AUTHORIZATION TO PROVIDE MONEY FOLLOWS THE PERSON
NURSING ASSESSMENT
DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 704 (Rev. 12-2017)

Clear Fields

By accepting this authorization to provide Money Follows the Person (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.

Qualified Service Provider Name	
Medicaid Provider Number	Telephone Number

Consumer Name		Telephone Number	
Consumer Address	City	State	ZIP Code

Dates of Transition or Expected Transition	Authorization Begins	Authorization Ends

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

SIGNATURES

MFP Program Administrator Signature	Date Signed
MFP Transition Coordinator Signature	Date Signed
Qualified Service Provider Signature	Date Signed
Consumer Signature	Date Signed

Distribution:
Original: Qualified Services Provider Copy: Consumer Copy Transition Coordinator and MFP Program Administrator