MFP Pre-Transition Withdrawal Recommendation Form
Please email (encryption only) or fax form to:
MFPInfo@dhhs.nc.gov, Fax: 919-882-1664

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

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

☐ Does not meet HCBS waiver criteria (An assessment has been completed with the determination that eligibility criteria have not been met. Appeal rights for Innovations, CAP/DA and PACE are managed according to specific program guidelines.)
☐ No longer resides in a "qualified facility" that is authorized under federal law and supported by the North Carolina waiver program in which the person wants to enroll.
☐ Transitioned but not under MFP.
☐ Changed his/her mind.
☐ Refuses to comply with agreements as outlined in the Informed Consent, Plan of Care, or Risk Mitigation Agreements.
☐ Chooses to withdraw due to the Medicaid Deductible.
☐ Housing supports cannot be adequately addressed with resources available. (**please explain below**)

_____

_____

☐ Health and safety needs cannot be adequately addressed with resources available. Specific reasons include:
- ☐ Mental health service needs exceed resources' capacity; or
- ☐ Physical health service needs exceed resources' capacity; or
- ☐ Family members or other natural support refused/could not provide adequate support; or

☐ Death
☐ Other. **(please explain below)**

_____

_____

Steps taken to prevent Pre-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