DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

# Money Follows the Person Referral Form

Montana's Money Follows the Person (MFP) program is intended to help people transition from institutional settings back to their community. Institutional settings include nursing facilities, hospitals, the Montana Developmental Center (MDC), psychiatric residential treatment facilities (PRTFs), the Montana State Hospital (MSH), and the Montana Mental Health Nursing Care Center. MFP provides additional services and supports to help individuals with complex needs live safely in a home or community-based setting.

To be eligible for MFP funding and services, a person must:

- Reside in an institutional care setting for 60 days at the time of transition.
- Be eligible for Medicaid at least one day prior to transfer to a community setting.
- Be eligible for certain waiver or state plan programs.

**To make a referral:** Complete this form online at: dphhs.mt.gov/mfp, or print it and fax to 406-655-7646 or call 406-439-6870. Email questions to MoneyFollowsThePerson@mt.gov (do not attach this form to an email because it is not secure).

** Referral does not guarantee eligibility for MFP. **

| Applicant/Consumer Information | | | |
|---|---|---|---|
| Name: | DOB: | Age: | |
| Gender: ☐ M ☐ F | Medicaid Eligible: ☐ Y ☐ N | Medicaid #: | Phone #: |
| Address: | City: | State: | Zip: |
| Medicare Eligible: ☐ Y ☐ N | Medicare #: | Veteran: ☐ Y ☐ N | |

| Referral Source Information | | | |
|---|---|---|---|
| Name: | | Date of Referral: | |
| Agency: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Email: | | |
| ☐ Self | ☐ Discharge planner | ☐ AAA/ADRC | ☐ Independent Living |
| ☐ Family | ☐ MH Ombudsman | ☐ OPA | ☐ Facility |
| ☐ Provider/Case Mgr. | ☐ LTC Ombudsman | ☐ Program/Agency | ☐ Other: |
| ☐ MDS Section 'Q' | ☐ APS | ☐ MP | |

| Institution/In Patient Facility Information | | | | | |
|---|---|---|---|---|---|
| Facility Name: | | | | | |
| Date of admission: | | Location: | | | |
| ☐ Nursing Facility | ☐ Hospital | ☐ MDC | ☐ PRTF | ☐ MH Nursing Care Center | ☐ MSH |

What is the person's primary diagnosis?

What are the person's needs (care, services, housing)? Provide a brief overview.

Where does the person want to live?

Does the person have housing in the community? YES NO

If not, have they applied for subsidized housing? YES NO

Does the person qualify for a waiver? YES NO

If yes, which waiver?: Big Sky SDMI 0208 1915(i) unknown