



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
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Nurse Assessment	
<input type="checkbox"/> Institutional Setting Assessment _____ Units	
<input type="checkbox"/> Community Setting Assessment _____ Units	

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