



MISSISSIPPI DIVISION OF
MEDICAID

B2I Discharge

Fax To: (601) 359-6294 Attn: B2I

or

Mail to: Division of Medicaid Attn: B2I

550 High Street, Suite 1000

Jackson, MS 39201



To: Division of Medicaid, B2I Staff

From: _____

B2I Provider

Re: _____

Participant's Name

Community Navigator

Medicaid Number

Contact Number

The above B2I participant is discharged from the B2I program effective _____.

THE REASON FOR B2P DISCHARGE:

- Individual transitioned to community without assistance of B2I
- Individual's physical, mental, or other needs greater than what could be accommodated in community or current waiver programs
- Individual could not find affordable, accessible housing or qualified MFP residence
- Individual changed his/her mind, uncooperative in planning, preferred to remain in institution
- Individual's family member or guardian refused services
- Other, please specify _____

THE REASON FOR B2I DISCHARGE:

- Completed 365 days of participation
- Eligibility Suspended
- Reinstitutionalized
- Died
- Moved
- No longer needed services
- Other, please specify _____

Signature of Authorized B2I Provider

Date

Signature of Participant

Date

Signature of Guardian

Date

Date Faxed to DOM B2I