

IMPORTANT NOTICE

TO MFP APPLICANT AND/OR LEGAL REPRESENTATIVE

Money Follows the Person (MFP) participation is voluntary on the part of the client and/or the client’s legal representative. However, MFP has specific eligibility requirements which must be verified **PRIOR** to approval by MFP staff and voluntary consent to participate by the client and/or legal representative.

It is imperative that each MFP applicant complete and sign certain documents **PRIOR** to facility discharge, including an Arkansas Department of Human Services (DHS) Long Term Care Application for Assistance, MFP Informed Consent to Participate and other MFP enrollment documents.

If you choose to leave the facility prior to (1) receiving written notification of approval for the MFP program, and (2) submission of the Long-Term Care Application for Assistance to the local DHS county office and (3) completion of an assessment by designated personnel, you may lose the benefits and resources associated with Medicaid and MFP.

Please call the number below if you have any questions and/or to verify approval status for MFP **PRIOR** to discharging from the facility.

Please print, sign and date below showing that you understand that you must remain in the facility to be eligible for the MFP Program.

Client Print Name _____

Client’s signature and date: _____

Money Follows the Person (MFP)

(866) 801-3435