

# Money Follows the Person (MFP) Interruption Report

## Instructions for Support Coordinators and DDD Community Transitions Unit Staff

1. The *Money Follows the Person (MFP) Interruption Report* form must be submitted within 30 days after an interruption to an individual's eligibility for federal MFP funding that assists individuals transitioning from institutional settings to community settings.
  - a. The DDD Community Transitions Unit (CTU) remains involved for the first 90 days after the individual moves to the community. If this form is needed during the first 30 days after the move, CTU completes sections 1 and 2 and submits it.
  - b. The individual is assigned to a Support Coordination Agency (SCA) 30 days after moving to the community. If this form is needed after SCA assignment and up to one year after the move, the SCA completes sections 1 and 2 and submits it.
  - c. During the overlapping period when both CTU and the SCA are involved (between 30 and 90 days after moving to the community), the CTU worker advises the SCA of MFP funding, provides the *Money Follows the Person Interruption Report* form, and explains its use and the criteria for completing it. The CTU worker documents conversation(s) in iRecord Notes for future reference.
2. CTU or SCA uploads the completed form in iRecord and emails it to [Terre.Lewis@dhs.nj.gov](mailto:Terre.Lewis@dhs.nj.gov) with subject line: **(DDD ID) MFP**.
3. After an interruption to MFP eligibility, if the individual returns to the community while still assigned to the SCA, the Support Coordinator completes section 3 on the original form and resubmits it.
 

**Note:** Time spent in a non-community setting is not included in the 365 days of MFP eligibility. When the individual returns to the community, the "clock" resumes until the individual's 365 days of MFP eligibility is exhausted. After that time, this form is no longer required for interruption events.

## Interruptions to MFP Eligibility, Events that Require Completion of this Form

1. Admission to an institutional setting
  - a. Skilled nursing facility
  - b. Developmental Center
  - c. State or County residential psychiatric hospital
2. Admission to a community hospital lasting more than 30 days (complete this form on or after day 31)
3. Loss of Medicaid eligibility
4. Loss of waiver program eligibility
5. Death

## Notes

1. If an individual with Money Follows the Person funding experiences an interruption to MFP eligibility within one year of moving to the community, such as a return to an institutional setting, the Centers for Medicare and Medicaid Services (CMS) must be informed.
2. After an interruption event, case re-assignment and approving the Individualized Supports Plan (ISP) to inactive follow the usual processes.
3. For more information about the Money Follows the Person program, see the [I Choose Home – NJ](#) page.



## Money Follows the Person (MFP) Interruption Report

### Section 1: Individual's Information

Name: Enter text.

Date: Enter date.

DDD ID: Enter text.

Medicaid Number: Enter text.

Support Coordinator or CTU Staff Member:  
Enter text.

Phone Number: Enter text.

Email Address: Enter text.

### Section 2: Interruption Event Details

Date the individual moved to the community: Enter date.

Interruption event (select one):

- |  |   |
|--|---|
| <input type="checkbox"/> Admission to an institutional setting | <input type="checkbox"/> Loss of waiver program eligibility |
| <input type="checkbox"/> Hospitalization more than 30 days     | <input type="checkbox"/> Death                              |
| <input type="checkbox"/> Loss of Medicaid eligibility          |   |

Date of event: Enter date.

*(If hospitalized more than 30 days, enter the date 30 days **after** admission. Ex: If admitted on 4/10/25, enter 5/10/25.)*

If the individual was admitted to an institutional setting (skilled nursing facility, developmental center, etc.), select the primary reason:

- ☐ Deterioration in physical or mental health
- ☐ Hospitalization prior to readmission to an institutional setting (due to medical events, falls, etc.)
- ☐ Complex or chronic condition(s) requiring more care than could be provided at home
- ☐ Inadequate community or natural supports
- ☐ The individual/family/legal guardian requested the return to an institutional setting
- ☐ Loss of caregiver
- ☐ Loss of housing
- ☐ Other

### Section 3: Returning to the Community

After an interruption event, if the individual returns to the community while still assigned to the SCA, the Support Coordinator uses the original form, enters the date the individual returned to the community and today's date, uploads the updated form in iRecord and sends it via email to [Terre.Lewis@dhs.nj.gov](mailto:Terre.Lewis@dhs.nj.gov) with subject line **(DDD ID) MFP Update**.

Date individual returned to community: Enter date.

Today's date: Enter date.