

**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](mailto: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:

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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**