

**Pathways to Community Living:
Illinois' Money Follows the Person Demonstration Program
Informed Consent**

Pathways



To Community Living

General Information

I am applying for the Pathways to Community Living Program: Illinois' Money Follows the Person (MFP) Demonstration Program sponsored by the Federal Centers for Medicare and Medicaid Services (CMS). Pathways is a program designed to help persons like me move from a qualified institution (nursing home or ICF/DD) to a home in the community. My signature on this Informed Consent allows my transition coordinator to help me plan all services that would be needed to make certain a successful transition to the community. Transition to the community will be determined by my health, my willingness to participate in Pathways/MFP planning, and my ability to live safely in the community.

Eligibility, Rights and Benefits of the Pathways to Community Living Program

- I must meet all of the eligibility requirements including being eligible for Medicaid, must have lived in a qualified institution for at least 90 days and these 90 days can not include days paid for by another government program such as Medicare. Also, I must be receiving Medicaid benefits for at least one day before I move to the community. I also understand that participation in Pathways/MFP is voluntary.
- I understand that a benefit of Pathways/MFP participation includes the services of someone helping plan what programs and services I may need once living in the community. I understand that participation in Pathways/MFP is for 365 days beginning when I move to the community and that I will continue to receive services during and after the 365 days, as long as I continue to need them and meet eligibility requirements.
- I understand that a care plan must be designed to meet my needs once I move to the community. I am expected to help plan my services. This includes naming the things that I can do for myself, things where I may need help and learning what could happen if things do not go well. This is done to make sure I am safe and the information about me is true.
- As a participant in helping to plan my services, I have a responsibility to tell those helping plan my services with me if I have a complaint. I expect to be treated with respect and dignity by all persons involved with my service planning and all persons who provide me with services. I have a right to report any incidents of abuse, such as getting hurt or being neglected. Those helping me with my services also have a mandate or order to report abuse, neglect or exploitation.

Housing

- In order to participate in the Pathways/MFP program, I understand that when I move, I must live in what the Pathways/MFP program calls, a qualified residence. A qualified residence is either:
 - A house that I or a family member own(s) or rents(s)
 - An apartment with an individual lease, doors that lock and living, sleeping, bathing and cooking areas that I or my family member control; or
 - A residence in a community-based residential setting in which no more than four unrelated people reside.

I understand that, when I move to my new home in the community, a limited amount of funding is available to help me with expenses related to the move. These expenses may include such things as furniture and

household items. Funds may also be available to make accessibility modification(s) to my new home. These funds are used to buy items not covered by Medicaid or other governmental programs. Those persons helping me with my plans to move will help me obtain these funds.

Information, Surveys, and Confidentiality

- Information about me in this program will be used only for helping me with my services and studying the Pathways/MFP program. Certain information about my participation in Pathways/MFP will be provided to CMS, the Mathematica Policy Research, Inc., and the University of Illinois at Chicago, College of Nursing, who provides quality assurance, and case consultation. All of the information that is shared by me will be kept safe and protected by all state and federal laws.
- I have a responsibility to inform my Transition Coordinator how I am doing once I move. If there are problems with my services or if my health changes and I need medical assistance or need to go to a hospital, I need to tell my Transition Coordinator.
- As a Pathways/MFP participant, I understand that I will be asked to participate in answering surveys and interviews about my quality of life. Again, any information learned from these surveys and interview will be confidential and used only for evaluation purposes. I understand that participation in these surveys and interview is not required and that such participation will not affect my eligibility for the Pathways/MFP program.
- The nature and purposes of the services I look forward to receiving once living in the community have been explained to me. I also understand that when I move from my current place to live in the community, I may not necessarily be able to go back to the same place. I understand that if my circumstances change and I need to move back to an institutional setting, I will receive help.

Reporting Abuse, Neglect and Exploitation

- I have the right to report any incidents of abuse, such as getting hurt or being neglected.
- I understand that my transition coordinator or case manager is a mandated reporter. This means he/she must make a report of abuse or neglect if I am being hurt (abused) or not being cared for (neglected) or if someone is taking my money without my permission (financial exploitation).
- I can call the following person at any time to report these incidents:
➤ **Office of Inspector General** at **1-800-368-1463**

Consent

My signature below indicates I agree to the above, understand all of the conditions of the Pathways/MFP program, and wish to continue with the Pathways/MFP enrollment process.

Participant's signature: (if no Guardian) _____

Guardian's signature : _____

Print name(s): _____

Date: _____

A copy of this Informed Consent is mine to keep