

Vermont Money Follows the Person
Department of Disabilities, Aging and Independent Living
Consent to Participate in MFP Demonstration Project

I, _____, freely choose to participate in the Vermont Money Follows the Person (MFP) program. I understand that this program allows me to receive support from a Transition Coordinator and a limited amount of flexible funds for my transition from a nursing or acute care facility to a qualified residence in the community.

I have received information about the MFP program and am aware of all aspects of the transition process and program. I have also received information about the services and supports that will be provided to me both during the MFP program and thereafter, which are all part of Vermont Long Term Medicaid Programs.

I understand that participation in MFP is voluntary and that I can withdraw from participation in the MFP program at any time. I understand that I will participate in developing a plan of care that outlines my services, a backup plan, and my emergency contact list. I will also participate in monthly followup calls from the MFP transition coordinators.

To participate in the MFP program, I understand that I must meet all of the eligibility requirements specific to the MFP program, which include residing in an inpatient facility for at least sixty (60) consecutive days, receiving long-term Medicaid benefits as evidenced by a Long Term Medicaid Notice of Decision, and that I must choose to live in a qualified residence, defined as:

Please circle your intended residence below

1. **A home owned or leased by the individual or the individual's family member.** This option is not regulated by the state; if the home is leased, the lease is entered into with the landlord or homeowner.
2. **An apartment with an individual lease.** This residence type can be in an apartment building, assisted living facility, and/or public housing unit. The apartment must have lockable access and egress, and include living, sleeping, bathing, and cooking areas over which the individual or the individual's family has domain and control. Apartments in privately-owned apartment buildings are governed by lease agreements entered into with the landlord or building owner. An apartment within an assisted living facility is regulated by the state, and public housing units are regulated through Section 8 by the Vermont State Housing Authority.
3. **A residence, in a community-based residential setting, in which no more than four unrelated individuals reside.** These types of community-based settings can include: group homes, Licensed Level III Residential Care (including enhanced residential care), and Assisted Living Residences. These three types of community based alternative residential settings are regulated by the Department of Disabilities, Aging and Independent Living (DAIL), Division of Licensing and Protection (DLP).
4. **A residence, in a community-based residential setting, in which one or two individuals unrelated to the owner or leasholder reside.** These residence types are Adult Family Care homes or Shared Living Providers. They are required to meet health and safety standards established by DAIL and are monitored regularly by Community Development staff and case managers. They are not, however, formally licensed by DAIL's DLP.

My signature below indicates that:

- I agree to participate in the MFP program and my questions about the MFP program have been answered. If I am found eligible, I will be enrolled in the MFP program as of the date of the MFP representative's signature on this form.
- I understand this form, the reasons I am being asked to sign it, and my questions about it have been answered.
- I understand that signing this Consent Form is voluntary and upon signing it, I will be provided with a copy for my records if I chose.
- I agree to participate in a monthly phone assessment administered by an MFP Transition Coordinator. I have provided the appropriate contact information below.
- I understand that if, at any point after my transition to the community, I am institutionalized for 90 consecutive days or more, I will be disenrolled from the MFP program.
- I further understand that if I remain in the institution without a discharge date for 150 consecutive days after enrollment, then I will be disenrolled from the MFP program. I may reapply for MFP at any point after such a disenrollment.
- I understand that I may qualify to transition to the community with the MFP program up to 5 times in my lifetime.
- I understand that I may withdraw my participation from MFP at any point by contacting my MFP Transition Coordinator. Upon withdrawing from MFP, I will remain eligible for non-MFP services.
- If I do not withdraw my consent to participate in MFP, I will remain enrolled in the MFP program until I have resided in the community for 365 days after transitioning from the facility, or until I am no longer eligible for or otherwise disenrolled from MFP, whichever comes first.

Client or Legal Guardian Name (Please Print)

Client or Legal Guardian Signature

Date of Signature

MFP Representative Name (Please Print)

MFP Representative Signature

Date of Signature

Monthly Follow-up Assessment Contact Information:

Primary Contact: _____

Primary Contact Phone: _____ Primary Contact Phone #2: _____

Secondary Contact (optional): _____ Relationship: _____

Secondary Contact Phone: _____ Secondary Contact Phone #2: _____