



NC MFP Informed Consent

Hello!

We are so glad that the North Carolina Money Follows the Person Demonstration Project (NC MFP) may be able to assist you in returning to your home and community. Thank you for taking the time to read this information. We want to make sure you have a clear understanding of the NC MFP Project and its transition process. **We know there is a lot of information here, so please don't hesitate to ask questions and get assistance. We're happy to help.**

Thanks for Your Interest in NC MFP!
The NC MFP Staff 1-855-761-9030

To Complete this Form, Think "Inside the Box"



Throughout this document there are places to check a box. By checking the box, you are showing that you have read and understand the material in that section of the Informed Consent Form.

Waiver Acknowledgement

REALLY IMPORTANT: MFP approval doesn't automatically mean you have a waiver slot. While MFP participants have priority status for MFP-reserved waiver slots, it's important to know that 1) there must still be MFP waiver slots available that waiver year, AND 2) you must also meet the waiver-specific requirements before a waiver slot can assigned to you.

YES, I have read this section and understand what it means.

Leaving the Facility/Discharging

IMPORTANT INFORMATION ABOUT DISCHARGING FROM THE FACILITY AND MFP ENROLLMENT:

It's important that you coordinate your discharge date with your MFP transition team. If you discharge to the community without having an approved MFP application, without MFP staff knowledge, and enrollment in a waiver service **you will lose your MFP status**. This means you will not be eligible for MFP's "startup" funds or have priority status for waiver services.

YES, I understand that I will not be eligible for MFP services if I discharge without coordinating with MFP staff. You are a participant waiting to transition you will be withdrawn.

Your Responsibility in the Transition Process

The success of a transition relies on collaborative work by the participant, family, guardian, friends, community-based programs, case manager, transition coordinator, and MFP staff.

- To the extent possible, the MFP participant will guide his/her own transition process and assume responsibilities in ensuring the transition occurs (i.e. calling possible housing options, identifying a bank, etc.)
- Along with their families, as appropriate, MFP participants agree to help develop their Transition Plan, including goals designed to make community-based living reasonable and accessible resources outlined.
- Along with their families, as appropriate, work with the entities that are making community-based living an option by achieving set goals within set time frames (like not cancelling meetings at the last minute, following up on my “to do list” as appropriate, returning calls promptly, etc.)

YES, I have read this Section and agree to do my part to make sure my transition is organized and well-planned.

Start-Up Funding

Depending on the community services you need, NC MFP participants may have access to transition funds to help cover the cost of one-time expenses associated with transitioning.

- Examples include: pre-transition staff training, housing and utility deposits, deposits on personal emergency response systems, home modifications and household supplies.
- Funding requests are submitted by the Transition Coordination Agency and must be authorized by MFP staff.
- Funds cannot be used for cigarettes, alcohol, devices for entertainment, or **ongoing** living expenses.

YES, I have read this Section and understand the “basics” of MFP Transition Funds.

Pre-Transition Disenrollment

Important Information about Why a Participant May be Dis-Enrolled Before Transitioning

NC MFP is going to work hard to help you get home. Our transition coordinators are passionate about what they do and want to support your transition. However, it's important to know that NC MFP may dis-enroll an MFP Participant from the Program prior to transitioning for the following reasons:

1. MFP participant does not meet the criteria for the applicable program (e.g. CAP DA, PACE, TBI, Innovations, etc.).
2. MFP participant is unable or unwilling to move into a “qualified residence” that is both authorized under federal law and supported by the applicable NC waiver program.
3. MFP Participant does not honor, or refuses to comply with, transition related commitments as outlined in the NC MFP Informed Consent Document, Transition Plan of Care, or Risk Mitigation agreements.

NC MFP reserves the right to dis-enroll an MFP participant who has not yet transitioned at any time for the reasons outlined above.

When MFP elects to dis-enroll an MFP participant, the participant has a right to appeal the decision and will receive guidance on doing so. Appeal rights for Innovations, CAP DA, TBI, and PACE are managed according to the guidelines of the specific program.

YES, I understand the reasons why NC MFP may dis-enroll me prior to transition and that I would have the right to challenge that decision through the Medicaid program’s appeals process.

Post-Transition Disenrollment

REASONS WHY A PARTICIPANT MAY BE DIS-ENROLLED AFTER TRANSITIONING:

An MFP participant retains MFP participant status for one year after the participant’s transition date. During this 365 day period, MFP participation can be terminated for the following reasons:

1. Participant no longer meets the criteria for CAP DA, Innovations, TBI or PACE program;
2. Participant transitions to a residence that does not meet MFP federal criteria or does not meet applicable home and community-based program criteria;
3. Participant no longer receives Medicaid;
4. Participant refuses to comply with agreements as outlined in the Informed Consent, Transition Plan of Care, or Risk Mitigation agreements;
5. Participant no longer meets relevant level of care criteria; or
6. Participant is re-institutionalized for more than 30 days.

After 365 days, the participant is automatically dis-enrolled from the MFP Program.

YES, I understand the reasons why NC MFP may dis-enroll me after transition and that I would have the right to challenge that decision through the Medicaid program’s appeals process.

Withdrawal

Since the MFP Demonstration Project is voluntary, a participant can withdraw at any point by making the request in writing to the Project at any time. If MFP elects to dis-enroll an MFP participant, the participant has a right to appeal the decision and will receive guidance on doing so. Appeal rights for Innovations, CAP DA, TBI, and PACE are managed according to the guidelines of the specific program.

YES, I understand I can withdraw from the MFP Program at any time by letting the Project Staff know in writing.

Complaints

MFP staff strives to be responsive to concerns and issues that you may have. We encourage you to contact us directly if you have concerns about the quality of service you are receiving regarding your transition process. We may be able to help you resolve your concerns and encourage you to call our toll-free number at: **1-855-761-9030** or email us at **mfpinfo@dhhs.nc.gov**. If we have not been able to resolve your concerns or you would prefer to not discuss your issue with MFP staff, the Department of Health and Human Services (DHHS) Ombudsman Program was created to address inquiries and complaints that consumers and their legal guardians have regarding services that DHHS oversees or administers. The Regional Long Term Care Ombudsman program can also be accessed through the *CARE-LINE 24 hours a day, 7 days a week, by calling 1-800-662-7030 (English or Spanish) or 1-877-452-2514 (TTY).*

YES, I understand the different ways to make a complaint about the services I receive through NC MFP.

Giving my Consent

By checking here and signing below:

I am letting MFP staff know that I understand the information contained in this MFP Informed Consent document.

I am letting MFP staff know that I have asked any questions I have at this point and understand I may ask additional questions at any time.

I understand I will receive a copy of this document.

I understand that I can change my mind about these agreements at any time, but changing my mind may impact my ability to participate in the MFP Project.

I understand this document is valid for one year after the date of my transition or earlier, if I decide to revoke it.

YES, I would like to become a North Carolina Money Follows the Person participant.

SIGNATURES

_____ Name of MFP Applicant (please print)

_____ Signature (or Mark) of MFP Applicant

_____ Date

_____ Signature of Guardian or Authorized Representative (if applicable)

_____ Date

MFP Transition Coordinator

YES, I have reviewed this information with the MFP Participant.

_____ Signature of MFP Transition Coordinator

_____ Date