

**INFORMED CONSENT FORM
MASSACHUSETTS MONEY FOLLOWS THE PERSON
REBALANCING DEMONSTRATION**

This form must be completed prior to participation in the Money Follows the Person Demonstration (MFP Demo)

Name	MassHealth ID Number
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I have been informed that:

GENERAL INFORMATION

- The MFP Demo is sponsored by the federal Centers for Medicare and Medicaid Services (CMS). The demonstration will support states to rebalance their long-term support system, help individuals to transition from medical facilities, and improve the long-term care system overall. CMS has awarded a grant to Massachusetts for the MFP Demo.
- If I am qualified for the MFP Demo, my participation in the MFP Demo will be completely voluntary.
- My participation in the MFP Demo will allow Massachusetts to receive additional financial support to help me transition from a medical facility to a community setting and get community- based MassHealth services.
- If I am qualified for the MFP Demo and choose to join the MFP Demo, I can receive community-based MassHealth services, which may include Medicaid waiver services, under the MassHealth program rules and requirements.
- If I choose not to join the MFP Demo, it will **NOT** affect my eligibility for MassHealth services.

CONFIDENTIALITY

- If I participate in the MFP demo, certain information will be used to evaluate the effectiveness of the MFP demo. I will be asked to respond to surveys, to allow home visits or otherwise communicate with someone regarding my experience in the MFP demo.
- Information about my participation in the MFP Demo will be kept confidential and will be used solely for the purpose of administering and/or evaluating the MFP Demo.

WITHDRAWAL FROM THE MFP DEMO

- If I am qualified for the MFP Demo my participation will be entirely voluntary. If I participate in the MFP Demo, I may withdraw at any time by completing a withdrawal form. I can get the withdrawal form from my case manager or service coordinator or from the MFP Project Office.
- If I withdraw from the MFP Demo, I can still receive MassHealth services, as long as I continue to meet the MassHealth program rules and requirements.

COMPLAINTS

- If I am participating in the MFP Demo and have complaints or concerns about the MFP Demo, I should contact my case manager.
- Whether or not I am participating in the MFP Demo, if I disagree with a decision made by MassHealth about my MassHealth benefits, I have the right to appeal the issue and to receive a fair hearing. My case manager can provide me with information regarding how to file an appeal, and the fair hearing process in general.

CONSENT

My case manager or transition coordinator explained to me my rights and responsibilities under the MFP Demo. I understand that I will be given a signed copy of this consent form to keep.

By signing this Informed Consent form, I agree to participate in the MFP Demo, if I am found to be qualified for it.

SIGNATURE – Participant	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number () -
SIGNATURE – Legal Guardian (if applicable)	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number () -

OPTION TO FORMALLY DECLINE PARTICIPATION	
I was offered the opportunity to participate in the MFP Demo and have chosen to decline. I understand that this will not affect my eligibility for MassHealth services under the MassHealth program rules and requirements.	
SIGNATURE	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number () -
SIGNATURE – Legal Guardian (if applicable)	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number () -