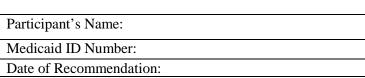
MFP Pre-Transition Withdrawal Recommendation Form

Please email (encryption only) or fax form to:

North Carolina Money Follows the Person Demonstration Project

Email: MFPInfo@dhhs.nc.gov

Fax: (919) 715-4159





Date of Recommendation:	
MFP Transition Coordinator recommends pre-transition withdr	rawal due to the following:
☐ The beneficiary does not meet HCBS waiver criteria. Appeal right PACE are managed according to specific program guidelines. ☐ The beneficiary no longer resides in a "qualified residence" that it North Carolina waiver program in which the person wants to enroll. ☐ The beneficiary did not honor transition-related commitments in planning or risk mitigation tools. Specific reasons include: ☐ Beneficiary transitioned but not under MFP; or ☐ Beneficiary changed his/her mind or didn't cooperate with ☐ The beneficiary's housing supports or health and safety needs car available. Specific reasons include: ☐ Beneficiary's mental health service needs exceed resource ☐ Beneficiary's physical health service needs exceed resource ☐ Beneficiary unable to transition safely with Medicaid Ded ☐ Beneficiary unable to secure housing ☐ Other. Please explain:	is authorized under federal law and supported by the the NC MFP Informed Consent document, transition h requirements. Innot be adequately addressed with resources es' capacity; or rees' capacity; or used/could not provide adequate support; or
Date: Steps taken to resolve issue prior to withdrawal recommendation	on:
☐ Informal conversation with individual Date: Informal conversation with transition coordination team Date: ☐ Consultation with DVR Housing and Transition Program Special Other steps taken: Date:	alist or MFP staff Date:
Participant Voluntarily Withdraws:(Participant Signature)	(Dota)
Transition Coordinator:	(Date)
(Signature)	(Date)
Recommendation accepted:	
(Designated MFP Staff Signature)	(Date)
Due Process Initiated:	
(Date)	

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