Massachusetts
Money Follows the Person Demonstration
Informed Consent Form

The Massachusetts Money Follows the Person Demonstration (MFP Demo) is a federally funded program. The MFP Demo helps people transition from institutional to community-based care. The program covers services that help older adults and people with disabilities move from nursing facilities, chronic disease and rehabilitation hospitals, or other qualified facilities back to the community.

This informed consent form makes sure you understand the program. You need to review and sign this form to enroll and participate in the MFP Demo.

First and Last Name	MassHealth ID or last 4 digits of SSN

My signature on this form means that I understand:

- My enrollment and participation in the MFP Demo are voluntary.
- If I choose not to participate, I can still get MassHealth services if I meet all eligibility criteria.
- I must meet all eligibility requirements listed below to qualify for the MFP Demo:
  - I must be living in a qualified nursing facility or long-stay hospital for at least 60 consecutive days, including Medicare rehabilitation days.
  - I must be 18 or older and disabled, or 65 or older.
  - I must be a resident of Massachusetts.
  - I must be eligible for MassHealth Standard or CommonHealth coverage in the community.
  - I must transition to an MFP Demo qualified residence in the community.
- I must respond promptly to all requests from MassHealth.
- I must meet all the eligibility requirements above, including MassHealth coverage of facility stay.
- I have been given information about the MFP Demo services that will help me transition to the community. If I am eligible, services would also be available to me in the community during my 365 days of participation in the MFP Demo.
- Information about my enrollment and participation will be kept confidential. My information will only be used for administering the MFP Demo.
- I will take an active role in making decisions on where I live, and the services I receive while in the facility and the community.
- I have been given information about other MassHealth community-based services that are available.
- Regardless of my participation in the MFP Demo, I will still have my current Home and Community Based Waiver services, enrollment in a Senior Care Options (SCO) plan, or State plan services if I continue to meet eligibility requirements for those programs.

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- I can withdraw from the MFP Demo at any time by completing a withdrawal form, which I can get from my case manager or service coordinator.
- If I withdraw from the MFP Demo, I can still get MassHealth services if I still meet the MassHealth program rules and requirements.
- If I have complaints or concerns about the MFP Demo, I will contact my case manager or service coordinator.
- If I disagree with a MassHealth decision about my benefits, I have the right to appeal the decision and request a fair hearing. My case manager or service coordinator can give me information about how to file an appeal, and the fair hearing process in general.
- I give permission to the MFP Demo to share referral, enrollment, and participation information with MassAbility, the Department of Developmental Services, SCO Plans and Aging Services Access Points when needed for service coordination purposes.

By signing this MFP Demo Informed Consent Form, I agree to enroll and participate in the MFP Demo and accept all conditions of participation. I understand that I may request a copy of this signed informed consent form to keep.

First and Last Name (Printed)	Signature	Date
Legal Guardian Name (Printed) If applicable	Signature	Date
Invoked Health Care Proxy (Printed) If applicable	Signature	Date