



MONEY FOLLOWS THE PERSON (MFP) REFERRAL PACKET CHECKLIST
DEVELOPMENTAL CENTER TRANSITIONS
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES DIVISION - MFP
DN 532 (2-2023)

Check Off When Completed

<input type="checkbox"/>	MFP Brochure
<input type="checkbox"/>	MFP Fact Sheet (DN 1367)
<input type="checkbox"/>	MFP Informed Consent Document (881)
<input type="checkbox"/>	Guardianship Expectations Document (DN 1369)
<input type="checkbox"/>	SFN 542 Transition Assistance Request SFN 774 Rental Assistance (if applicable)
<input type="checkbox"/>	Community Transition MFP Role Matrix for Individuals with an Intellectual Disability
<input type="checkbox"/>	Send MFP Program Administrator a copy of <ul style="list-style-type: none">• Most current Overall Service Plan• Most current Risk Management Assessment Plan• 24-hour backup plan (SFN 926)
<input type="checkbox"/>	If applicable, complete SFN 227 if coming from Nursing Facility





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MFP TRANSITION PROCESS GUIDELINE CHECKLIST

- The Developmental Disability Program Manager (DDPM) or Life Skills and Transition Center Social Worker provides the person supported and/or legally authorized decision maker with the following information about the Grant:
 - Money Follows the Person Grant (MFP) Brochure
 - Money Follows the Person Fact Sheet
 - Community Transition MFP Role Matrix for Individuals with an Intellectual Disability
 - Guardianship Expectation Document

- The DDPM or the LSTC Social Worker secures MFP consent to participate and sends to MFP Referral inbox at hsmfpreferences@nd.gov

- DDPM or the LSTC Social worker will provide a copy of the consent to the person supported and the legally authorized decision maker.

- DDPM will complete the PAR assessment including ICF/IID level of Care review and notify the MFP Program staff of the ICF/IID Level of care screen date.

- The DDPM, DD provider team, and the LSTC/Community ICF/IID team will complete and/or communicate assessment information and work together to establish a transition plan that will include a
 - Risk Management Assessment Plan
 - Overall Service Plan
 - 24 Hour Backup Plan (SFN 926) **prior to transition** to a qualified MFP residence in the community.
 - **If transitioning from Nursing Facility**, please complete (SFN 227) and submit to Kayla Trzpuć and Brittnei Auch

***DDPM is responsible for getting these documents to MFP staff.**

- The DDPM or DD Provider will submit the (SFN 542) Transition Assistance Request Form to request approval for the spending/items needed to establish community residence i.e. furniture, household supplies, pantry items, deposits etc.
(Transition Assistance can be made prior to and after transition as needs are identified)

- The DDPM will notify MFP Staff (Kayla Trzpuć) when the Person Supported transitions to the community.