

Money Follows the Person (MFP) Transition Coordination Process Flow

IDENTIFICATION
Participant is referred via online referral form to MFP agency staff

CONTACT
A case contact is completed to document the contact with a potential MFP participant. Case notes are entered to provide additional information.

ENROLLMENT
1. Complete Informed Consent and provide a signed copy to the participant
2. Upload informed consent to the CRM Web App record
3. Complete Informed consent documentation in WebApp
4. Case notes are entered to provide additional information.

ASSESSMENT
1. Complete comprehensive assessment
2. Document summary of assessment in WebApp Case Notes
- Chart Review
- Staff and other provider interviews

PRE-TRANSITION PLAN
Complete the following documentation prior to transition:
1. Participant Face Sheet (Form F)
2. Medication Chart (Form G)
3. Risk Inventory and Mitigation Strategies (Form H & I)
4. Mitigation Plan (Form J)
5. 24 Hour Back Up Plan (Form K)
6. Optional: Personal Resource List (Form L)
7. Pharmacy Letter, 1 week prior to transition
8. Detailed case notes in the webapp
9. Notify UIC of upcoming transition as soon as possible so a pre-transition review can be scheduled. Include all collaborating agencies in staffings.

Provide the participant with a completed copy of their:

- Medication Chart (Form G)
- Mitigation Plan (Form J)
- 24 Hr Back up Plan (Form K)
- Optional: Personal Resource List (Form L)

TC Completes Quality of Life Survey with participant one week to one month prior to discharge.

DAY OF TRANSITION

- TC accompany participant to new home
- Verify 24 Hr Back-up Plan (Form K), Method to seek assistance (e.g., cell phone, EHRS, call button, etc.)
- Confirm follow-up visit with participant for 1-2 days.
- **DAY OF REENTRY- Complete Transition (Form C)**

See next page

WITHDRAWAL/ DISENROLLMENT
Form D is completed any time a person has enrolled in MFP (signed informed consent) and needs to dis-enroll from MFP. Participants can be re-enrolled and can re-transition to complete their 365 days. Contact UIC for assistance.

Note: This flow does not include agency/division/department documentation.

FIRST WEEK FOLLOWING TRANSITION

- Contact participant within 1-2 days post transition
- Discuss with participant action items from action plan
- Determine when provider visits are and if participant has medications and is taking them correctly
- ID any new needs and develop strategies to address them
- Document Case notes for Day of Transition and all subsequent visits

30 DAY POST-TRANSITION FOLLOW UP CALL

- Review and summarize how participant has managed this first month
- Address action items
- ID any new risks and update mitigation plan
- **Document in case notes by UIC and TC**

ONGOING IMPLEMENTATION

- Regular scheduled visits by T.C. per div/dept/agency guidelines
- TC Updates Forms F-L
- Complete Post-Transition Update (Form E) with any updates
- Monitor medication management
- Coach self management
- Transitional care as needed
- Document in case notes

CRITICAL INCIDENT REPORTING AND STAFFING

- T.C. completes Incident Report (FORM M) and notifies group (supervisor, UIC, Div/Dept leads, collaborating agencies, MCO) of incident
- TC completes internal review with supervisor. TC and/or Supervisor completes internal review section of Form M
- UIC schedules a case review conference call where action plan developed. Include all collaborating agencies and MCO in staffings
- TC Updates Forms F-L to address incident
- Complete Post-Transition Update (Form E)
- Document in Case Notes

30 DAY POST-CRITICAL INCIDENT UPDATE

- Include all collaborating agencies in staffings
- Summarize how participant has managed
- Review and address action items
- ID any new risks and update mitigation plan
- **Document in case notes by UIC and TC**

MORTALITY REVIEW PROCESS

- Notify UIC/collaborating agencies of death
- UIC schedules mortality interview with TC and collaborating agencies.
- TC completes Form M (Critical Incident)
- TC completes Form D (Disenrollment)
- **Case notes can still be entered after disenrollment.**

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DISENROLLMENT**

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