

AUTHORIZATION TO PROVIDE MONEY FOLLOWS THE PERSON NURSING ASSESSMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES MEDICAL SERVICES/MFP SFN 704 (9-2022)

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	
Address	City	State	ZIP Code

Date of Transition or Expected Transition	Authorization Begins	Authorization Ends

Nurse Assessment	
Institutional Setting AssessmentUnits	
Community Setting AssessmentUnits	

SIGNATURES

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

Distribution: Consumer Qualified Services Provider Transition Coordinator MFP Program Administrator

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