



Massachusetts Money Follows the Person Demonstration Referral Form

The Money Follows the Person (MFP) Demonstration helps elders and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.

Please complete the following information to submit a referral. Note that any field with an asterisk (*) is required.

Date referral submitted

Section 1: Individual's information

Individual's first name*

Individual's last name*

Date of birth*

MassHealth ID # (must be 12 digits)

Phone number*

Email address

Current facility type

Facility name

Address*

City*

State*

ZIP code*

Facility phone number

Facility contact name

Admission date

Projected discharge date (if known)

Does the individual need housing? ☐ Yes ☐ No ☐ Unknown

Gender Identity

Preferred spoken language

Preferred written language

Does the applicant need an interpreter? ☐ Yes ☐ No

Section 2: Guardianship and/or Invoked Health Care Proxy

Does the individual have a legal guardian?* ☐ Yes ☐ No

If yes, please fill in the following fields in Section 2.

Legal guardian first name

Legal guardian last name

Legal guardian phone number

Legal email address

Does the individual have an invoked health care proxy?* ☐ Yes ☐ No

If yes, please fill in the following fields in Section 2.

Invoked health care proxy first name

Invoked health care proxy last name

Invoked health care proxy phone number

Invoked health care proxy email address

Section 3: Who is filling out this form?

Submitter first name*

Submitter* last name

Relationship to individual*

Title

Submitter Address*

City*

State*

ZIP code*

Submitter phone number*

Submitter email address*

Is the referral due to MDS Section Q? ☐ Yes ☐ No

Is the individual aware of this referral?* ☐ Yes ☐ No

Section 4: Is the individual already working with a state agency?

If known, please complete the following:

Agency

Agency Contact Name

First name

Last name

Agency contact phone

Agency contact email

To submit this Referral Form to the MFP Demo program, fill out this form, save it, and email it to the MFP Project Office at MFP@mass.gov. The Subject line should be MFP Demo Referral.

Please note: If you are a state agency or organization sending on behalf of the individual, be sure to send the email securely and in compliance with any applicable privacy laws.

This document was developed under grant CFDA 93.791 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the federal government.

End of Form