

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



Participant's Name:
Medicaid ID Number:
Date of Recommendation:

MFP Transition Coordinator recommends pre-transition withdrawal due to the following:

- The beneficiary does not meet HCBS waiver criteria. Appeal rights for Innovations, CAP/DA, CAP/Choice and PACE are managed according to specific program guidelines.
- The beneficiary no longer resides in a "qualified residence" that is authorized under federal law and supported by the North Carolina waiver program in which the person wants to enroll.
- The beneficiary did not honor transition-related commitments in the NC MFP Informed Consent document, transition 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 requirements.
- The beneficiary's housing supports or health and safety needs cannot be adequately addressed with resources available. Specific reasons include:
 - Beneficiary's mental health service needs exceed resources' capacity; or
 - Beneficiary's physical health service needs exceed resources' capacity; or
 - Beneficiary's family member or other natural support refused/could not provide adequate support; or
 - Beneficiary unable to transition safely with Medicaid Deductible.
 - Beneficiary unable to secure housing
- Other. Please explain:

Date: _____

Steps taken to resolve issue prior to withdrawal recommendation:

- Informal conversation with individual Date: _____
- Informal conversation with transition coordination team Date: _____
- Consultation with DVR Housing and Transition Program Specialist or MFP staff Date: _____
- Other steps taken: _____
Date: _____

Participant Voluntarily Withdraws: _____ (Participant Signature) _____ (Date)

Transition Coordinator: _____ (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