

## MFP Post-Transition Withdrawal Recommendation Form

Please email (encryption only) or fax form to:

Email: [MFPInfo@dhhs.nc.gov](mailto:MFPInfo@dhhs.nc.gov), Fax: 919-882-1664



**MONEY  
FOLLOWS  
THE PERSON**  
NORTH CAROLINA

Beneficiary Name:
Medicaid ID:
Date of Withdrawal (Loss of Eligibility):

### MFP Transition Coordinator recommends a Post-Transition withdrawal due to the following reason(s):

- ☐ Existence of a complex or chronic condition requiring more care than could be received at home.
- ☐ No longer meets relevant level of care criteria.
- ☐ Refuses to comply with agreements as outlined in the Informed Consent, Plan of Care, or Risk Mitigation agreements.
- ☐ No longer needs services.
- ☐ Death
- ☐ Beneficiary is re-institutionalized for more than 30 days;

#### Reason(s) for re-institutionalization greater than 30 days

- ☐ Acute care hospitalization followed by long-term rehabilitation
- ☐ Deterioration in cognitive function
- ☐ Deterioration in physical health
- ☐ Deterioration in mental health
- ☐ Loss of housing
- ☐ Loss of personal care giver
- ☐ By request of beneficiary or legally responsible person
- ☐ Lack of sufficient community services
- ☐ Other. (please explain below)

### Steps taken to prevent Post-Transition withdrawal recommendation:

- ☐ Conversation with beneficiary/legally responsible person      Date: \_\_\_\_\_
- ☐ Conversation with transition coordination team      Date: \_\_\_\_\_
- ☐ Other steps taken/Additional Details: \_\_\_\_\_

- ☐ Beneficiary Voluntarily Withdraws (Adverse Notice Not Required)
- ☐ Beneficiary Does Not Voluntarily Withdraw (Adverse Notice Required)      Date Due Process Initiated: \_\_\_\_\_

### Signatures:

Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legally Responsible Person Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Transition Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have questions, please contact the MFP staff at 1-855-761-9030**

Revised March 2025