



MFP Participant Enrollment Status Change Form

MFP Field Personnel: complete the text boxes and check boxes provided to identify changes in the enrollment status of an MFP participant.

Participant First Name:

Participant Last Name:

Participant Medicaid ID#:

Participant Date of Birth:

Participant Phone Number:

Other Contact Name:

Other Phone:

Date of Discharge (mm/dd/yyyy):

Waiver: - OR - MFP CBAY

Type of Status Change:

- Period of Participation Ended – Date:** _____
- Participant was Suspendedⁱ from MFP – Date Suspended:** _____
- Period of Participation Began^{ii,iii} - (Reactivated/Re-enrolled) - Date:** _____
- **New Project End Date:** _____
- Participant Moved** (fill in new address)

New Street Address:

New City:

New Zip:

New County:

If participation ended, check reason:

- Completed period of participation (365 days of MFP) (01)
- Reinstitutionalized (02) (**check reason below**)
- Died (03) – **Date** _____
- Moved (04) – **Date** _____
- No longer needed/wanted services (05)
- Chose non-qualified residence type (06)
- Did not participate in the planning process (07)
- Other (08) Specify: _____

If re-institutionalized, check reason:

- Acute care hospital stay, long term rehabilitation (01)
- Deterioration in cognitive functioning (02)
- Deterioration in health (03)
- Deterioration in mental health (04)
- Loss of qualified residence (05)
- Loss of personal care giver (06)
- By request of participant or guardian (07)
- Lack of sufficient community services (08)

If MFP participant reactivated/re-enrolled or moved, check type of qualified residence used after move:

- Home owned by participant (01)
- Home owned by family member (02)
- Apt. leased by participant, not assisted living (03)
- Apt. leased by participant, assisted living (04)
- Group home with no more than 4 unrelated people/PCH (05)
- Participant lives with family members (check for yes)

Notes:

MFP Field Personnel Name:

Region/Office:

Phone:

Email:

ⁱ When an MFP participant is readmitted into an inpatient facility for a period of 30 days or less, the participant remains enrolled in MFP. When an MFP participant is readmitted into an inpatient facility for a period of time greater than 30 days (31 days or more), the participant is considered suspended from MFP. During the suspension, MFP field personnel are required to continue monthly contact with the participant and report the participant’s status. The suspended participant will be reactivated or re-enrolled prior to the completion of 365 days, back into MFP without re-establishing the 90-day institutional requirement.

ⁱⁱ Upon discharge from the inpatient facility, the MFP participant resumes their period of participation for any remaining days up to the maximum of 365 days. No inpatient days are counted toward the total of the 365 days of MFP. MFP field personnel revise the ITP prior to discharge back into the community.

ⁱⁱⁱ When an MFP participant is suspended for 6 months or longer, the participant must be re-evaluated like a ‘new’ participant.

Note: Send completed form to the appropriate coordinating agency via File Transfer Protocol.