation regarding notification of termination of services.**	
If the services were terminated by the agency, **written notification was given to the individual or his/her legal representative no less than 60 days prior to the final day of services outlining the reasons for termination of services.**	

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INDIVIDUALS PREPARING FOR TRANSITION

BASED ON FILE REVIEW – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM **FILE REVIEW**
If the services were terminated by the agency, development of a **transition plan in conjunction with the individual's IPP team and the new provider including:** • **Primary focus on the individual's needs and preferences;** • **Timelines;** • **Supports/strategies needed for the new provider;** • **Supports/strategies needed for the current provider during the transition period.**	
If the services were terminated by the individual or legal representative, **written notification was received by the provider no less than 30 days prior to the final day of services.**	