

**INFORMED CONSENT  
FOR PARTICIPATION IN WISCONSIN'S  
MONEY FOLLOWS THE PERSON (MFP) DEMONSTRATION**

Money Follows the Person (MFP) is a federal demonstration that values and provides support for home and community based living. MFP reimburses the State's long term care system when individuals move from long term, institutional placements to community integrated settings such as homes, apartments, adult family homes of four beds or less, and certain Residential Care Apartments. The project reimbursements support increased home and community based services for persons residing in institutions.

Because MFP is a demonstration, the federal government (sponsor of the demonstration) is interested in learning about your experience and whether community living is preferred over living in an institution. Three surveys are conducted with you to gather this information. You may decline to be interviewed at any time.

To include you in the MFP demonstration, your consent is necessary. Participation is voluntary. Choosing not to participate will not affect your discharge and transition to the community. If you decline to participate, your transition from facility to community will not be counted under the MFP demonstration.

More details on MFP demonstration can be found on the back of this document and at [http://www.dhs.wisconsin.gov/ltc\\_cop/MFP/MFP.HTM](http://www.dhs.wisconsin.gov/ltc_cop/MFP/MFP.HTM).

PARTICIPANT ACKNOWLEDGEMENT				
Participant Name (Print)		Date of Birth	Medicaid ID Number	
Facility Name	Facility City	Facility Phone Number	Admission Date	Target Group
<input type="checkbox"/> I provide my voluntary consent to participate in Money Follows the Person.				
<input type="checkbox"/> I decline participation in Money Follows the Person.				
SIGNATURE (Participant or Guardian if applicable)			Date Signed	

AGENCY REPRESENTATIVE ACKNOWLEDGEMENT	
I have shared information about the MFP demonstration to the applicant (or guardian) and believe that he/she understands the program information.	
SIGNATURE of Agency Representative	Date Signed
NAME of Agency Representative (Print)	NAME of Agency
Email Address	Telephone Number

**SEND FORM BY FAX TO 608-221-6594**

I have been informed that:

- The Money Follows the Person (MFP) Demonstration is sponsored by the Federal Centers for Medicare and Medicaid (CMS). The demonstration supports states to improve and rebalance their long term support systems by transitioning individuals from institutions.
- CMS awarded a demonstration grant to the Wisconsin Department of Health Services (DHS) to operate MFP in Wisconsin.
- CMS contracted with Mathematica Policy Research to evaluate MFP nationwide. Certain information about MFP participants is shared with CMS and Mathematica Policy Research to meet statutory requirements to evaluate the project.
- Participation in MFP is completely voluntary. Refusal to participate in MFP will NOT affect eligibility for Medicaid or home and community-based services.
- There exists a list of participant advocacy agencies I can consult if I feel my rights have been infringed upon by an agency, provider, or other entity.

Benefits of the Demonstration:

- I will be offered services under the MFP Demonstration, enabling me to transition from the institution to a home, apartment, or small group living setting in the community. MFP services continue for one year following relocation as long as I meet eligibility requirements for the Demonstration.
- At the end of one year, I will continue to receive services under the home and community-based program available in my county, as long as I continue to meet program eligibility.

Participation in Research and Potential Risk:

- Information about my participation in the MFP Demonstration will be provided to CMS and Mathematica Policy Research.
- A slight risk exists of the unauthorized release of confidential information. The risk is judged low because of established procedures in place to protect data and limit its release to other parties (as described below).
- I may be asked to respond to surveys, participate in visits at my home or otherwise communicate with the evaluation contractor for the MFP Demonstration.
- I have been provided the opportunity to read material describing the research component of the MFP Demonstration. The material describes the basic goals of research, types of data collected, how data confidentiality is protected, and the likely benefits and risk associated with research, and contact information should I have questions about the research material.

Confidentiality

- I have been informed that information provided by DHS to CMS and the evaluation contractor is confidential and protected under the Health Insurance Portability and Accountability Act (HIPAA).

Emergency Contact Information

- I will be provided with written information on the steps to take in the event of a non-medical emergency related to my care (e.g., worker does not show up, equipment failure).

Withdrawal from the MFP Project Demonstration

- I understand my participation in the MFP Demonstration is entirely voluntary. Following enrollment, I may withdraw at any time by completing a withdrawal form, available from my care manager or service coordinator or from the MFP Project Director.
- I understand that in the event I lose Medicaid eligibility or decide to move to a residence that is not an MFP qualified residence, I will no longer be able to participate in this initiative.

Complaints

- I understand that if I have any complaints or concerns about my participation in the MFP Demonstration, I can contact the MFP Project Director at:

Address: DHS / Division of Long Term Care  
MFP – Money Follows the Person  
Room 527  
PO Box 7851  
Madison WI 53707-7851  
Fax: (608) 221-6594