

## **SUMMARY OF REQUIREMENTS FOR PARTICIPATION IN THE MFP DEMONSTRATION**

### **PARTICIPANT ELIGIBILITY**

#### **Pre-relocation Eligibility Criteria**

- The person must have resided in a qualifying institution for at least six months. Qualifying institutions include:
  - nursing home,
  - ICF-MR, or
  - IMD (if under 22 or over 64).
- This can include time in multiple institutions or time in a hospital immediately before or during the institutional stay as long as the person did not return to a community setting.
- The person must be on Medicaid in the institution for at least the month prior to relocation.

#### **Eligible Fee-for-Service Waiver Funding**

- CIP 1A
- CIP 1B ICF-MR Restructuring funding
- CIP II Community Relocation Initiative Funding
- COR

#### **Eligible Living Arrangements** (federal language)

- House owned or leased by individual or individual's family member.
- Apartment with an individual lease, lockable access and egress. Includes living, sleeping, bathing and cooking areas over which the individual or the individual's family has domain and control.
- Residence, in a community-based residential setting, in which no more than four unrelated individuals reside.

### **PARTICIPATION DOCUMENTATION**

**Completed Informed Consent Form** – The original of this document must be kept in the persons file at the waiver agency and a copy faxed or mailed to the Department (to Gail Propsom). The person or his/her guardian must give consent before the person can be in MFP. If the person declines we cannot count the person for MFP enhanced match.

**Participant Emergency Back-Up Information** – Information per model form must be given to participant with a copy kept in participant file.

**Completed Cover Sheet** - Provide information about the person who will be in MFP per the cover sheet so that the person can be accurately identified by the Department as a Money Follows the Person participant.

### **EVALUATION INFORMATION**

**Completed Quality of Life survey** – Survey should be completed **after** the person agrees to participate in MFP, but **before** the person leaves the institution. The survey is voluntary so a person can refuse to complete the survey and still remain in MFP, but people should be encouraged to participate.

- For CIP 1A and CIP 1B, Survey will be completed by Community Integration Specialist or central office staff in the Developmental Disabilities Services Section.
- For CIP II or COR, county care manager or other county designee will complete the Survey.