AUTHORIZATION TO PROVIDE MONEY FOLLOWS THE PERSON (MFP) NURSING ASSESSMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION / MFP
SFN 692 (Rev. 1-2018)

Clear Fields

By accepting this authorization to provide MFP nurse assessment services, the provider agrees to provide services in accordance with standards and conditions agreed to in signing the Medical Assistance Provider Agreement as a designated qualified service provider. This authorization is time limited and is not a guarantee of payment of services. The provider is responsible for maintaining the required task documentation supporting services provided.

Consumer Name	Date of Assessment

Nurse Assessment ☐ Institutional Setting Assessment - up to 14 Units ☐ Community Setting Assessment - up to 12 Units

Instructions: Record the number of units to the closest 15 minute interval.

Example:

Month	Day	Year	Units
12	5	2017	14.00

Month	Day	Year	Units

SIGNATURES

Qualified Service Provider Signature	Date Signed

Qualified Service Provider ID Number

Send completed worksheet to: Jake Reuter, MFP Program Administrator
600 E Boulevard Ave Dept 325
Bismarck ND 58505-0250