



INFORMED CONSENT FOR PARTICIPATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 AGING SERVICES - MFP
 DN 881 (9-2022)

I freely choose to participate in the Money Follows the Person (MFP) program. The MFP program is intended to assist you with finding the right place for you to live in the community. This program offers services to include transition coordination, flexible funds for moving expenses, and support services to meet your needs in the community.

I understand that this program allows me to receive a limited amount of flexible funds for expenses related to my transition from the facility where I currently live, to a qualified community setting. I understand these funds may be used for security deposits, home furnishing expenses, and other costs directly related to my transition. I understand that my Transition Coordinator/Case Manager will help me access these funds. I understand these funds are available only after I am determined eligible for the Money Follows the Person program. I understand that I will receive no additional financial benefits under the Money Follows the Person program beyond the flexible funds.

I understand that agreeing to participate in the Money Follows the Person program has no impact on my eligibility for any other program, meaning that I will continue to receive other services for which I am eligible regardless of my Money Follows the Person program eligibility.

I understand that there are no additional risks anticipated based on my participation in the Money Follows the Person program beyond the risks related to receiving services in a community setting, for which I have already provided my consent.

In order to participate in the Money Follows the Person program, I have been informed that I must meet all the eligibility requirements specific to the program. These include my residence in a qualified institution such as a nursing facility or an Intermediate Care Facility for no less than 60 consecutive days excluding days admitted solely for receiving short term rehabilitative services, Medicaid eligibility for at least the last day prior to my date of transition, participation in MFP services after transition, and finally that I must choose to live in a qualified residence, defined as:

1. A home owned or leased by myself or a family member;
2. An apartment with an individual lease, with lockable access and egress, and which includes living, sleeping, bathing, and cooking areas over which I or my family has domain and control.
3. A residence, in a community-based residential setting, in which no more than four unrelated individuals reside.

As a Money Follows the Person program participant, I will be asked to complete three short surveys about my quality of life. I will still be eligible to receive flexible funds and other MFP transition services for transition even if I do not complete the surveys.

My signature below indicates that I agree to participate in the Money Follows the Person program if I am determined eligible and that any questions that I may have about the program have been answered.

Consumer Printed Name		
Consumer Signature	Guardian Signature (If applicable)	Date

Distribution: Consumer
 DD Program Manager or Transition Coordinator
 MFP Program Administrator