TEXAS Health and Human Services

Form 2422
October 2004-E

Medically Dependent Children Program

Case Closure

Individual Name	Date of Birth	Medicaid Number
Case is: ☐ Active ☐ Pending	If active MDCP case, list most recent IPC dates: From To	
Date closure effective	**Reason for closure/transfer**	

- ☐ Individual/family did not return application materials within required 35-day time frame.
- ☐ Individual/family relocated out of state.
- ☐ Unable to locate individual/family.
- ☐ Individual/family requests closure/no longer desires services.
- ☐ Individual has begun participation in another Medicaid waiver program.
  Specify _____
- ☐ Individual turns 21 years of age.
- ☐ Individual deceased.
- ☐ Individual no longer qualifies for Medicaid and does not anticipate re-eligibility in the near future.
- ☐ Individual no longer meets medical necessity criteria.
- ☐ Individual/family has not participated in eligibility determination, care planning process, or implementation of the Individual Plan of Care (IPC).*
- ☐ Individual/family has not returned signed Individual Plan of Care (IPC) within required time frame.
- ☐ Individual's physician has failed to sign Individual Plan of Care (IPC).
- ☐ Individual has had break in services of more than 60 days.**

* Documentation must support case manager's efforts to engage individual/family in the MDCP process.
** Some exceptional circumstances allow the 60-day break to be excused. Consult with State Office.

Indicate date individual was sent MDCP Form 2419, Notification of Waiver Services, and Form 2420, Your Appeal Rights. (Do not send if participant is deceased.) ..... _____

Rule Citation Regarding TAC Rule (Note: This item must be completed): _____

_____

Did individual request an appeal? ☐ Yes ☐ No

If yes, has hearing decision been received? ☐ Yes ☐ No

If no, and decision is overturned by appeal, case will be re-opened.

_____ Signature – Case Manager

_____ Date

Date Copy sent to MDCP State Office