
MONEY FOLLOWS THE PERSON
REISSUE 12/17/18 – CHANGE NO. 09-18

I. INTRODUCTION

Money Follows the Person (MFP) is a state project for individuals that are authorized in the Community Alternative Program (CAP), Innovations, Traumatic Brain Injury (TBI) or Program of All-Inclusive Care for the Elderly (PACE) who:

A. Have lived in a hospital, skilled nursing facility or an immediate care facility for people with intellectual disabilities (ICF/IID) at least three months, AND

B. Choose to move to a “qualified residence”:

1. A participant’s own home or apartment,
2. A family member’s home or apartment, OR
3. A group home with four or fewer people (only available in NC under the Innovations waiver)

Money Follows the person is time-limited for a period of 365 days.

II. REQUESTING MFP SERVICES

An individual requesting MFP services must submit an application to the [MFP State Project Regional Transition Coordinator](#).

When the applicant/beneficiary (a/b) requests MFP services and the:

A. Individual is currently not Medicaid eligible

1. A Medicaid application must be submitted
2. Determine Medicaid eligibility under CAP, Innovations or PACE as appropriate

B. Individual is currently Medicaid eligible

1. Process as a change in circumstances
2. Evaluate the change for eligibility under CAP, Innovations or PACE

C. The Regional MFP Transition Coordinator coordinates and collaborates with the local agency during the Medicaid/MFP eligibility determination process.

D. DMA determines MFP eligibility and enters the “MF” indicator.

III. CHANGES IN SITUATION

A. County Transfers

1. A MFP beneficiary, who moves from one county to another, remains MFP eligible
2. A PACE/MFP beneficiary who moves to another county may no longer be PACE and MFP eligible
 - a. When the new county is serviced by PACE, the beneficiary remains eligible for MFP services
 - b. When the new county is not serviced by a PACE entity
 - (1) Evaluate for CAP eligibility in the new county
 - (2) If found eligible for CAP, MFP eligibility may resume
3. A TBI/MFP beneficiary who moves to another county may no longer be TBI and MFP eligible
 - a. When the new county is serviced by Alliance Behavioral Health, the beneficiary remains eligible for MFP services
 - b. When the new county is not serviced by Alliance Behavioral Health
 - (1) Evaluate for other Medicaid programs
 - (2) Remove the beneficiary from the TBI program

B. Terminations

1. MFP participation terminates automatically after 365 days
2. MFP participation may terminate before 365 days for any of the following reasons:
 - a. Beneficiary returns to a facility for longer than 30 days and not for short-term respite as authorized by relevant waiver

- b. Beneficiary transitions to a residence that does not qualify for MFP
 - c. Beneficiary is disenrolled from CAP DA, PACE or Innovations program
 - d. Beneficiary chooses to disenroll
 - e. Beneficiary's enrollment is terminated by the MFP State Project
3. DMA removes the "MF" indicator upon MFP services being terminated.