



MONEY FOLLOWS THE PERSON

Fact Sheet for Professionals



Information for nursing facility staff, discharge planners, social workers, community-based organizations, and others who assist individuals moving to the community from nursing facilities, chronic disease and rehabilitation hospitals, intermediate care facilities for people with intellectual disabilities and psychiatric hospital settings.

What is “Money Follows the Person”?

“Money Follows the Person” (MFP) is a federal demonstration project that assists elders and people with disabilities who want to move from facility-based care to the community. MFP provides an array of “demonstration” services, including case management, assistive technology, orientation and mobility, and transitional-assistance services designed to help individuals transition from nursing facilities and other long-stay hospital settings to the community.

MFP is funded through a grant from the federal Centers for Medicare and Medicaid Services (CMS). The demonstration helps Massachusetts expand its longstanding commitment to community living, known as “Community First,” and further develop community-based long-term services and supports for elders and people with disabilities.

Who is eligible for MFP?

To participate in MFP, an individual must meet the following criteria:

- currently live in a nursing facility; chronic disease or rehabilitation hospital, including a public health hospital; intermediate care facility for people with intellectual disabilities; or certain psychiatric hospital settings; and have lived there for 90 consecutive days, excluding Medicare rehabilitation days;
- be 18 years old or older and disabled, or age 65 or older;
- be a MassHealth member or meet the financial requirements to qualify for MassHealth;
- sign an MFP Informed Consent form, indicating a willingness to participate; and
- agree to move to an MFP qualified residence.

What is a qualified residence?

In addition to these eligibility factors, individuals must move into one of the following types of community living settings to be eligible for MFP:

- a home owned or leased by the individual or the individual’s family member;
- an apartment with an individual lease;
- a community-based residential setting in which no more than four unrelated individuals reside; or
- an assisted-living residence that has an apartment with separate living, sleeping, bathing, and cooking areas; lockable access and egress; and that meets other criteria.

What services and supports are available?

MFP provides a range of services to support successful transition to the community. Before moving, a transition coordinator works closely with the individual to plan and arrange supports and services that will be needed to live safely in the community. The MFP enrollee and transition coordinator also work collaboratively with a case manager, who will oversee the person’s individualized service plan for ongoing services and supports after transition.

In addition to transition coordination and case management, MFP can also provide one-time purchases of goods and services. These items can include basic household furnishings, kitchenware, bed linens, towels, security deposit, utility deposits, moving expenses, home modifications, peer support, and other services. MFP enrollees may also receive assistive-technology services, which include devices, controls, or appliances that enable an individual to increase his or her ability to perform activities of daily living. Other services that may be provided include orientation and mobility services that teach individuals with vision impairment or legal blindness how to move or travel safely and independently in their homes and communities.

What is 24-hour back-up?

All MFP participants have a 24-hour back-up plan in place before moving to the community. This CMS requirement includes a plan to address contingencies, including the occasions when critical services are unavailable; when back-up transportation is needed; when emergency repair is needed for durable medical equipment (DME); and when there is a failure of other essential supports and services that the individual requires to live safely and securely in the community.

How long does MFP last?

Individuals are enrolled in MFP for 365 days after discharge to the community. The 365 days, however, do not have to be consecutive. Participants who move to the community, but subsequently need additional facility-based care, will have their 365 MFP days suspended until they return to the community.

What happens when MFP ends?

At the end of the 365 MFP days, participants continue to receive any necessary long-term services and supports. These may include continuing enrollment in a Home and Community-Based Services (HCBS) Waiver or Medicaid State Plan services, or both.

What are waivers?

CMS allows states to set aside, or waive, certain Medicaid rules to develop Home and Community-Based Services (HCBS) Waiver programs, which provide HCBS to eligible individuals in community settings. As explained earlier, MFP provides additional supports to help individuals move back to the community from facility-based care. Working with transition coordinators, MFP enrollees learn about various options that are available for services in the community. An MFP enrollee may choose to enroll in an HCBS waiver, such as the Frail Elder waiver; one of the two new MFP waivers; or other available programs that offer access to community-based services to help people live more independently. In addition, a participant may also use MassHealth State Plan services for necessary assistance.

How do people apply for MFP?

Individuals who live in nursing facilities; chronic disease or rehabilitation hospitals, including public health hospitals; intermediate care facilities for people with intellectual disabilities; or psychiatric hospital settings, should speak with a social worker at their facility. The social worker can connect the person with a transition coordinator. A transition coordinator (or case manager) will meet with the individual to provide information about MFP.

For more information

Contact the Money Follows the Person Project Office at MPF@state.ma.us or call 1-617-573-1647 or visit www.mass.gov/masshealth/MFP



MFP is overseen by the MA Executive Office of Health and Human Services (EOHHS) through collaborations with MassHealth, the Massachusetts Rehabilitation Commission, the Executive Office of Elder Affairs, the Department of Developmental Services, the Department of Mental Health, and partnerships with Aging Services Access Points (ASAPs), Independent Living Centers (ILCs), Aging and Disability Resource Consortia (ADRCs), and other community-based organizations throughout Massachusetts.