



Authorization for MFP Transition Services

MFP Field Personnel: To authorize services enter identifying information in the text boxes provided and complete the table(s): 1) enter the vendor name, 2) select the service from the drop-down menu and 3) fill in the authorized dollar amount. The authorized service must be included in the participant's transition plan (i.e. ITP, ISP).

Participant First Name: _____ **Participant Last Name:** _____
Participant Medicaid ID#: _____ **Participant Date of Birth:** _____
Participant Address: _____ **Participant City:** _____ **Zip:** _____ **County:** _____
Participant Phone Number: _____ **Other Contact Name:** _____ **Other Phone:** _____
(Anticipated) Transition Date: _____ **COS Waiver Type:** _____ - Or - **Check for MFP CBAY**

Vendor	Pre Transition Services	\$'s Authorized

(Pre-transition services are not to exceed \$10,244.00 in the 365 day demonstration period) **Total Pre-Transition \$'s Authorized:**

Vendor	Post Transition Service	\$'s Authorized

(Post-Transition services are not to exceed \$26,420 in the 365 day demonstration period) **Total Post-Transition \$'s Authorized:**

Vendor	MFP CBAY Transition Services	\$'s Authorized

MFP Personnel Name: _____ Office Location: _____ Phone: _____ Email: _____
Authorizing Signature: _____ Date Signed: _____

Note: Send the completed *Authorization* to the Fiscal Intermediary via **File Transfer Protocol (FTP)** and to the appropriate coordinating agency via FTP.