

MFP Case Contact

Instructions

This form is to be completed after the first face-to-face contact or screen of a potential MFP participant. MFP participants require a face to face first contact. This is the first step in the process of enabling a potential MFP participant to transition from the nursing home to community residency. It is important that a record is kept of all persons who receive a first contact and to know the outcome of that first contact. A Form A must still be completed for individuals referred who are deceased or no longer residing in the institutional setting at the time an attempt at contact is made. This is to "close the loop" on the referral and document the outcome.

Case Summary (auto-populated)

- Program: _____
- Agency: _____
- Transition Coordinator: _____

Participant Summary (auto-populated)

- Full Name: _____
- Middle Name: _____
- RIN: _____
- SSN: _____
- Date of Birth: _____
- Enrolled in Managed Care: _____
- Managed Care Organization: _____

General

Date of MFP face-to-face contact or contact attempt: _____

Outcome

Tell us about the outcome of the referral

- Other
- Individual is considering MFP transition and is a possible MFP transitional candidate
- Family/caregivers refused participation
- Guardian refused participation
- Preference is to continue living in the nursing home
- Service needs due to physical health are greater than what could be provided in the community
- Service needs due to mental health are greater than what could be provided in the community
- Would not be able to locate appropriate housing
- Individual is not interested in participating (refused)
- Individual is not eligible
- Individual is deceased
- Would be better served by a different state agency

Revisit On Date (Optional) : _____

Comments (Text):