



## Money Follows the Person Transition Final Checklist

To be submitted after the transition occurs. All tasks and information must be completed in order for transition coordination payment to be authorized.

**Date:** \_\_\_\_\_  
**Participant's Name:** \_\_\_\_\_  
**Participant's Medicaid Number:** \_\_\_\_\_  
**LEAD Agency's Name:** \_\_\_\_\_  
**Transition Coordinator Name:** \_\_\_\_\_  
**TAX ID/ EIN # (required):** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Transition Date:** \_\_\_\_\_

**Request submitted by:**

- CAP DA/CHOICE
- PACE
- MCO
- DVR-IL
- CIL

Task	✓	Notes
Initial Transition Planning Conversation Held		Date:
Final Transition Planning Conversation Held		Date:
Final Transition Plan submitted to MFP		Date:
Final briefing meeting with MFP held <b>before</b> transition occurred.		Phone meeting is sufficient Date:
Quality of Life Survey Conducted and submitted to MFP		Can be submitted with this checklist Date:
First transition follow up meeting with participant		Date Scheduled:
DSS has added CAP indicator		Date added:
Did Medicaid County change? __Yes __No		If yes, what County?
Who is the follow along LEAD Agency? Example: CAP/DA, PACE, CCNC, MCO		Name: Phone #

**Address of Participant's Community Residence in North Carolina**

Street:			
City:	County:	Zip:	
Phone #:	Alternate Phone #:		

**Final Living Arrangement (Check one)**

In own home <input type="checkbox"/>	In relative's home or apartment <input type="checkbox"/>	In apartment <input type="checkbox"/>
AFL <input type="checkbox"/>	Or In 4-bed or less group home (4 unrelated individuals) <input type="checkbox"/>	

**Waiver Program (Check one)**

Waiver program Participant enrolled in:  
 \_\_\_ CAP DA \_\_\_ CAP Choice \_\_\_ PACE \_\_\_ CAP MR/ IDD \_\_\_ Sub CAP

\_\_\_\_\_  
 Transition Coordinator's Signature \_\_\_\_\_ Date

\_\_\_\_\_  
 Authorized Signature of Sponsoring Lead Agency Representative \_\_\_\_\_ Date

\_\_\_\_\_  
 MFP Project Authorized Signature for Approval \_\_\_\_\_ Date

**MFP Use only: Date Submitted to Budget Office** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
**Billing Code** \_\_\_\_\_ **Memo Line** \_\_\_\_\_