



Instructions for Completing MFP Referral Form

Follow the instructions in the chart below in completing each section of the MFP Referral Form. Lead Agency refers to the agency responsible for enrolling participants in the CAP/DA waiver; LME refers to agency responsible for enrolling participants in the CAP/MR-DD waiver.

State Developmental Center staff and private ICF providers will submit the form to local LME and MFP staff (Division of Medical Assistance – Raleigh, NC)

LME staff – when receiving from State Developmental Center staff and after completing sections 2 and 5 – will resubmit to MFP staff.

Lead Agency staff will submit the form to MFP staff.

Submission must be done by email (password protected).

Section:	If referral comes from:	Section completed by:
1	(for CAP/MR-DD waiver)	
	Resident and/or guardian at State Developmental Center	
	Resident and/or guardian at private ICF Provider	
	LME (contacted by individual and/or guardian)	
	(for CAP/DA waiver)	
	Resident and/or guardian at Nursing Facility	
2	(for CAP/MR-DD waiver)	
	Resident and/or guardian at State Developmental Center	
	Resident and/or guardian at private ICF Provider	
	LME (contacted by individual and/or guardian)	
	(for CAP/DA waiver)	
	Resident and/or guardian at Nursing Facility	
3	(for CAP/MR-DD waiver)	
	Resident and/or guardian at State Developmental Center	
	Resident and/or guardian at private ICF Provider	

Section:	If referral comes from:	Section completed by:
	LME (contacted by individual and/or guardian)	LME
	(for CAP/DA waiver)	
	Resident and/or guardian at Nursing Facility	Lead Agency staff
4	(for CAP/MR-DD waiver)	
	Resident and/or guardian at State Developmental Center	State Developmental Center staff
	Resident and/or guardian at private ICF Provider	Private ICF provider staff
	LME (contacted by individual and/or guardian)	LME staff
	(for CAP/DA waiver)	
	Resident and/or guardian at Nursing Facility	Lead Agency staff
5	(for CAP/MR-DD waiver)	
	Resident and/or guardian at State Developmental Center	LME staff
	Resident and/or guardian at private ICF Provider	LME staff
	LME (contacted by individual and/or guardian)	LME staff
	(for CAP/DA waiver)	
	Resident and/or guardian at Nursing Facility	Lead Agency Staff
6	Any and all sources	MFP staff

Completion of each section

Section 1:

Information on the individual who is transitioning. The address will be where the individual is currently living (institution, facility). If CPA waiver financial eligibility is unknown, leave blank.

Section 2:

“Agency” is the LME or Lead Agency

Section 3:

“Responsible Party” is the one who makes decisions for the individual if the individual is not their own guardian.

Section 4:

Information on the institution/facility where the individual is currently residing.

Section 5:

Information on where the individual wants to live. Give a 2nd choice if unsure 1st choice is a viable option. Example: It may be that the individual wants to rent a home/apartment by themselves but finds it more realistic to live with another individual.

Submission of forms:

State Developmental staff and private ICF staff will email (password protected) to LME and MFP staff after completing sections 1, 3, and 4. LME staff will complete sections 2 and 5 and email (password protected) to LME, State Development center staff or private ICF staff, and MFP staff.

Lead Agency staff will complete sections 1-5 and fax to MFP staff.

MFP staff will complete section 6 and submit via email (password protected) to LME or Lead Agency and to designated staff at the institution/facility where the individual resides.