

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 **only** one reason for MFP or Waiver participation ending:

- Death Cause of Death: _____ Date of Death: _____
- Moved out of state Date of move: _____
- Re-Institutionalization Date of Re-Institutionalization: _____
 - Nursing Facility:
 - Other Institution:
- Deterioration in Health/Mental Health/Cognitive Functioning
- Unable to Secure or Find Affordable Housing or Loss of Housing
- By request of Legal Guardian or Medical Decision-Making POA
- Service Needs exceed what can be provided in the community
- Changed Mind/Chose not to participate in care plan
- Financially Ineligible
- Move out of Nursing Facility prior to scheduled MFP transition
- Other (must specify): _____

B. WITHDRAWAL REQUEST

I request to withdraw from participation in the Living Choice Demonstration or Waiver Program.

Effective Date: _____

- I request termination of all TC/CM services.
- I have been informed that I may reapply at any time.
- 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	Date	Signature of Witness	Date
TC/CM Agency	TC/CM Name	TC/CM Signature	Date