

MFP Post-Transition Update Form

Instructions:

Form is to be used at any time after transition to community residency to record a change in community address, enrollment in Managed Care, updated LOC assessment or change in waiver services for participants who are still actively transitioned (<365 days) in the MFP program.

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 Residence Address (auto-populated)

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

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

Updates

- 1) Has the participant's community address or phone number changed (i.e. have they moved)? Note – this does not include re-institutionalization)
 - Yes
 - No
- 2) Has there been a change in the plan of care and participant access to services?
 - Yes
 - No

3) Has the housing information changed since community transition?

- Yes
- No

4) Has there been a call for emergency back-up?

- Yes
- No

Community Address and Phone (if yes to update #1)

If yes to #1, update housing information

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

Plan of Care (If yes to update #2)

Instructions: Please check all services participant is receiving or will be receiving if a change has occurred in the MFP participant's plan of care.

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
- Peer Support

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
 Peer Support

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
- Peer Support

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
- Peer Support

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

Peer Support

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 (if yes to update #3)

If yes, update housing information

- 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)
- Apartment leased by participant, assisted living (SLF in Illinois)

Is the participant living with a family member?

- Yes
- No

Will this participant receive a direct housing supplement, e.g., a voucher, or be transitioning to subsidized housing?

- Yes
- No

If yes, update housing information

- 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: _____

Management Concerns (if yes to update #4)

“Emergency back-up assistance” is defined as situations that required the activation of the MFP participant’s emergency back-up plan.

How many emergency back-up calls did you as the TC or case manager learn about for this participant have for emergency back-up assistance? (Enter a number)

- _____ Transportation to get medical appointments
- _____ Life-support equipment repair/replacement
- _____ Critical health services
- _____ Direct service/support workers not showing-up
- _____ Other types of emergency situations:
- _____
- _____
- _____

For each of the call reported, indicate the number of times assistance was provided in a timely manner (Defined as, done when it was needed).

- _____ Transportation to get medical appointments
- _____ Life-support equipment repair/replacement
- _____ Critical health services
- _____ Direct service/support workers not showing-up
- _____ Other types of emergency situations:
- _____
- _____
- _____