



## MONEY FOLLOWS THE PERSON PARTICIPATION AGREEMENT

The Money Follows the Person Demonstration is designed to assist individuals (age 63 or older or adults who are physically disabled) who wish to transition from institutions into the community. The Money Follows the Person Demonstration's intent is to eliminate barriers to receiving services and to ensure delivery of quality services. Approved individuals must complete this form agreeing to participate in the program for one (1) year.

### Participant Information

Participant Name:

MO HealthNet Number:

County of Residence:

### Agreement

I understand that I must be eligible for MO HealthNet to participate in the Money Follows the Person (MFP) Demonstration.

I understand that my participation in the Money Follows the Person Demonstration is for a period of one (1) year from the date of my transition into the community. My home and community based services (HCBS) will continue uninterrupted and without reduction following the demonstration period, as long as there is a continued need and all eligibility requirements are met.

I understand that the Federal Government will pay for a larger portion of my home and community based services during the one (1) year that I participate in the demonstration.

I understand that my HCBS MFP Demonstration services I receive to aid in transition, such as utility deposits or home modifications, are not ongoing and will terminate after my year of participation in the Demonstration.

I agree to participate in the Money Follows the Person Demonstration. I understand there will be ongoing surveys and follow-up regarding my transition into the community. I understand that I am encouraged, but not required, to participate in the survey that will help demonstrate the success of the project.

I understand that I have the right to end my participation in the Demonstration at any time during the one (1) year period.

I have reviewed this form and understand that my signature acknowledges agreement in participation in the Money Follows the Person Demonstration.

I understand that the Federal and State laws will be followed regarding the sharing of my personal health information.

I agree to participate in the Money Follows the Person Demonstration requirements as set forth herein.

### Participant Signature

Participant Signature:

Date of Participant Signature:

### Guardian Signature

As guardian, I agree to facilitate successful participation of the individual noted above in the Money Follows the Person Demonstration.

Guardian Signature:

Date of Participant Signature:

For more information refer to <https://dss.mo.gov/showmehome>. For questions call the Department of Health and Senior Services Senior Resource Line at 800-235-5503 or the Department of Mental Health Constituent Services at 800-364-9687.

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>.