



# MFP Participant Enrollment Status Change Form



**MFP Facilitator (OC, TC, PLA, CE):** Complete this form to identify changes in the enrollment status of an MFP participant.

**Participant First Name:**

**Participant Last Name:**

**Participant Medicaid #:**

**Participant Date of Birth:**

**Participant Phone Number:**

**Other Contact Name:**

**Other Phone:**

**Date of Discharge from NF/Institution:**

**Waiver:**

**Type of Status Change: MFP Participation**

- Ended** – Date: \_\_\_\_\_
- Participant was **Re-institutionalized** – Date: \_\_\_\_\_
- Began** - (Re-enrollment) - Date: \_\_\_\_\_  
- New Project End Date: \_\_\_\_\_
- Participant **Moved** (fill in new address below) – Date: \_\_\_\_\_

**New Address:**

**New City:**

**New Zip:**

**If enrollment ended, check reason:**

- Completed 365 days of participation (01)
- Suspended eligibility (02)
- Reinstitutionalized (03)
- Died (04) – **Date:** \_\_\_\_\_
- Moved (05)
- No longer needed/wanted services (06)
- Level of Care not met (07)
- Chose non-qualified residence type (08)
- Lack of sufficient community services (09)
- Other (10) Specify: \_\_\_\_\_

**If re-institutionalized, check reason:**

- Acute care hospital stay and 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 re-enrolled or moved, check type of qualified residence used after move:**

- Home owned by participant (01)
- Home owned by family member (02)
- Apartment leased by participant, not assisted living (03)
- Apartment leased by participant, assisted living (04)
- Group home of no more than 4 people/PCH (05)

**Does participant live with family members:**

- Yes (01)
- No (02)

**MFP Facilitator Name:**

**Region/Office:**

**Phone:**

**Email:**

**Notice:** Send this completed *Participant Enrollment Status Change Form* to the DCH/MFP Office via File Transfer Protocol.