



Consent for Participation in the New York State Money Follows the Person Program

The Money Follows the Person (MFP) Program provides support for home and community-based living. MFP reimburses the State when individuals move from long term institutions like nursing homes or intermediate care facilities (ICFs) to integrated community settings such as homes and apartments. These reimbursements support increased quality and availability of services in the home and community for individuals who need them.

The Money Follows the Person Program can help with planning transition to the community through the Open Doors Program.

How Can MFP Help Me?

- An Open Doors Transition Specialist can meet with you to talk about moving to the community. The Transition Specialist will **help support you before, during, and after** your move.
- A Peer can meet with you to provide support and share their experiences of transitioning to the community. Peers are people with some of the same life experiences as you. They live independently in the community. Members of your family may also choose to speak with a Family Peer (a family member of an individual who has transitioned from institutional to community living).
- An important part of the MFP Program is getting feedback about the home and community based long term care services that you receive. The Transition Specialist will ask you some questions, called a Quality of Life survey, before you move and about one year after you move. The survey is a chance for you to express your opinions and feelings about your transition to the community and your services. Your input provides valuable information to the Department of Health to help improve the services. The Quality of Life survey is voluntary. You don't have to answer questions if you don't want to. All answers are kept confidential.
- Participation in the MFP program is **voluntary**. Signing this consent for participation in the MFP program does not affect the home and community based services you can receive.

Who Can Participate?

MFP participants are individuals who:

- have lived in a nursing home, hospital, or Intermediate Care Facility/IID(ICF) for 60 or more days in a row just prior to MFP participation,
- are moving to a qualified community residence upon discharge, such as:
 - a home owned or rented by an individual or his/her family,
 - a residence in the community in which no more than four unrelated individuals live,
 - an apartment with an individual lease, which includes a lockable entrance and living, sleeping, bathing, and cooking areas over which the individual or his/her family has control,
- have active Medicaid that is paying for nursing home, hospital, or ICF services prior to moving.
- require nursing home level of care with long term services and supports in the community,
- enroll in a Medicaid long term care program in the community.

Some Things You Should Know

- If you don't want to participate in the MFP program, it will not affect your discharge and transition to the community. It means that your transition from facility to community will not be counted under MFP.
- If you don't want to sign this consent to participate in the MFP program, you can still receive services in the community as long as you are eligible for those services.
- Although enrollment in the MFP program ends after 365 days, your community services will not be affected as long as you are still eligible for those services. In other words, you can continue to receive the same community services as long as you continue to meet the eligibility requirements for those services.

Complaints

Contact the MFP Program at One Commerce Plaza, 99 Washington Ave, Albany, New York 12210; by email at MFP@health.ny.gov; or by telephone at 518-486-6562.

Consent to Participate

I understand that participation in the MFP Program is my choice.

_____ Yes, I agree to participate in the MFP Program

_____ No, I do not want to participate in the MFP Program at this time

Signature of Individual

Date

OR

Signature of Designated Representative
(Parent, Guardian, Advocate etc., if needed)

Date

AND

Person responsible for submitting this document to the MFP Demonstration:

Name

Title

Date

Completed by Transition Specialist

Estimated Date of Discharge (if known):

Name of Institution & Location: