

MFP Transition Form

Instructions:

Form is to be completed within two days of transition to community residency. This form is the third form in a series of MFP forms and is completed only if an MFP Enrollment Form has been completed.

Case Important Dates (auto-populated)

- Participant: _____
- Face-To-Face Contact On: _____
- Informed Consent Signed On: _____
- Transition to Community On: _____

Participant Summary (auto-populated)

- Full Name: _____
- Middle Name: _____
- RIN: _____
- SSN: _____
- Date of Birth: _____
- Enrolled in Managed Care: _____
- Managed Care Organization: _____

Community Address and Phone Number

- Residence Name _____
- Address _____
- City _____
- County _____
- State _____
- Zip _____
- Phone _____

*****Update Assessment Information if not yet completed**

Plan of Care

Instructions: Please check all services participant is receiving or will be receiving as a result of being transitioned to community residency.

IDOA:

Waiver Services for MFP Participants

- Adult Day Service
- Adult Day Service transportation
- Case management
- Homemaker Service
- Personal Emergency Home Response
- SLF

Demonstration Services in Year 1

- Community transition services
- Environmental Accessibility Adaptations – Home
- Special Medical Equipment – Adaptive Equipment

Will the individual also be linked to Mental Health Services?

- Mental Health State Plan Services

DRS Home Services:

Waiver Services for MFP Participants

- Adult Day Care
- Adult Day Service transportation
- Case management
- Environmental Accessibility Adaptations – Home
- ESP - Nursing, Intermittent
- ESP - Nursing, LPN and RN
- ESP - Occupational Therapy
- ESP - Physical Therapy
- ESP - Speech Therapy
- Extended State Plan (ESP) – Home Health Aide
- Home Delivered Meals
- Homemaker Service
- Personal Assistants
- Personal Emergency Response System
- Respite Care
- SLF
- Specialized Medical Equipment and Supplies – purchase/repair and rental

Demonstration Services in Year 1

- Community transition services

Will the individual also be linked to Mental Health Services?

- Mental Health State Plan Services

DRS TBI:

Waiver Services for MFP Participants

- Adult Day Care
- Adult Day Service transportation
- Case management
- Environmental Accessibility Adaptations – Home
- ESP - Nursing, Intermittent
- ESP - Nursing, LPN and RN
- ESP - Occupational Therapy
- ESP - Physical Therapy
- ESP - Speech Therapy
- Extended State Plan (ESP) – Home Health Aide
- Home Delivered Meals
- Homemaker Service
- Personal Assistants
- Personal Emergency Response System
- Respite Care
- SLF
- Specialized Medical Equipment and Supplies – purchase/repair and rental
- TBI Behavioral Services MA
- TBI Behavioral Services PH.D
- TBI Supported Employment
- TBI Day Habilitation
- TBI Prevocational Services

Demonstration Services in Year 1

- Community transition services

Will the individual also be linked to Mental Health Services?

- Mental Health State Plan Services

DRS AIDS

Waiver Services for MFP Participants

- Adult Day Care
- Adult Day Service transportation
- Case management
- Environmental Accessibility Adaptations – Home
- ESP - Nursing, Intermittent
- ESP - Nursing, LPN and RN
- ESP - Occupational Therapy
- ESP - Physical Therapy
- ESP - Speech Therapy
- Extended State Plan (ESP) – Home Health Aide
- Home Delivered Meals
- Homemaker Service
- Personal Assistants
- Personal Emergency Response System
- Respite Care
- SLF
- Specialized Medical Equipment and Supplies – purchase/repair and rental

Demonstration Services in Year 1

- Community transition services

Will the individual also be linked to Mental Health Services?

- Mental Health State Plan Services

DMH:**State Plan Services for MFP Participants**

- Assertive Community Treatment (ACT)
- Case management
- Community Support – Individual
- Community Support – Team (CST)
- Psychosocial Rehabilitation (PSR)
- Targeted case management

Demonstration Services in Year 1

- Authorized enhanced peer support level for ACT
- Authorized enhanced peer support level for CST
- Community transition services

DDD:**Waiver Services for MFP Participants**

- Adult Day Services
- Case management
- Environmental Accessibility adaptations – Home
- Environmental Accessibility adaptations – Vehicle
- Expanded Habilitation Services – Supported Employment
- ESP - Nursing, LPN and RN
- ESP - Occupational Therapy
- ESP - Physical Therapy
- ESP - Speech Therapy
- Habilitation – residential
- Habilitation – day
- Personal Emergency Response Systems
- Special Medical Equipment – Assistive Technology
- Special Medical Equipment – Adaptive Equipment
- Transportation – Non-medical
- Behavior Intervention and Treatment
- Behavior Services (Counseling and Therapy)
- Crisis Services
- Personal Support
- Training and Counseling for Unpaid Caregivers

Housing Information

Housing Type

- Home owned by participant
- Home leased by participant
- Home owned by family member
- Home leased by family member
- Group home or other residence (home or apartment) in which 4 or fewer unrelated individuals live
- Apartment leased by participant, not assisted living (individual lease, lockable access)
- Supportive Living Facility (SLF) (Apartment leased by participant)

Is the participant living with a family member?

- Yes
- No

Will this participant receive a direct housing supplement?

- Yes
- No

If Yes, please indicate the type of housing supplement he/she is/will be receiving. Please check all appropriate:

- CDBG funds
- Funds for assistive technology as it relates to housing
- Funds for home modifications
- HOME dollars
- Housing choice vouchers (such as tenant based, project based, mainstream or home ownership vouchers)
- Housing trust funds
- Illinois Bridge Rental Subsidy
- Low income housing tax credits
- Section 202
- Section 811
- USDA rural housing funds
- Veterans affairs housing funds
- Other: _____