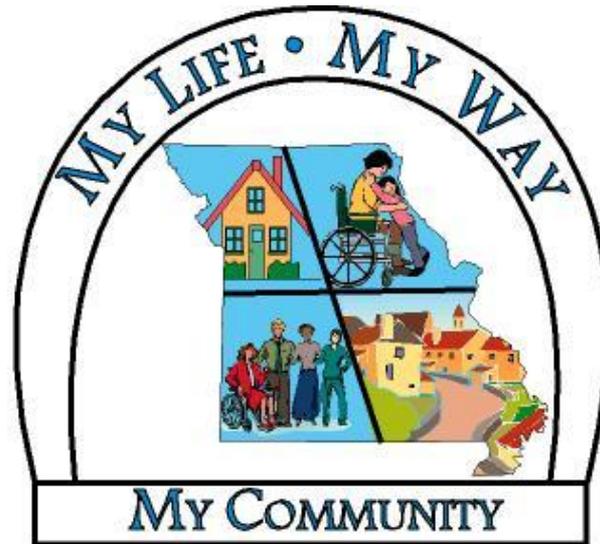


**MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION
"MY LIFE, MY WAY, MY COMMUNITY"**

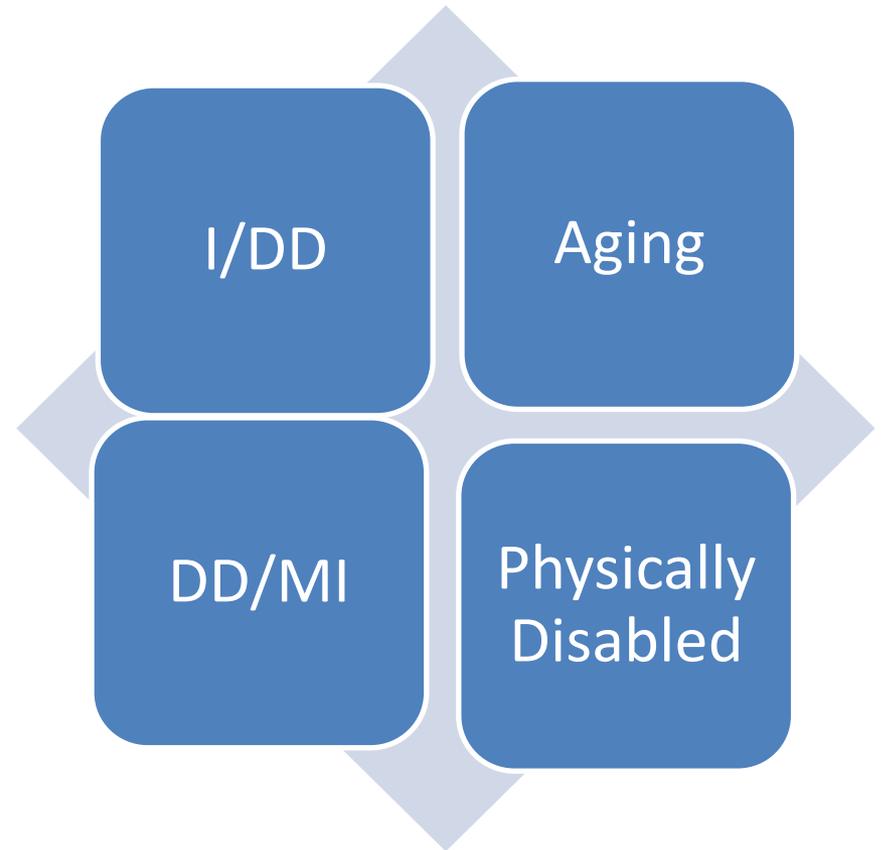
**Department of Social Services
Department of Mental Health
Department of Health and Senior Services**



MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION "MY LIFE, MY WAY, MY COMMUNITY"

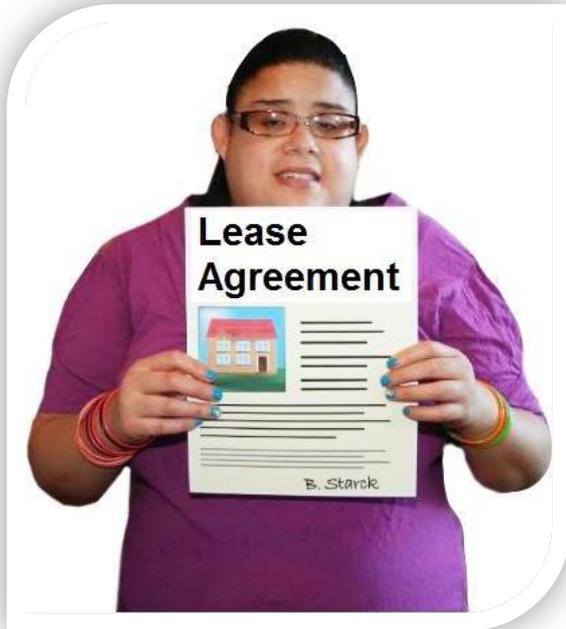


Money Follows the Person helps Individuals transition from institutional settings to living in the community.



MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION "MY LIFE, MY WAY, MY COMMUNITY"

Money Follows the Person helps:



- MFP participants:
 - Individuals moving out of Habilitation Centers, Intermediate Care Facility/Intellectual Disability (ICF/ID) settings, and Nursing Homes by providing funding to help people move to less restrictive settings.

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"MY LIFE, MY WAY, MY COMMUNITY"

Money Follows the Person helps:

- All individuals who receive MO Division of DD Services:
 - By making moves less costly and saving money that can be used for other services.



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Money Follows the Person provides evidence that less restrictive environments improve quality of life. This evidence:

- Further legitimizes advocacy efforts and the funding of supports aimed at obtaining less restrictive environments
- Reduces the overall financial cost of the long term care system.

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What is MFP?

- It is a Demonstration grant awarded to Missouri by the Centers for Medicare and Medicaid Services (CMS).
 - MFP was authorized by the U.S. Congress as part of the 2005 Deficit Reduction Act and was extended under the Affordable Care Act.



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The main goals of this grant are:

- To transition people from facilities to the community
- To identify and eliminate barriers which keep people from moving to the community
- To improve MO HealthNet's ability to provide in-home services
- To ensure quality improvement of in-home services

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Money Follows the Person is a collaboration between:

The Federal Government

MO Dept. of Social Services

MO Dept. of Health
and Senior Services

MO Dept. of Mental
Health

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"MY LIFE, MY WAY, MY COMMUNITY"

The logo for the Missouri Department of Social Services is displayed on a dark blue background. It features a stylized graphic of a person's arms raised in a 'V' shape on the left. To the right of the graphic, the text "Missouri Department of" is written in a light blue, italicized serif font. Below this, the words "SOCIAL SERVICES" are written in a large, white, all-caps serif font.

Missouri Department of
SOCIAL SERVICES

- **MO Department of Social Services (DSS) was required by the Federal Government to provide oversight and guidance regarding Missouri's Money Follows the Person grant. This includes how MFP is administered and implemented.**

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MFP reimburses a portion of the funds that the State of Missouri uses to help individuals make a start in a new home.

**Regular Waiver:
Federal/State Match**

60% Federal Match

40% State Match

**MFP Enhanced Waiver:
Federal/State Match**

60% Federal Match

20% Enhanced Federal Match
(MFP)

20% State Match

All percentages on this slide are approximations.

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Individual's needs are
met via I/DD Waiver

Then, after the end of the
365 day MFP year, the
MFP grant reimburses
the Division of DD

**After the first 365 days, the person continues under the regular
Medicaid program at the regular Federal Match.**

**MFP reimburses participants' Waivered Services
up to the 20% Enhanced Federal Match.**

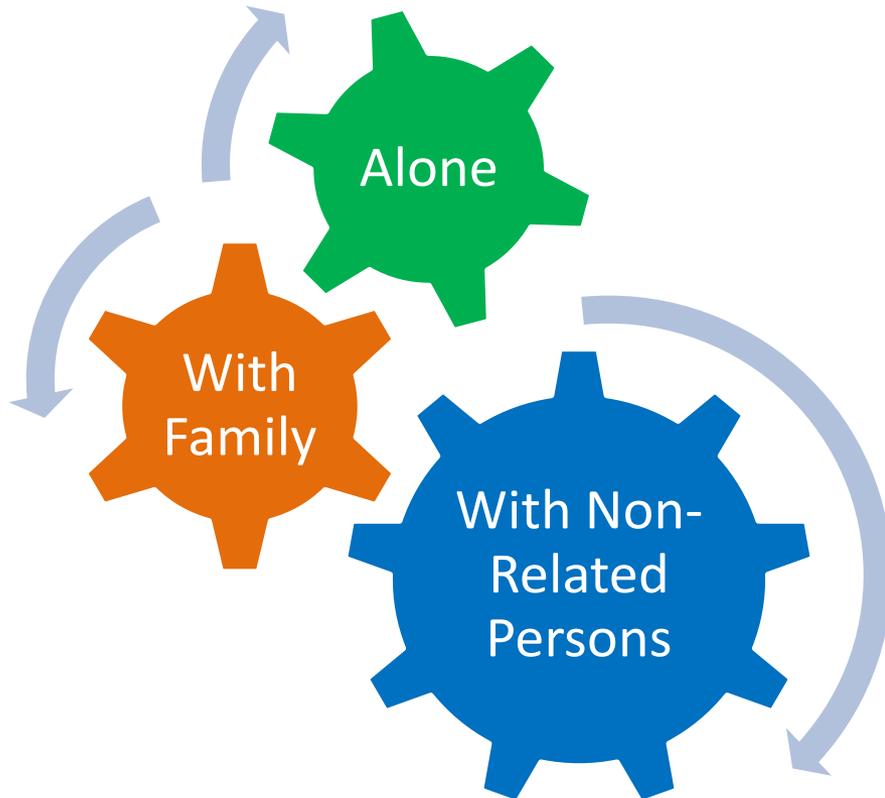
MISSOURI'S MONEY FOLLOWS THE PERSON DEMONSTRATION
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Individuals who are transitioning to the community from a State Habilitation Center, ICF/ID, or nursing facility qualify for MFP if these four things are true:

1. They are 18 years old or older;
2. Have lived in a State Habilitation Center or nursing facility for a period of at least 90 days;
3. Are receiving MO HealthNet (Medicaid) benefits in the care facility for at least one day at the time of transition;
4. Transition to a home that is leased or owned by the person or their family OR they move into residential housing with no more than a maximum of four individuals living in the house.

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MFP IS NOT JUST FOR PEOPLE WHO MOVE INTO AN ISL OR GROUP HOME



- Individuals can live with family and receive MFP.
- Individuals can live by themselves or with roommates in non-residential settings and receive MFP.
- An MFP participant must be approved for DMH waiver.

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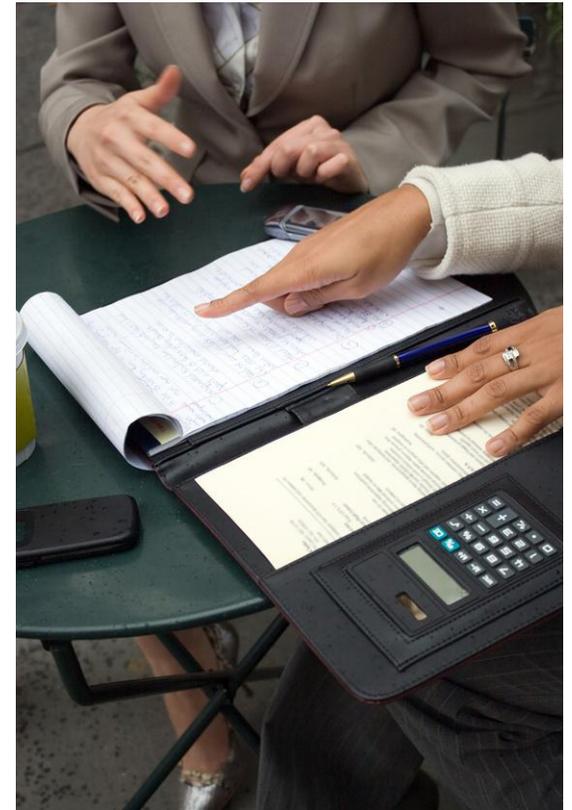
IF THEY LIVE IN A HABILITATION CENTER OR ICF/ID...

If an Individual who receives Division of DD services lives in a Habilitation Center, there is a process which identifies if they want to live in the community. If that Individual wants to live in the Community, their DD Transition Coordinator will assist them in taking the necessary steps to achieve that goal. One of these steps can be accessing MFP.

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IF THEY LIVE IN A NURSING HOME...

If an Individual who receives Division of DD services lives in a Nursing Home, the topic of where a person desires to live is continually addressed through the Individualized Service Plan process. If that Individual wants to live in the community, their Support Coordinator will assist them in taking the necessary steps to achieve that goal. One of these steps can be accessing MFP.



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IF THEY LIVE IN A NURSING HOME...



If an Individual who has I/DD lives in a Nursing Home **but does not receive Division of DD services**, anyone who knows and cares about them may refer them to a Regional Office.

As before, the topic of where the Individual desires to live will be addressed through the Individualized Service Plan process. The Support Coordinator can help those who want to live in the community to reach that goal.

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IF THEY LIVE IN A NURSING HOME...

A federally mandated process occurs for everyone who lives in a Medicare or Medicaid certified Nursing Home. At admission, quarterly, and annually, individuals are asked “Are you interested in speaking with someone about the possibility of returning to the community?” (This process is called “Section Q”.)

If the individual is interested, staff from DHSS meets with the individual and talks about options to return to the community (this is referred to as “Options Counseling”).



A referral is made to the Regional Office.

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- DSS requires that the Community Living Coordinators (CLC) determine eligibility for MFP, conduct an MFP Level of Care assessment, and submit application for MFP.
- DSS also requires that Community Living Coordinators monitor MFP participation.
 - The Support Coordinator works closely with the CLC to complete these tasks.

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STEPS FOR NON-HABILITATION CENTER TRANSITIONS

Support Coordinator

- Informs the CLC of the proposed move and provides information the CLC needs to determine if the person qualifies for MFP.
- Writes the individual's transition plan (ISP) and submits it to the Utilization Review Committee to obtain pre-approval for the services the person will need to make the move. ***UR preapproval must be obtained in order to access MFP.***

Community Living Coordinator

- Determines if the individual qualifies for MFP.
- Gives a copy of the MFP Participation Agreement to the Support Coordinator.

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STEPS FOR NON-HABILITATION CENTER TRANSITIONS

Support Coordinator

- Talks with the Legally Responsible Person(s) about MFP.
- Obtains the signed MFP participation agreement from the Legally Responsible Person(s).
- Scans/emails or faxes the signed Participation Agreement to the CLC.
- Obtains all the necessary information from the Nursing Home and any other source necessary for the MFP Level of Care and Application process.

Community Living Coordinator

- Completes electronic application for MFP via MFP web-based referral system.
- Provides MFP Staff with the signed Participation Agreement.
- Sends an email to MFP Staff informing them when the move is planned to occur. The MFP staff will then schedule a Quality of Life Survey.

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TRANSITIONS FROM HABILITATION CENTERS

- If an individual is transitioning from a habilitation center, the Transition Coordinator will take the lead to plan the transition. If the Transition Coordinator works for a county board, the Transition Coordinator will work with the Community Living Coordinator to enroll the individual in MFP.
- The receiving Support Coordinator participates as a team member and actively provides follow up information needed for MFP once the individual moves.

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The following statement must be included in an Individual's ISP if they are going to receive Money Follows the Person:

- “As Name is moving into a number person ISL/group home, he/she is eligible for the Money Follows the Person Demonstration. Name's guardian has been notified of this option and has signed the agreement for their participation for one year. During this time, surveys will occur prior to discharge from institution , at one year and again at two years. If name is hospitalized or placed in an inpatient setting, regardless of the amount of time, the MFP project director (Julie Juergens: 573-751-8021) must be contacted. This will be the responsibility of Service Coor. name , Support Coordinator. The area Regional Office provides a 24 hour call-in number for emergency back-up assistance if needed. Name and his/her guardian have been provided this number in the event that emergency back-up is needed.”

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MISSOURI DEPARTMENT OF SOCIAL SERVICES/ MO HEALTHNET DIVISION
 IN COLLABORATION WITH THE DEPARTMENT OF MENTAL HEALTH
 AND DEPARTMENT OF SOCIAL SERVICES
MONEY FOLLOWS THE PERSON REFERRAL

CONSUMER IDENTIFICATION		
NAME OF PARTICIPANT (LAST, FIRST, MIDDLE) <input style="width: 95%;" type="text"/>	TARGET GROUP <input type="checkbox"/> Aged <input type="checkbox"/> Physically Disabled <input type="checkbox"/> DD <input type="checkbox"/> DD/M	
MO HEALTHNET NUMBER <input style="width: 95%;" type="text"/>	MO HEALTHNET ELIGIBLE LONGER THAN 1 MONTH <input type="checkbox"/> YES <input type="checkbox"/> NO	IN FACILITY 6 MONTHS OR LONGER <input type="checkbox"/> YES <input type="checkbox"/> NO
GUARDIAN INFORMATION (IF APPLICABLE)		
Name: <input style="width: 95%;" type="text"/>		Telephone Number: <input style="width: 95%;" type="text"/>
WILL ASSISTANCE BE REQUIRED IN THE COMPLETION OF THE SURVEY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TRANSITION INFORMATION		
REFERRED BY <input style="width: 95%;" type="text"/>	RELATIONSHIP <input style="width: 95%;" type="text"/>	
FACILITY NAME <input style="width: 95%;" type="text"/> <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Habilitation Center		
COMMUNITY ADDRESS <input style="width: 95%;" type="text"/>		
COMMUNITY TELEPHONE NUMBER <input style="width: 95%;" type="text"/>	MOVING IN WITH FAMILY MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF HOUSING MOVING TO <input type="checkbox"/> Home owned by participant <input type="checkbox"/> Home owned by family member <input type="checkbox"/> Apartment leased by participant, not assisted living <input type="checkbox"/> Apartment leased by participant, assisted living <input type="checkbox"/> Residential setting, not more than 4 individuals		
RECEIVING HOUSING SUPPLEMENT		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> 202 Funds <input type="checkbox"/> Funds for assistive technology as it relates to housing <input type="checkbox"/> Home dollars <input type="checkbox"/> Housing choice vouchers <input type="checkbox"/> Section 811 <input type="checkbox"/> Veteran's Affairs housing funds <input type="checkbox"/> CDBG funds <input type="checkbox"/> Funds for home modifications <input type="checkbox"/> Housing trust funds <input type="checkbox"/> Low income housing tax credits <input type="checkbox"/> USDA rural housing funds <input type="checkbox"/> Other, Please Specify: <input style="width: 95%;" type="text"/>		

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MISSOURI'S MFP WEB-BASED SYSTEM

- Community Living Coordinators use a DSS web-based system to:
 - Complete the Level of Care Assessment
 - Complete the Application for MFP
 - Regularly report information about the Individual's experiences while participating in MFP for the first 365 days of their transition (monitoring).
- The web-based DSS system is used to gather required information for CMS. This information is reported to CMS semi-annually. It is important for Community Living Coordinators to update the system as things happen/change in the Individual's life so that information is up to date. **Some of this information is provided by the Support Coordinator.**



The screenshot shows a web form titled "MFP Level Of Care" from the "MO HealthNet Division" with the tagline "Money Follows the Person". The form includes several input fields: "DCN:" with a blue button, "Last Name:" and "First Name:" with blue buttons, "Middle Name:" with a blue button, "Date of Birth:" with a date picker, and "Gender:" with radio buttons for "Male" and "Female". There are also two orange buttons labeled "Transition Summary" and "Main Menu".

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MO HealthNet Division

Money Follows the Person

MFP Level Of Care

DCN:

[Transition Summary](#)

[Main Menu](#)

* Last Name:

* First Name:

Middle Name:

Date of Birth:

* Gender: Male Female

* Meets Level of Care? Yes No

Select Level of Care - Yes or No. If No selected, Insert record

TransitionID	DCN	Last Name	First Name
989	12345678	SMITH	GEOGRE

1 Existing Transition Records

* Indicates Required Field

Transition ID: 989

Pending Transition (Check if Yes, Leave Blank if No):

* Target Group:

* Referred Date: * MFP Referred Date:

DSS MFP Sample Screen – not a real person's PHI

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LEVEL OF CARE

- In MFP, Level of Care functions similarly to the way Level of Care functions in the DD system. MFP Level of Care:
 - Ensures that Individuals meet all eligibility criteria
 - Requires that their eligibility be documented in the DSS Web-based system
 - Documents that MFP is necessary.
 - Ensures that Responsible Persons have decided that the Individual should participate in MFP
 - And, if a Responsible Person decides that the Individual they support should not participate in MFP, their decision is documented as part of the Level of Care process.

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The DSS MFP web-based system requires a considerable amount of information be entered and maintained on each Individual:

LEVEL OF CARE SCREEN – Filled out initially

- Meets Level of Care: Yes or No
 - If yes option is selected, the following must be entered:
 - Referred By
 - MFP Referred Date
 - Relationship between participant and person referring
 - Enter [Level of Care] Assessment Date
 - Medicaid Certified Bed
 - How Long in Facility
 - Nursing Facility Admit Date
 - Reason admitted into the nursing home
 - Qualified for MFP, yes or no.
 - Participating in MFP, yes or no.
 - Select Participation Agreement signed, yes or no.

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The DSS MFP web-based system requires a considerable amount of information be entered and maintained on each Individual:

TRANSITION SCREEN – Filled out initially and updated ANY TIME something changes

- Start Date of Transition.
- End Date of Transition.
- Transition/Service Coordinator
- Phone Number
- Where participant is transitioning from
- Target Group
- Guardian Name (if applicable)
- Guardian Phone number (if applicable)
- Moving in with Family Member, Yes or No
- Moving to Housing Type select from drop down
- Receiving Housing Supplement, Yes or No – if Yes, what type?
- Did the participant hire or supervise their own personal assistant? Yes or No
- Did the participant manage their allowance or budget? Yes or No

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TRANSITION SCREEN – Filled out initially and updated ANY TIME something changes – Cont'd

- Approved State Plan Services options
- Approved Waiver Service
- Service Provider Name
- Address Moving To
- City Moving To
- State moving to
- Zip code for moving to address
- Admittance Date and Release or End Date of any Hospitalization(s)
- If Hospitalization, approximately how many occurred within 30 days of discharge from hospital or other institutional setting? Enter Number
- If Emergency Room visits, approximately how many occurred within 30 days of discharge from hospital or other institutional setting? Enter Number.
- If Death, did the State make changes, either for the consumer(s) or its system as a result of the analysis of critical incident?
- If re-institutionalized: reason why institutionalized selection from dropdown list.
- Date institutionalized
- Date of Death
- Reason of Death
- Self Direction/Consumer Directed Services Yes or No option
- Self Direction/Consumer Directed Services Active Begin Date
- Self Direction/Consumer Directed Services Active End Date
- Self Direction, Please Specify Why
- Did the participant report being abused by an assistant, job coach or day program staff? If so list the date of abuse. Enter date of Abuse.
- Did the participant experience an accident (such as a fall, burn, medication error)? If so, list the Date of Accident. Enter Date of Accident.
- Additional comments, Enter comments.

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TRANSITION SCREEN – Filled out initially and updated ANY TIME something changes – Cont'd

- Emergency Back-up Assistance needed
- Type of Emergency Back-Up Assistance Provided.
- Enter Date of Assistance.
- Enter was Assistance prompt Yes or No option.
- If Assistance Type is Other, please specify or to leave additional comments place here. Enter comments.
- Critical Incident Section
- Please select the nature of each critical incident that occurred. Select from drop down.
- If other or to leave additional comments, please specify here. Enter comments.
- Enter Date of Incident.
- Enter Critical Incident status by selecting from dropdown.
- Did the state make changes either for the consumer(s) or its system, as a result of the analysis of critical statement? Select Yes or No option.
- If Participation Ended, list the Reason, by selecting reason from drop down.
- Enter Participation End Date.
- List any additional comments here

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QUALITY OF LIFE SURVEY

- MFP Surveyors conduct the Quality of Life Survey with the MFP Participant at the Nursing Home, ICF/ID or Habilitation Center **PRIOR to the move.**
 - The Quality of Life Survey must be completed by MFP staff **BEFORE THE MOVE. This is a requirement from MFP.**
 - The CLC can check the DSS web-based system to determine when the Quality of Life Survey is complete and will inform the Support Coordinator when this is done.

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QUALITY OF LIFE SURVEY

- The Quality of Life Survey asks what Individuals in Nursing Homes, ICF/IDs or Habilitation Centers think about their life in the institutional setting. The Quality of Life Survey measures: the degree to which Individuals feel they have access to:
 - Self-determination
 - Safety
 - Community integration/inclusion
 - Mental health
 - Physical health
 - Assistance they need with daily life
 - Food
 - Respect and dignity

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QUALITY OF LIFE SURVEY

- The Quality of Life Survey is also conducted at the one year and two year post-move anniversaries. These post-move Quality of Life Surveys ask what MFP Participants think about their life in the community, measuring the same domains as the pre-move survey.
- Quality of Life Surveys:
 - Help CMS understand how MFP is making a difference in people's lives
 - Help Missouri's MFP evaluation efforts – helps us understand how people are doing and enables this data to go to CMS
 - Add an extra layer of assurance that participants are being heard.
- These surveys help us understand how life in the community compares to life in a facility.

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THE DAY THE MOVE OCCURS

Support Coordinator

- **INFORMS THE CLC THE MOVE HAS OCCURRED.**
- If paid DD Residential Services are involved, the SC informs the receiving Provider that the Provider must report to the SC any time the person leaves the DD Residential Service for a temporary stay at a hospital, nursing home, rehab, crisis unit, etc.

Community Living Coordinator

- Enters the actual move date into the web based system. **THIS IS THE FINAL ACTION THAT STARTS MFP.**

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THE DAY THE MOVE OCCURS –

THE LAST AND MOST IMPORTANT STEP!!



The Support Coordinator needs to inform the CLC on the date of the move that the person has moved so that this date can be entered on the MFP website. This starts the MFP 365 day clock ticking. If this doesn't happen, MFP participation doesn't start.

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DURING THE 365 DAYS OF PARTICIPATION IN MFP

Support Coordinator

- Provides follow up information required by CMS to the CLC.
- This is done through a monthly report the SC completes and sends to the CLC.

Community Living Coordinator

- Pulls data report to gather follow up information available in our data systems.
- Gathers monthly report from the SC to collect information not available through data system reports.
- Submits required follow up information into the MFP web-based system.

We only ask the SC to provide information that cannot be tracked through data systems.

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SUPPORT COORDINATOR MFP REPORT FORM

Name of Individual participating in MFP _____

Name of Support Coordinator submitting report _____

Date of report _____

Please report if the individual participating in MFP has had any of the following changes/events over the previous month

1. Receiving a housing supplement that the individual did not previously receive (this may have changed if the individual's housing has changed in the last month). Please mark the type of housing supplement below:

- 202 Funds
- Funds for Assistive Technology as it relates to housing
- Home Dollars
- Housing choice vouchers
- Section 811
- Veteran's Affairs Housing Funds
- CDBG Funds
- Funds for Home Modifications
- Housing Trust Funds
- Low Income Housing Tax Credits
- USDA Rural Housing Supplement
- Other – please specify:

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SUPPORT COORDINATOR MFP REPORT FORM

2. If the individual was hospitalized within the last month, please provide the dates of hospitalization: *

Begin Date of hospitalization _____

End Date of hospitalization _____

**Please report hospitalization to RO at the time of admission. Hospitalization refers to any admission to inpatient services: Community Hospital, Psyche ward of a hospital, Crisis Respite at Habilitation Center, Community Mental Health Center, Rehab Facility, Nursing Home, etc.*

3. For individuals in the first 30 days of their transition period, please report:

_____The number of times the individual was hospitalized within the first 30 days of their transition period

_____The number of Emergency Room visits the individual had within the first 30 days of their transition period

If the individual returned to an institutional residence on a permanent basis during the last month (such as a nursing home), please report:

The date the individual was re-institutionalized _____

The reason the individual was re-institutionalized:

4. If the individual returned to an institutional residence on a permanent basis during the last month (such as a nursing home), please report:

The date the individual was re-institutionalized _____

The reason the individual was re-institutionalized _____

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SUPPORT COORDINATOR MFP REPORT FORM

5. If the individual was participating in self-directed services and the self-directed services have ended in the last month, please select the reason why the self-directed services ended:

- Opted-out (individual chose to end self-directed services)
- Inappropriate spending (self-directed services had to end because the service was misused)
- Unable to self-direct (there was no one who had the skills/willingness to be a self-directed services manager
- Individual abused their worker
- The 365 day MFP transition period ended
- Other – please specify:

Thank you! Please submit to the Community Living Coordinator at your Regional Office by the 15th of the month for the previous month for all individuals participating in the Money Follows the Person program. The Community Living Coordinator may contact you to clarify additional information.

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WHEN THE 365 DAYS OF PARTICIPATION ENDS

- The MFP staff enters the end date into the MFP database.
- There is no further monitoring or reporting specific to MFP that the Support Coordinator needs to do at this point. MFP participation has ended. Now the 2nd Quality of Life Survey will be done. The SC needs to remind the Provider that the Quality of Life Survey will occur and that it will recur next year as well.

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RESOURCES

- **Online MFP brochure:**

<http://dss.mo.gov/mhd/general/pdf/money-follows-the-person-brochure.pdf>

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QUESTIONS?