

## **Request to leave Transitions to Community Living (TCL) to enroll in Standard Plan**

*This form should ONLY be used to change from a Medicaid Tailored Plan to a Standard Plan*

### **What is this form for?**

Some services and supports for are only available to **people in the Transitions to Community Living Program (TCL)**. It may benefit you to stay with the TCL program if you need these services and supports.

This form should only be used if you want to change from a Medicaid Tailored Plan to a Medicaid Standard Plan, because you would need to leave the TCL program to make that change. If you want to leave the TCL program but keep your Medicaid Tailored Plan, please talk to your Tailored Plan about that instead.

This form will be completed by you and your Tailored Plan care manager. They will provide education to you on the services and supports that you will no longer be able to receive if you leave the TCL program. Your legal guardian or legally responsible person will need to sign this form if you want to leave the TCL program.

### **What happens next?**

Once you have spoken with your care manager at your Tailored Plan and completed this form, the form will be submitted to NC Medicaid.

If you choose to leave the TCL program, you would not be able to access any of the services that are only available in the TCL Program.

## Request to leave Transitions to Community Living (TCL) to enroll in Standard Plan

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### 1. Contact information for TCL member

Fill out contact information for the TCL member

<b>Name (First, Middle, Last)</b>	
<b>Date of Birth (Month/Day/Year)</b>	
<b>NC Medicaid ID Number</b>	
<b>Phone number</b>	

### 2. Check all of the services and supports that the TCL member is receiving that are only available through the TCL Program:

- TYSR Funds** – Funding that can be used to help you cover the cost of basic cellphone, small appliances, essential furnishings, household items, moving expenses, and utility deposits when you move into your own home.
- TCL Housing Voucher** – This is funding to help you pay your rent each month.
- In-Reach Coordination** - This is someone who provides education to inform you about community based mental health services and supported housing options instead of residing in an Adult Care Home or State Psychiatric Hospital.
- Transition Coordination** – This is someone who supports you to transition from an Adult Care Home or State Psychiatric Hospital to living in the community.
- Diversion Coordination**- This is someone who provides education to inform you about community based mental health services and supported housing options and develops a community integration plan so you remain in the community instead of entering an Adult Care Home.
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_

**3. Tailored Plan or LME/MCO Staff Signature**

The Tailored Plan or LME/MCO Staff who provided education to the TCL member on the services and supports that are only available through TCL program must sign and print their name below.

**I attest that I have provided education to the TCL member on the services and supports that they are receiving that are only available through the TCL Program. This education was provided for the benefit of the TCL member to make an informed choice on withdrawal from participation in the TCL program. I understand this form may be subject to audit.**

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**Signature** **Date**

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**Printed Name** **Plan Affiliation**

**4. Beneficiary Attestation:**

Ask the beneficiary (or legally responsible person) to read and sign the beneficiary attestation.

**By signing below, I acknowledge that I am requesting to leave the TCL Program. I have been fully informed of the services and supports that are only available through the rejoin the TCL Program by reaching out to the Tailored Plan or LME/MCO.**

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**Signature of TCL Member  
Or Legally Responsible Person**

**Date**

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**Printed Name**