



Informed Consent for Participation in the New York State Money Follows the Person Demonstration Project

Name (print):	Target Population:	Medicaid #:
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General Information

Money Follows the Person (MFP) is a federal demonstration that provides support for home and community based living. MFP reimburses the State when individuals move from long term, institutional placements to community integrated settings such as homes and apartments.

As MFP is a federal demonstration, learning about your experience and whether community living is preferred over living in an institution, is a vital component for evaluation of the project. Three surveys are conducted with you to gather this information. You may decline to be interviewed at any time.

Some things you should know:

- Participation is voluntary.
- Choosing not to participate or choosing to end your participation will not affect your discharge and transition to the community.
- If you do not participate in the demonstration, you may still receive waiver services as long as you meet the waiver's eligibility requirements.

Who is eligible to participate?

- Individuals who have been living for more than 90 consecutive days in a nursing facility, hospital or Intermediate Care Facility/IID (excluding Medicare covered rehabilitative care that is expected to be short-term in nature) and who are moving to a qualified community residence.
- A qualified community residence is:
 - a residence owned or leased 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 with lockable access and egress, and which includes living, sleeping, bathing and cooking areas over which the individual or his/her family has control.
- Individuals must have received Medicaid inpatient services for at least one day prior to moving.

Should you decide to participate?

- A referral will be made to a qualified Medicaid program.
- If you are accepted into a qualified Medicaid program, your first 365 days of enrollment in the qualified Medicaid program constitutes your MFP demonstration period. As a participant, you will be requested to complete three Quality of Life Surveys. These surveys are confidential and will be used to gauge your satisfaction with your services.
- Mathematica Policy Research has been hired to evaluate the project. New York State will provide service and health/wellness information about you to Mathematica, as part of this evaluation. Any information Mathematica collects about you will be confidential and used only for evaluating this project.

Complaints

Contact the MFP Demonstration, One Commerce Plaza, 99 Washington Avenue Room 1601 Albany, New York 12231-0001 or by email to MFP@health.ny.gov or by telephone at 518-486-6562.

Consent to Participate

I understand the information provided above. I understand that participation in the MFP Demonstration is my choice.

_____ Yes, I agree to participate in the MFP Demonstration Project.

_____ No, I do not wish to participate in the MFP Demonstration Project 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:

Signature

Title

Date

Print