



MISSISSIPPI DIVISION OF
MEDICAID

B2I Consent to Participate



Participant Name: _____ Medicaid#: _____

I, _____, (circle: participant and/or legal guardian) have been informed that:

- Bridge to Independence (B2I) is a federal Money Follows the Person grant funded by the Centers for Medicare and Medicaid Services. It is a program to help states improve long-term care and increase community-living options for persons with disabilities.
- B2I is a voluntary program of the Mississippi Division of Medicaid to help people transition from qualified facilities to the community. Qualified facilities are nursing homes and intermediate care facilities for individuals with intellectual disabilities (ICF/IID).
- If I choose to participate, at any time I may choose to stop B2I services.
- Participation in exploring my B2I program options, “B2I Phase I: Exploring Your Options,” does not mean I have to move out of my facility.
- I must move out of a qualified facility and into a home in the community in order to receive any B2I services other than Transition Care Management for the purpose of helping me plan a move to the community. My home in the community must meet the following three criteria:
 - A home owned or leased by me or my family.
 - A home where I have full access to the living, sleeping, and cooking areas.
 - A home where no more than four unrelated individuals live.
- If I choose to participate in “B2I Phase II: Transition to Community Planning,” a Community Navigator will help me plan my move to the community through a person-centered planning process. I will be allowed to make decisions for myself to the fullest extent possible.
- For any reason, I may request a new B2I provider or a different Community Navigator from the same provider at any time during the transition process.



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- Before I can receive B2I services in the community I must be assessed and qualify for at least one of the following Medicaid Home and Community-Based Services (HCBS):
 - Elderly and Disabled Waiver
 - Independent Living Waiver
 - Traumatic Brain Injury/Spinal Cord Injury Waiver
 - Intellectual and Developmental Disabilities Waiver
 - Mental Health State Plan Services (Rehab Option)
- If I participate in “B2I Phase III: Transitioning to the Community,” I will receive B2I services for 365 days after I transition to the community. This means B2I services will end on day 366. After 365 days, I can continue to receive Medicaid HCBS (i.e. waiver, or mental health services) as long as I meet Medicaid qualification requirements.
- If I choose to leave the facility I presently live in, I may not be able to return to that facility.
- B2I can pay a one-time security and utility deposit but I must pay my own rent/mortgage.
- If I choose not to participate in B2I now and decide to remain in the facility, I may participate at a later date so long as the program is still available in Mississippi.
- I may still transition to the community and receive HCBS services even if I choose not to participate in B2I.
- If I choose to participate in “B2I Phase III: Transitioning to the Community” and receive B2I services in the community, I must participate in a National Evaluation (Study) to measure the success of B2I in Mississippi and the Money Follows the Person program nationally. This means I will answer a surveyor’s questions about my B2I experience prior to my discharge from the facility, about one year after I transition, and about two years after.
- Any information collected as part of the National Evaluation is private and will be protected under the Health Insurance Portability and Accountability Act (HIPAA).
- Signing this form does not guarantee me services.
- My Medicaid eligibility will not be affected if I choose not to participate in B2I.



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B2I Phase I: Exploring Your Options.

(Signed at initial meeting with Community Navigator)

Your signature below means you agree to participate in ***B2I Phase I: Exploring Your Options.*** This does not obligate you to participate in the B2I program. You have seven (7) business days from the initial visit with your Community Navigator to decide whether to pursue B2I.

- I consent to participate in B2I Phase I I decline B2I services at this time

B2I Participant Signature _____ Date _____

Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____

B2I Phase II: Transition to Community Planning **DUE DATE:** _____

(Sign within seven (7) business days of initial meeting with Community Navigator)

- I consent to participate in B2I Phase II I decline B2I services at this time

Your signature below means you consent to ***B2I Phase II: Transition to Community Planning.*** You are also giving permission to your facility and attending physician to give Medicaid and your B2I provider medical information about you to assist you in discharge planning.

B2I Participant Signature _____ Date _____

Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____

B2I Phase III: Transitioning to the Community

(Sign thirty (30) days before transitioning from the facility.)

- I consent to participate in B2I Phase III Transition Date: _____

Your signature below means you consent to participate in ***B2I Phase III: Transitioning to the Community.*** This means you are moving out of the facility you live in presently to a B2I qualified home in the community and agree to participate in required B2I planning.

B2I Participant Signature _____ Date _____

Guardian Signature _____ Date _____

Community Navigator Signature _____ Date _____