



MFP 101

Vermont Money Follows the Person
Updates and Reminders

MFP 101

- MFP Program Overview
- Timeline
- Forms & Enrollment
- Transition Funds Reminders

MFP Program Overview

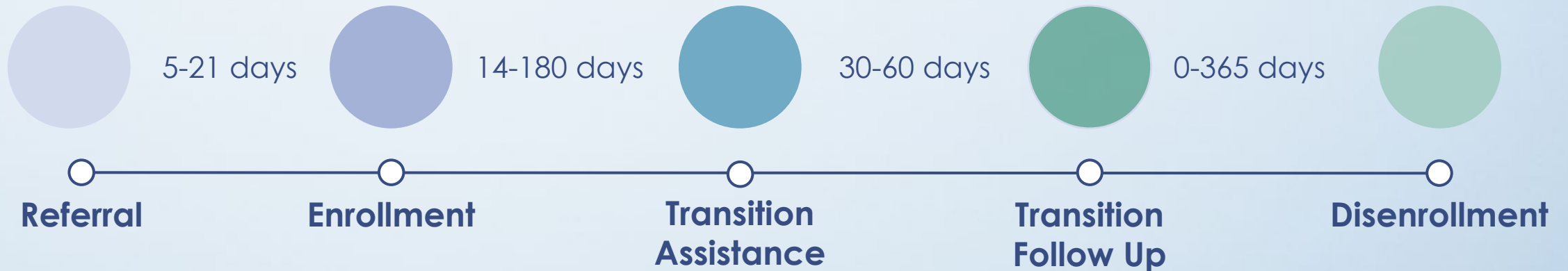
Individuals can sign up for MFP transition assistance if they are:

- eligible for Choices for Care Long Term Care Medicaid, determined via a Notice of Decision or budget approval;
- currently residing in a skilled nursing or acute care facility and have been for at least 60 consecutive days;
- and discharging to a qualified home and community-based residence.

Transition assistance includes:

- Transition Coordination
- Monthly Follow-up Calls
- \$2,500 in flexible funding for transition needs

MFP Timeline



Referral

- Referral received by office, ideally 30+ days prior to discharge.
- Referral reviewed and Transition Coordinator assigned.
- Eligibility determined; and any additional paperwork completed.

Enrollment

- Transition Coordinator and Case Manager educate the potential participant.
- Transition Coordinator and Case Manager complete paperwork with client.
- Transition Coordinator touches base with Case Manager and client regularly to assist with discharge planning.

Transition Assistance

- Transition Coordinator provides transition assistance for active enrollees for up to 150 days
- At 120 days, Transition Coordinator evaluates if the individual will be transitioning within the next 30-60 days
- Transition Coordinator notifies office if there is no active discharge in sight

Transition Follow Up

- Transition Coordinator provides regular monthly calls and follow-ups.
- Transition Coordinator provides client and case manager with assistance where needed.

Disenrollment

- If no active discharge plan after 150 days of enrollment, client may be disenrolled.
- Client will be disenrolled if no longer eligible.
- Client and Case Manager will be notified.
- Otherwise, client will remain on MFP until their MFP end date.

MFP Timeline: When do I refer?

- Referrals to MFP should be made as early as possible (up to 180 days) before transition once you know a person has a transition in mind and a place to go.
- Fact: being enrolled in MFP at least 2 weeks before transition increases the success rate of the transition by more than 10% compared to being enrolled for less than two weeks before transition.
- Refer early, refer often! We can always tell you if they're not eligible or if someone has already referred.

MFP Timeline: When don't I refer?

Don't refer to MFP if:

- The person isn't eligible for Choices for Care Vermont Long Term Medicaid.
 - If they have applied, it's okay to refer; just know that they can't be part of MFP until they're accepted.
- The person has already discharged and been living in the community.

Making an MFP Referral

To make a program referral:

- Complete the MFP 600 referral form
- Complete (with Client) the MFP 601 informed consent form for initial eligibility
- Referral source: Social Workers, Case Management Agencies and Long-Term Care Clinical Coordinators
- Referrals are submitted directly to the MFP Program Office

VERMONT MONEY FOLLOWS THE PERSON MFP 600: Referral

Referral for Preassessment

To refer an individual for participation in the Money Follows the Person (MFP) Program, please email this completed form and a completed MFP Information Release to ahs.dal@mfpvermont.gov via secure email or fax the forms to 802-241-0385.

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____
Medicaid ID Number or Last 4 of Social Security Number: _____
Legal Guardian (if applicable): _____
Medical Facility Name: _____
Participant currently residing in facility? YES NO
Participant's type of Vermont Long Term Medicaid: _____

CASE MANAGEMENT INFORMATION

Case Manager: _____ Phone: _____
Agency: _____
Email: _____

If the potential participant does not have a Case Manager or Service Coordinator for Vermont Medicaid, contact one of the following numbers to request Options Counselling:
for persons under age 60, contact VCIL at 1-800-638-1522;
for persons age 60 and older, contact the Senior Helpline at 1-800-642-5119.
Submit this referral form **only** once the agency providing Case Management is decided.

REFERRER INFORMATION

Referrer: _____ Date Referral: _____
Agency (if applicable): _____ Phone: _____
Email: _____

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VERMONT MONEY FOLLOWS THE PERSON MFP 602: Information Release

AUTHORIZATION FOR THE RELEASE AND EXCHANGE OF INFORMATION

Client Name: _____ Date of Birth: _____
(Please print)

I give permission for the MFP Transition Coordinators (TC), MFP office staff, Long Term Medicaid staff, my Long Term Medicaid case management agency, and the medical facilities listed below to share and disclose my medical information to one another. My medical information includes, but is not limited to, admission and discharge dates, medications, diagnoses, assessment and treatment plans, OT/PT/SLP or other therapy information.

Skilled Nursing and Medical Facility List (attach a separate sheet if necessary):

- _____
- _____
- _____

Statement of Understanding – I Understand:

- That all information concerning me will be respected as confidential by these entities and that it will be used solely to facilitate MFP eligibility determination.
- I do not have to agree to the release of this information, and if I choose not to, any benefits to which I am entitled will not be affected. However, if I decline to release information, it may affect my eligibility for the MFP program.
- My drug and alcohol treatment records are protected by federal confidentiality rules (42 CFR Part 2) and cannot be disclosed or re-disclosed without my express written consent or as allowed by the regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any drug or alcohol abuse patient.
- DAIL will take every precaution to protect my other health information (not alcohol/drug); it will not be knowingly re-disclosed to third parties without my express written consent.
- I may revoke this authorization at any time except to the extent that it has been acted upon. To revoke this authorization, I must contact my Transition Coordinator.
- If I do not revoke this authorization, it will be in effect until two years after the date of the MFP Transition Coordinator's signature below or the end of my MFP enrollment, whichever comes first.

Client or Legal Guardian Name (Please Print) _____
Client or Legal Guardian Signature _____
MFP Representative Signature _____
Date Signature _____
Date Signature _____

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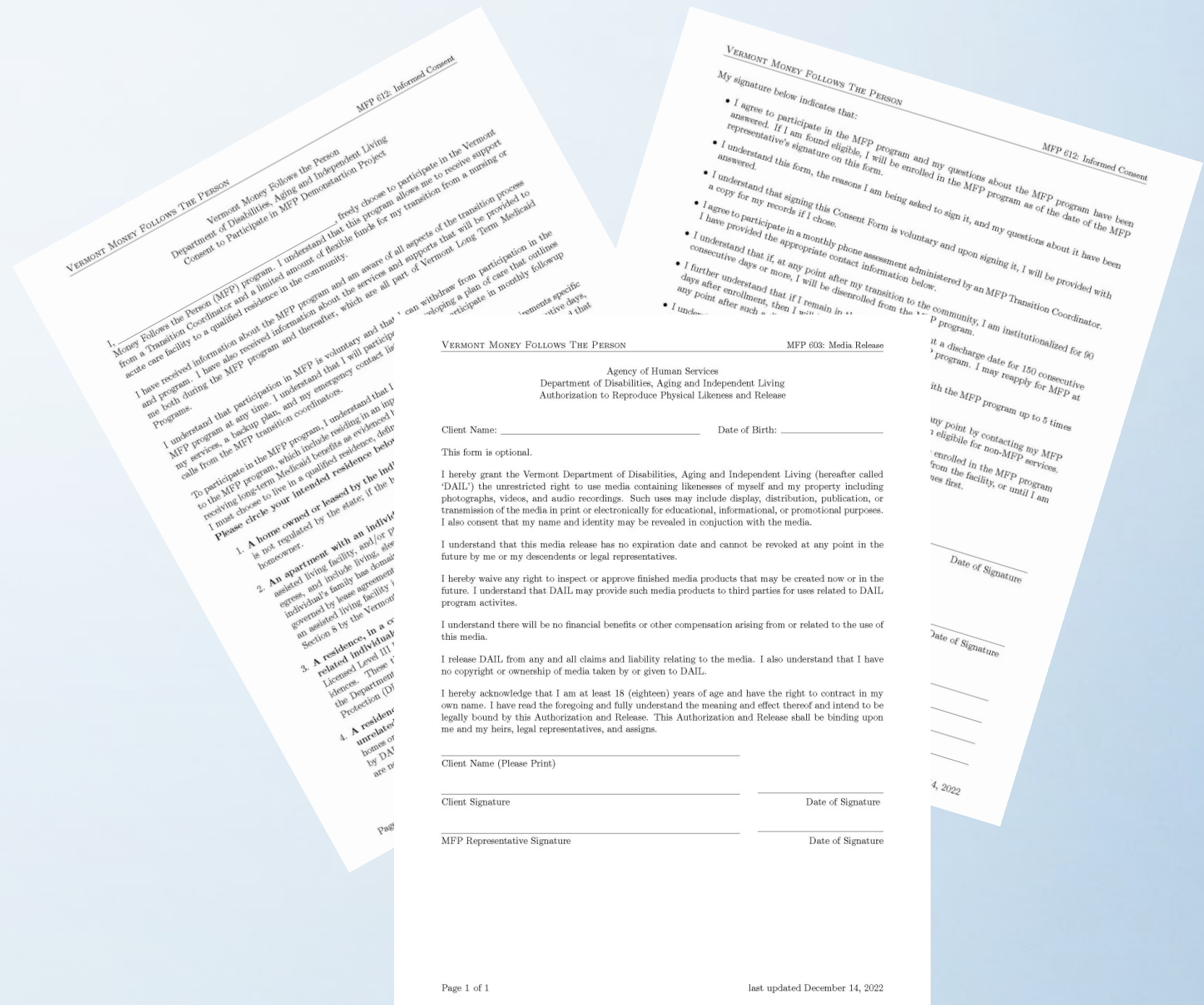
last updated December 19, 2022

MFP Referral Processing

- Referral is reviewed for completeness. Incomplete forms will be returned to the referrer for completion.
- Initial eligibility check is completed by MFP office staff.
- Office staff assigns a Transition Coordinator.
- Office staff notifies the Transition Coordinator and Case Management Agency of referral status.
- Transition Coordinator contacts Case Management Agency/Case Manager to continue MFP processing.

MFP Education and Enrollment

- MFP Transition Coordinators arrange initial MFP Program education in conjunction with Case Managers.
- MFP Transition Coordinator and/or Case Manager reviews additional paperwork with individual for enrollment.
- Media Release is Optional; but these help us collect stories to support the continuation of MFP.



MFP Informed Consent and Enrollment

- The informed consent is the official enrollment document for the MFP program.
- Enrollment start date for MFP Services is the date the Informed Consent Form is signed by the Transition Coordinator.
- Eligibility is continually monitored, and the individual must maintain eligibility throughout program enrollment.
- Transition funds cannot be spent until after the MFP Transition Coordinator signs the Enrollment Form.

MFP Transition Funds

Enrollment in MFP includes \$2,500 in flexible transition funding.

- These funds can be spent once the MFP Transition Coordinator has signed the Informed Consent Form.
- Funds should be spent through the Agency, and the Agency then bills Medicaid for the item. Client reimbursement is allowed, but not ideal.
- Funding can be spent on a variety of things, such as rent, fuel, personal items, assistive devices, transportation, care, and respite providers.
- The allowed items/services are dependent upon where the person lives (AFC vs. their own place), who the items/services are for (they must be for the client), and the date they will be received (must be before their MFP end date).

ahs.dailmfp@vermont.gov

Questions

