

Long Term Care Administration

Living Choice

Medically Fragile

WITHDRAWAL/DISCHARGE EVALUATION

Participant Name				
	<i>Last</i>	<i>First</i>	<i>MI</i>	<i>SoonerCare ID</i>

A. REASONS FOR WITHDRAWAL/DISCHARGE	
Please select <u>only</u> one reason for MFP or Waiver participation ending:	
<input type="checkbox"/> Death	Cause of Death: _____ Date of Death: _____
<input type="checkbox"/> Moved out of state	Date of move: _____
<input type="checkbox"/> Re-Institutionalization	Date of Re-Institutionalization: _____
<input type="checkbox"/> Nursing Facility:	<input type="checkbox"/> Other Institution:
<input type="checkbox"/> Deterioration in Health/Mental Health/Cognitive Functioning	
<input type="checkbox"/> Unable to Secure or Find Affordable Housing or Loss of Housing	
<input type="checkbox"/> By request of Legal Guardian or Medical Decision-Making POA	
<input type="checkbox"/> Service Needs exceed what can be provided in the community	
<input type="checkbox"/> Changed Mind/Chose not to participate in care plan	
<input type="checkbox"/> Financially Ineligible	
<input type="checkbox"/> Move out of Nursing Facility prior to scheduled MFP transition	
<input type="checkbox"/> Other (must specify): _____	

B. WITHDRAWAL REQUEST	
I request to withdraw from participation in the Living Choice Demonstration or Waiver Program.	
	Effective Date: _____
<input type="checkbox"/> I request termination of all TC/CM services.	
<input type="checkbox"/> I have been informed that I may reapply at any time.	
<input type="checkbox"/> I request referral to the following services:	
1. _____	
2. _____	
3. _____	

C. RIGHT TO A FAIR HEARING	
I have been informed of my right to a fair hearing. I understand that I have the right to appeal any action of the Oklahoma Health Care Authority that I consider improper by sending my complaint, in writing, to:	
Oklahoma Health Care Authority, 4345 N. Lincoln Blvd, Oklahoma City, OK 73105	

Signature of Participant or Legal Agent	Signature of Witness		
Date	Date		
TC/CM Agency	TC/CM Name	TC/CM Signature	Date