MFP Demonstration Services
Transitional Assistance (TA) Updates

July 2026

Agenda

- Transitional Assistance (TA) updates as of 7/1/26
  - Services no longer allowable
  - Service changes
  - MFP Demo only TA additions – NEW!
- Transitional Assistance Forms
  - Referral Form
  - TA Plan
  - Individual Consideration Request and Justification
- TA questions and responses
- Contact Information

What is Transitional Assistance?

Transitional Assistance (TA) Services are non-recurring personal household set-up expenses for individuals who are transitioning from a qualified nursing facility or hospital or another provider-operated living arrangement to a qualified community setting where the individual is directly responsible for their own set-up costs.

Allowable expenses are those necessary to establish a basic household that do not constitute room and board.

Transition Assistance (TA) Services

Waiver TA services are available to individuals approved for the Acquired Brain Injury and Moving Forward Plan (ABI/MFP) Waivers AND individuals enrolled in the Money Follows the Person Demonstration (MFP Demo).

MFP Demo TA services are ONLY available to individuals who have signed the MFP Demo informed consent and are actively enrolled in the Money Follows the Person Information System (MFP-IS).

Transitional Assistance Services – No Longer Allowable

TA Services – No longer allowable

As of 7/1/2026, the following **MFP Demo TA services are no longer allowable:**

- Renter's insurance (unless it is a condition of the lease)
- Short term services while long term services and supports are put into place
- One time purchase of basic household goods and supplies
- Televisions (includes TV stands, mounting hardware, etc.)
- General warranties

TA Services – No longer allowable – cont'd

As of 7/1/2026, the following **Waiver and MFP Demo TA services are also no longer allowable:**

- Clothing (now only available through MFP Demo only)
- Vehicle tickets/citations
- Taxes of any kind, i.e., property, excise
- Gym or exercise equipment
- Legal or court fees
- Back rent or additional month's rent
- Bulk items exceeding a two week's supply

MFP Demo Transitional Assistance Service Changes

TA Services – Large Household Appliances

Large household appliances are now allowable under both Waiver and MFP Demo TA.

These include:

- Washer
- Dryer
- Dishwasher
- Air conditioner

Demo TA – Utility arrearages

Utility arrearages are now limited to a one-time approval of 6 months of back payment only when they present a barrier to household setup.

The ONLY allowable utilities are:

- Gas
- Oil
- Electric

No longer allowable – Cable or Phone

MFP Demo ONLY Transitional Assistance Services – NEW!!

New TA Services – MFP Demo ONLY

Clothing used to be allowable under Waiver TA. Now it is only allowable under MFP Demo TA.

<u>Purchase of essential clothing and personal care items</u>
This service may be used when an individual's needs and barriers to transition are identified and there are no other resources available.

Items provided may include essential clothing and personal care items. Commonly needed items include winter coats, hats, and boots. Personal care items include hair care products, dental care products, soap and body wash, deodorant, lotions, shaving products, tissues, and feminine products. This may include adaptive clothing.

New TA Services – MFP Demo ONLY

Food pantry stocking

Includes one-time purchase of items related to stocking the food pantry, in cases where lack of food and food pantry related items is creating a barrier to transitioning out of the facility and there are no other resources available.

Items provided may include up to 30 days' worth of items, from the following categories: fresh food, frozen food, dry and canned goods, baked goods, cooking and baking ingredients, condiments, dairy products, beverage, cleaning supplies, light bulbs, batteries, paper products.

Not Allowable: alcohol, cigarettes, lottery tickets

Transitional Assistance – Forms

Transitional Assistance Referral Form – FY26

MassAbility

TRANSITIONAL ASSISTANCE REFERRAL The CM/SC sends this plan to an approved TA provider as guidance for development of a TA plan. The TA provider must respond within (2) business days to inform the CM/SC if the provider can accept the referral.

If the referral is accepted, the provider must send an initial version of the TA plan to the referring CM/SC within the timeframe specified in the TA Provider Manual. The CM/SC must sign, approving the plan (with modifications as needed) and return to the TA. Following that authorization, the TA provider may begin the TA process. This form is for use by DDS/SCO/ASAP/MassAbility CM/SC submitting service referrals on behalf of eligible individuals.

Date of Referral:	
Individual Information	
Individuals Name: (Legal Name)	
DOB:	
Current Address:	
Phone #:	Email Address:
Program Enrollment; check all that apply: ABI-N ☐ ABI-RH ☐ MFP-CL ☐ MFP-RS ☐ MFP-DEMO ☐ Informed Consent Date:	
Case Manager/Service Coordinator Information:	
Case Manager/Service Coordinator Agency:	
Case Manager/Service Coordinator Name:	
Case Manager/Service Coordinator Phone Number:	
Case Manager/Service Coordinator Email:	
Community Information:	
Projected/Community Address:	
Projected/ Community Living Situation:	
Delivery Address:	
Transitional Assistance:	
Transitional Assistance Provider:	
Contact Person:	
Phone Number	Email address

Please check	Services and Items	Detail of any item checked
☐	Transition Plan Development hours – Completing forms; Administrative Oversight (10 hrs. maximum)	# hrs. authorized:
☐	Direct Service hours – Transition visits, skills development activities, and shopping to purchase goods necessary to establish residency (40 hr initial threshold)	# hrs. authorized:
☐	Housing Search hours– Provide assistance with completing and following up on housing application, gathering and submitting required core documents, visiting potential residences, communicating with property managers, to find & establish housing (20 hr. initial threshold)	# hrs. authorized:
☐	Security deposit ** Residential Excluded	
☐	Specialized Transportation	
☐	DME/SME	
☐	Moving Costs; specify	
☐	Assistive Technology (specify area of need)	
☐	Evaluations/Trainings – Behavioral, Physical therapy, Occupational Therapy, etc.	
☐	Home or environmental adaptations	
☐	Utility Deposits –Telephone. Cable, Electricity, Gas, Water, Sewer	
☐	Essential Household Furnishings (ABI RH & MFP RS) – participant items only	
☐	Essential Household Furnishings (ABI N & MFP CL) – Inclusive of furniture for living room, bedroom, kitchen, and bathroom items	
☐	Safety (ABI N & MFP CL only) – Fire extinguishers, pest eradication, and one-time cleaning prior to occupancy	
In addition to the above, Demo enrollees / Participants can receive:		
☐	One year of renter's Insurance **Residential Excluded	
☐	1st month's rent **Residential Excluded	
☐	Short term services while LTSS services are put into place ** Residential Excluded	
☐	Washer **Residential Excluded	
☐	Dryer **Residential Excluded	
☐	Warranties for: washer, dryer, and major appliances	
☐	Televisions up to 40"-43" in size	
☐	Humidifier	
☐	Air Conditioner	
☐	Vacuum cleaner **Residential Excluded	
☐	Back Utility payments **Residential Excluded	
☐	Dumpster Fees, Pest Eradication **Residential Excluded	
☐	1x purchase of basic household goods and supplies > Limit -$250.00 **Residential Excluded	

Other Information for TA to consider:	

For Questions regarding Transitional assistance reach out to Meghan McCann -Transition Assistance Program Supervisor @ Meghan.m.mccann@mass.gov

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Transitional Assistance – FY27

MassAbility TRANSITIONAL ASSISTANCE REFERRAL

Date of Referral	
Individual Information	
Participant Name:	DOB:
Current Address:	
Phone #:	Email Address:
Program Enrollment; check all that apply: ☐ABI-N ☐MFP-CL ☐ABI-RH ☐MFP-RS ☐MFP-DEMO > Informed Consent Date:	
Case Manager/Service Coordinator Information:	
Case Manager/Service Coordinator Agency:	
CM/SC Name:	
CM/SC Phone Number:	CM/SC Email:
Community Information:	
Projected Date of Move; If known:	
Projected/Community Address:	
Projected/ Community Living Situation:	
Delivery Address:	
Transitional Assistance:	
Transitional Assistance Provider:	
Contact Person:	
Phone Number:	Email address:

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For Questions regarding Transitional assistance please reach out to Meghan McCann -Transition Assistance Program Supervisor @ Meghan.m.mccann@mass.gov and/or Rebecca Giroux MFP Director @ Rebecca.giroux@mass.gov

Check	Services and Items	Detail of any item checked
☐	Transition Plan Development hours – Completing forms; Administrative Oversight (10 hrs. maximum)	# hrs. authorized:
☐	Direct Service hours – Transition visits, skills development activities, and shopping to purchase goods necessary to establish residency (40 hr initial threshold)	# hrs. authorized:
☐	Housing Search Hours – Assist with housing applications, required documentation, property visits, communication with landlords/property managers, and securing housing. (20 hr. initial threshold)	# hrs. authorized:
☐	Security deposit ** Residential Excluded	
☐	Specialized Transportation	
☐	Specialized Medical Equipment (with Justification)	
☐	Moving Costs; specify	
☐	Assistive Technology (specify area of need) Waiver Only	
☐	Evaluations/Trainings – Behavioral, Physical therapy, Occupational Therapy, etc.	
☐	Home or environmental adaptations	
☐	Utility Deposits –Telephone. Cable, Electricity, Gas, Water, Sewer *Excludes ABI-RH, MFP-RS Group Residences* *Available under ABI-RH/MFP-RS Shared Living, MFP-CL/ ABI-N*	
☐	Essential Household Furnishings– Living room, Bathroom, Kitchen, Bedroom *Excludes ABI-RH, MFP-RS Group Residences (Participant specific items allowable) No common area furnishings* *Available under ABI-RH/MFP-RS Shared Living, MFP-CL/ ABI-N*	
☐	Safety–pest eradication, and one-time cleaning prior to occupancy *Excludes ABI-RH, MFP-RS Group Residences* *Available under ABI-RH/MFP-RS Shared Living, MFP-CL/ ABI-N*	
☐	Large Appliances; Washer, Dryer, Humidifier, Air Conditioner (W/Justification). *Excludes ABI-RH, MFP-RS Group Residences* *Available under ABI-RH/MFP-RS Shared Living, MFP-CL/ ABI-N*	
In addition to the above, Demo enrollees / participants may receive:		
☐	One year of renter's Insurance when required as part of the lease**Residential Excluded	
☐	First month's rent **Residential Excluded	
☐	Utility arrearages may be approved 1x for up to six months of back payment only when they present a barrier to household setup. Allowable utilities are Gas, Oil, Electricity	
☐	**Food Pantry Stock** when lack of food and food pantry-related items would create a barrier to transitioning out of the facility.	
☐	**Clothing and Personal Care Items;** Essential clothing and personal care items may be purchased when no other resource is available. Purchases are situationally reviewed	
Other Information for TA to consider:		

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For Questions regarding Transitional assistance please reach out to Meghan McCann -Transition Assistance Program Supervisor @ Meghan.m.mccann@mass.gov and/or Rebecca Giroux MFP Director @ Rebecca.giroux@mass.gov

TA Services Referral form – FY27

One new field on page 1 of the referral form is **Projected Date of Move** in the Community Information Section.

Community Information:
Projected Date of Move; If known:
Projected/Community Address:
Projected/ Community Living Situation:
Delivery Address:

TA Services Referral form – FY27

Name change ONLY of ‘DME/SME’ to Specialized Medical Equipment (SME) on page 2.

There is no change to the existing process.

☐	Security deposit ** Residential Excluded	
☐	Specialized Transportation	
☐	DME/SME	
☐	Moving Costs; specify	
☐	Assistive Technology (specify area of need)	
☐	Evaluations/Trainings – Behavioral, Physical therapy, Occupational Therapy, etc.	
☐	Home or environmental adaptations	
☐	Utility Deposits –Telephone. Cable, Electricity, Gas, Water, Sewer	
☐	Essential Household Furnishings (ABI RH & MFP RS) – participant items only	
☐	Essential Household Furnishings (ABI N & MFP CL) – Inclusive of furniture for living room, bedroom, kitchen, and bathroom items	

FY26

☐	~~Security deposit ** Residential Excluded~~
☐	Specialized Transportation
☐	Specialized Medical Equipment (with Justification)
☐	Moving Costs; specify
☐	~~Assistive Technology (specify area of need) Waiver Only~~
☐	Evaluations/Trainings – Behavioral, Physical therapy, Occupational Therapy, etc.
☐	Home or environmental adaptations

FY27

TA Services – Specialized Medical Equipment

Process reminder:

- Prior to requesting Specialized Medical Equipment (SME), all items must first be submitted through the individual's private insurance, other third-party payor, or MassHealth's State Plan Durable Medical Equipment (DME) benefit.
- If the DME prior authorization is denied, documentation of the denial is required to pursue SME. All SME requests must include a letter of medical necessity from a licensed medical professional and the DME denial. Exceptions to this rule will be considered on an individual basis.

Transitional Assistance (TA) Plan – FY27

The newest version of the form is dated 7/10/26.

Please be sure you are using this version for any new plans developed after 7/1/26.

Transitional Assistance Expense Proposal Worksheet Transitional Assistance *Version 7.10.26*		
Participant Name:		**Program Enrollment:**
Participant DOB:		**Select**
Transitional Assistance Provider Agency:		**DEMO Informed Consent Date:**
Primary Contact:		
Telephone Number:		**Request Date:**
Email:		
Service Coordinator/Case Manager:		
SC/CM Email:		**Plan Version:**
Transition Date:		
Community Address:		**Select**

TA Plan - Purchase category changes

The TA plan purchase categories of bedroom, bathroom, living room, and kitchen are now separated and have their own individual limits.

Bedroom - $3,500
Bathroom - $500
Living Room - $3,000
Kitchen - $2,000

Purchases			
Purchases Needing Justification Must Be Itemized Even if Within Limits ** Liability for Non-Itemized Purchases Falls to the TA Provider Agency* **Please don't put amounts in this section if these purchases are itemized on another tab**			
Bedroom			**Cost**
Non Itemized Limit:	**$3,500.00**	**Available:** **$3,500.00**	$ -
Bathroom			
Non Itemized Limit:	**$500.00**	**Available:** **$500.00**	$ -
Living Room			
Non Itemized Limit:	**$3,000.00**	**Available:** **$3,000.00**	$ -
Kitchen			
Non Itemized Limit:	**$2,000.00**	**Available:** **$2,000.00**	$ -

Individual Consideration Request and Justification process and form – NEW!

The Individual Consideration Request and Justification (ICR) process ensures that requests exceeding established spending thresholds are reviewed on a case-by-case basis.

An ICR may be approved when sufficient justification demonstrates that the additional purchases are necessary to support the individual's successful transition to the community and no other resources are available.

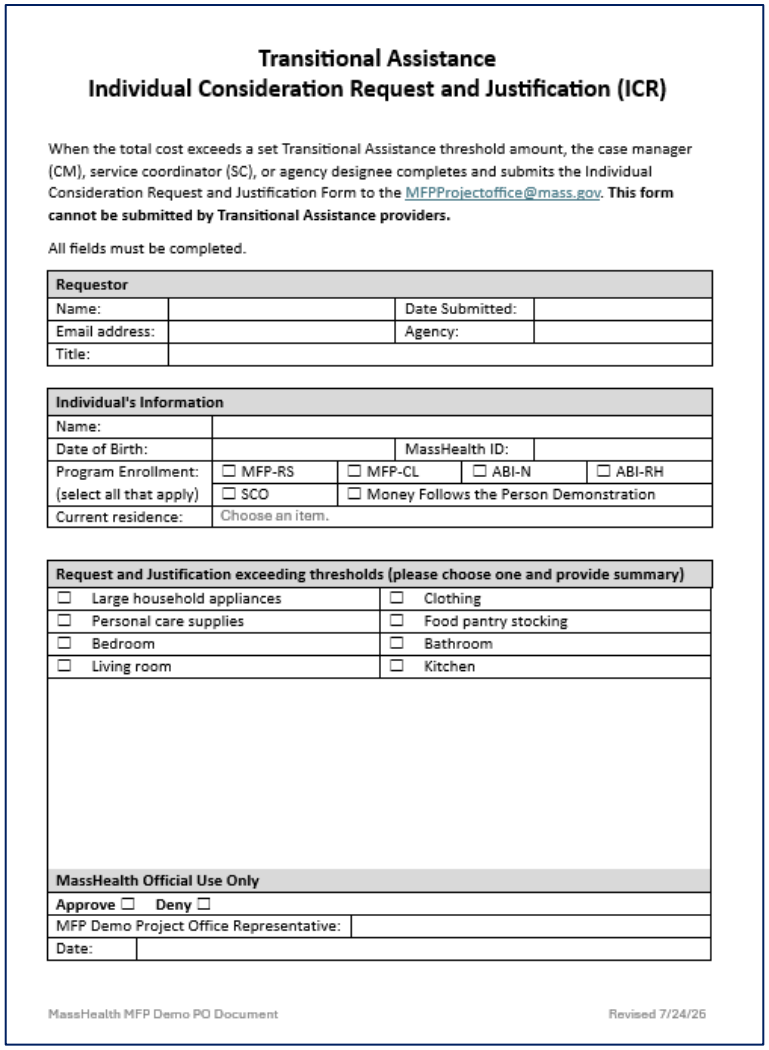
- Large household appliances
- Personal care supplies
- Bedroom
- Living room
- Clothing
- Food pantry stocking
- Bathroom
- Kitchen

Established TA spending thresholds

Purchase Category	Threshold limit before requiring an ICR
Refrigerator	$1,500
Washing machine	$1,500
Dryer	$1,500
Air conditioner	$250
Dishwasher	$1,000
Clothing	$500
Personal care supplies	$250
Food pantry stocking	$500
Bedroom	$3,500
Bathroom	$500
Living room	$3,000
Kitchen	$2,000

Individual Consideration Requests

Individual Consideration Request and Justification process and form – NEW!



Transitional Assistance
Individual Consideration Request and Justification (ICR)

When the total cost exceeds a set Transitional Assistance threshold amount, the case manager (CM), service coordinator (SC), or agency designee completes and submits the Individual Consideration Request and Justification Form to the MFPProjectoffice@mass.gov. **This form cannot be submitted by Transitional Assistance providers.**

All fields must be completed.

Requestor			
Name:		Date Submitted:	
Email address:		Agency:	
Title:			

Individual's Information				
Name:				
Date of Birth:		MassHealth ID:		
Program Enrollment:	☐ MFP-RS	☐ MFP-CL	☐ ABI-N	☐ ABI-RH
(select all that apply)	☐ SCO	☐ Money Follows the Person Demonstration		
Current residence:	Choose an item.			

Request and Justification exceeding thresholds (please choose one and provide summary)	
☐ Large household appliances	☐ Clothing
☐ Personal care supplies	☐ Food pantry stocking
☐ Bedroom	☐ Bathroom
☐ Living room	☐ Kitchen

MassHealth Official Use Only	
Approve ☐ Deny ☐	
MFP Demo Project Office Representative:	
Date:	

MassHealth MFP Demo PO Document — Revised 7/24/26

When an individual's needs require purchases that exceed an established spending limit, an Individual Consideration Request and Justification form (ICR) must be submitted by the case manager/service coordinator (CM/SC) and approved before the item can be purchased.

Each request is limited to **one** category.

This form cannot be submitted by TA providers.

Individual Consideration Request and Justification process and form – NEW!

The MFP Demonstration Project Office will review the ICR, either approve or deny the request, and provide a response to the CM/SC. The CM/SC will then share the ICR decision with both the individual and the TA Provider.

- Approved items, justification, and the ICR approval date must be detailed on the Modification and Itemization Log tab of the TA Plan.

- The TA Provider must retain a copy of the approved ICR and submit it with the applicable TA billing documentation.

Frequently Asked Questions and Process Reminders

TA Questions and responses

Question: What if I have a TA plan, that was created in FY26, and all the items have not been purchased yet, such as a television?

Answer: If the plan was authorized in FY26, and included a discharge date in FY27, ensure all purchasing is completed within 60 days of transition, and the final TA Plan is submitted within 90 days of transition.

TA Questions and responses

Question: What if I created a plan on 7/10/26 with the previous TA revision date. Do I need to move it over to the newest version?

Answer: Plans authorized between 7/1/26 and 7/30/26 do not need to be copied to the newest version, however, services and items must align with TA services changes as outlined in this presentation.

Process Reminders

- Referrals for any MFP Demo services can only be made when the individual has been **enrolled and entered in MFP-IS**.

- When an individual is no longer eligible for the MFP Demo (MFP-IS status is Demonstration Ineligible or Disenrolled) or has withdrawn participation, the **MFP Demo case manager is responsible for closing out TA plan and notifying providers.**

Contact Information

Billing Questions: Meg McCann - Meghan.M.McCann@mass.gov

Final TA Plans: Elizabeth Sanabria - Elizabeth.Sanabria@mass.gov

General questions regarding TA or allowable costs:
Rebecca Giroux - Rebecca.Giroux@mass.gov
Meg McCann - Meghan.M.McCann@mass.gov

MFP Demo Individual Consideration Requests and Justification:
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