



AUTHORIZATION TO PROVIDE MONEY FOLLOWS THE PERSON (MFP) TRANSITION ADJUSTMENT SUPPORT SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES-MFP
SFN 1958 (12-2022)

By accepting this authorization to Provide MFP Transitional Adjustment Support Services, the Provider agrees to provide services in accordance with standards and conditions agreed to in signing the Medical Assistance Program Provider Agreement as a designated Qualified Services Provider. If an authorization is for multiple providers, the 30 day total authorized units for a consumer may not be exceed by the combined providers. This authorization is time limited and is not a guarantee of payment of services. Provider is responsible for maintaining the required task documentation supporting services provided.

Qualified Service Provider(s) Name(s) (Need an authorization for each QSP)			
Medicaid Provider Number		Telephone Number	
Consumer Name		Telephone Number	
Consumer Address	City	State	ZIP Code
Date of Transition or Expected Transition		Authorization Begins	Authorization Ends
Total Hours per Month	Month	Total Hours per Month	Month
Total Hours per Month	Month	Total Hours per Month	Month
List Tasks/Service to be Provided			

Authorization Signatures

MFP Program Staff	MFP Transition Coordinator
Qualified Service Provider	
Consumer	

Distribution:

Original: Qualified Services Provider Copy: Consumer Copy Transition Coordinator Copy MFP Program Staff

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