



Money Follows the Person Consent to Begin Transition Planning

I, _____, give my consent to _____,
(Consumer, parent, guardian, legal representative) (Transition Specialist)
to begin transition planning for _____, who will have the
(Facility resident)

opportunity to take part actively in planning and decision-making related to the proposed move
from _____ to _____, and who
(Facility Name) (County/community of choice)

will have final authority in the following decisions: (i) Composition of the Individual Development Team (IDT) assisting him/her/me in transition planning; (ii) Choice of community and qualified residence; (iii) Choice of all service providers; (iv) Choice of daytime activities; (v) Choice of roommates; (vi) Choice of Transition Specialist. I understand that the IDT is likely to include (subject to consumer choice) family or friends, facility staff, a representative of the managed care organization (when applicable), and service providers deemed capable of providing services needed for successful community living.

I understand that the Transition Specialist will share resident case file information with IDT members as appropriate, and will obtain confirmation of eligibility for Medicaid and other essential supports as necessary. I understand that records to be released MAY INCLUDE material that is protected by federal law and that is applicable to EITHER mental health information or drug/alcohol information or BOTH. My signature authorizes **the release of all such information**. I commit to participate in the planning process as necessary and in good faith. I understand that I can end the transition planning process at any time simply by notifying the Transition Specialist.

This signed consent is for planning purposes only and does not constitute consent to transition.

Signature _____ Date _____

Relationship _____