



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

Memo

Date: August 20, 2013

From: Money Follows the Person (MFP)
To: CT Nursing Facilities

Subject: Web Based Applications for MFP

In an effort to improve our application system, Money Follows the Person is moving to an on-line application process for skilled nursing facilities and other institutional settings. We are making this change to improve the quality of information we receive in an effort to more quickly process applications and connect individuals referred to MFP with an appropriate assessment for care planning.

The new on-line application collects additional information about the individual's needs as well as reason for admission and diagnosis. The secure on-line application is located at <https://ctmfp.com>. In order to complete the application you will need to have all information available at the time of referral. Once you have started an application it must be completed at that sitting; it cannot be saved and finished at a later date or time. A list of the information needed is given below. Some information (indicated below) is required and the application cannot be submitted without it.

The application will go live on August 19th. MFP will continue to accept fax and phone referrals until September 30th; however use of the on-line application is strongly encouraged. After September 30th, applications submitted by nursing facilities and other CT Institution will only be accepted through the on-line application site, and any phone referrals from facilities will be directed to the on-line application. Faxes will be returned to the sender with instructions for submitting through the on-line application.

Training in use of the on-line application via 60 minute webinars is scheduled as listed below. Please go to: <https://www.eventbrite.com/event/7524912215> to register. A valid e-mail address is required; this will be used to e-mail you instructions for joining the webinars. Information on registering for the webinars is also available on the application web site (<https://ctmfp.com>).

08/21/2013 from 1:00 PM to 2:00 PM	09/11/2013 from 1:00 PM to 2:00 PM
08/23/2013 from 11:00 AM to 12:00 PM	09/16/2013 from 2:30 PM to 3:30 PM
08/28/2013 from 3:00 PM to 4:00 PM	09/18/2013 from 11:30 AM to 12:30 PM
08/30/2013 from 1:00 PM to 2:00 PM	09/20/2013 from 1:30 PM to 2:30 PM
09/05/2013 from 2:00 PM to 3:00 PM	09/24/2013 from 10:30 AM to 11:30 AM
09/10/2013 from 10:00 AM to 11:00 AM	09/26/2013 from 2:30 PM to 3:30 PM

We hope you will find this an easy to use system and will prefer it to a fax or phone referral. It will improve MFP's ability to serve those individuals you refer.

Once the application is complete, you will be able to print a copy for your records; the date of submission will be included on the print-out.

If you have questions about this memo, call Money Follows the Person at 1-888-992-8637.

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MFP On-Line Application

Information you will need to submit an MFP Application on-line: Underlined information is required:

• **Section 1 – Referring facility information:**

- Is the applicant in a nursing home, hospital or other facility?
- Institutional information: town, facility name, initial date of admission and admission from (community, hospital, other facility);
- What caused the applicant to go into the facility?

• **Section 2 – Contact information for individual submitting the application:**

- Name (first, last), phone number, telephone type (cell, home, TDD), e-mail, relationship to applicant;
- Source of MFP application (applicant requested, family requested, legal rep requested, facility initiated, or other);
- Is the referral the result of a Centers for Medicare and Medicaid Minimum Data Set (MDS) assessment (and if so, date of assessment)
- The latest level of care assessment completed by Ascend authorizing nursing home benefits and last approved day;
- Whether or not a Pre-admission Screen and Resident Review (PASRR) level 2 screening was done (and if so, which sections apply);
- If the applicant has legally authorized representatives, are they aware of the referral?

• **Section 3 – Applicant information:**

- Name (first, last), date of birth, sex, Social Security Number;
- Primary language spoken/understood, is an interpreter needed, does the applicant have an interpreter?
- Medicaid/Title 19 status (active, pending, not-applied, or unknown), Medicaid ID # (if available);
- Is the applicant aware of the application, phone number to reach applicant;

• **Section 4 – Community transition information:**

- Does the applicant wish to return to the community?
- Does the applicant currently use a wheelchair or walker?
- Does the applicant have housing to return to, if yes: address and whether or not there are any modifications needed for the individual to return to their home? Any barriers to their returning to their home?

• **Section 5 – Alternate contact information:**

- Name & phone number, plus if available: address, and e-mail for any legal representative, other facility staff plus any known community or state agency staff connected with the applicant (i.e. – DMHAS or DDS Case Manager, Diversion Nurse, Social Worker, etc.).
- Finally contact information for any family or friends who should be contacted; any other helpful contacts;

• **Section 6 – Medical information / needs:**

- Primary (and other) diagnosis
- Needs for assistance with activities of daily living (ALDs) and instrumental activities of daily living (IADLs) – see next page for listing of ADLs/IADLs and coding;
- Mental status (alert and oriented?), has a competency hearing been done – outcome;
- Is the individual verbal/non-verbal;
- Behavioral issues;
- Current therapies/anticipated end date;
- Has a neuropsychological evaluation been completed?
- Any other additional information that would be helpful.

Memo

MFP On-Line Application

Activities of Daily Living (ADLs)/Instrumental Activities of Daily Living (IADLs)

Using the following scale, rate each of the activities below	
<p>Totally Independent: Requires no assistance or supervision. If assistive devices are used, needs no monitoring, assistance, or supervision to use those devices.</p> <p>Daily Supervision: Capable of completing most parts of the activity independently but needs some supervision or assistance (e.g., cues/prompts, etc.).</p> <p>Hands on Supervision: Capable of completing some parts of the activity but needs continual supervision or assistance (e.g., assistance with weight bearing tasks, extensive physical assistance).</p> <p>Totally Dependent: Requires total assistance with the activity.</p>	
<u>ADLs</u>	<u>IADLs</u>
<ul style="list-style-type: none"> • <u>Bathing</u> • <u>Dressing</u> • <u>Dressing</u> • <u>Eating/Feeding</u> • <u>Toileting</u> • <u>Transferring</u> 	<ul style="list-style-type: none"> • <u>Med. Administration</u> • <u>Walking/Mobility</u> • <u>Using Telephone</u> • <u>Shopping for Groceries</u> • <u>Handling Own Money</u> • <u>Doing Household Chores</u> • <u>Using Transportation</u>

Once the application is complete, you will be able to print a copy for your records; the print-out will include the date submitted to MFP.

Please register early for the on-line webinar training – each session is limited to a total of 15 log-ins (multiple people may join using one computer and speaker phone).