



Quote Form for Equipment, Vision, Dental, and/or Hearing Services, Specialized Medical Supplies, Environmental Modification and/or Vehicle Adaptations

Notice to MFP Facilitator: complete this *Quote Form* for equipment, supplies, vision and/or dental services costing \$1000 or more, all environmental modifications and/or all vehicle adaptations for MFP participants.

Participant First Name: _____ **Participant Last Name:** _____
Participant Medicaid #: _____ **Participant Date of Birth:** _____
Nursing Facility/Hospital Name: _____
Participant Address: _____ **Participant City:** _____ **Zip:** _____ **County:** _____
Participant Phone Number: _____ **Other Contact Name:** _____ **Other Phone:** _____
Date(s) of ITP/Planning Meetings: _____ **COS Waiver Name:** _____

Vendor Name/Phone	Post Transition Service	MFP 3 Digit Service Code	Quoted Amount	Check Accepted Quote
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Total \$'s Authorized:

- Maximum allowed cost for Equipment, Vision, Dental and/or Hearing Services (EQS) is \$4,000 in the 365 day demonstration period. Three quotes must be obtained before a purchase can be authorized for a single piece of equipment costing \$1000 or more, or for vision, dental or hearing services costing \$1000 or more. .
- Maximum allowed cost for Specialized Medical Supplies is \$1,000 in the 365 day demonstration period. Three quotes must be obtained before a purchase can be authorized for a single supply costing \$1000 .
- Maximum allowed Cost for Vehicle Adaptations (VAD) is \$6,240 in the 365 day demonstration period. Three quotes must be obtained before Vehicle Adaptations can be authorized.¹
- Maximum allowed Cost for Environmental Modifications (EMD) is \$8,000 in the 365 day demonstration period. Two itemized scope/bids are required, three itemized scope/bids are recommended before Environmental Modifications are authorized. Building permits are required for EMDs totaling \$2,500 or more. A Home Inspection (HIS) must be completed before the beginning environmental modifications and after environmental modifications are completed to ensure quality work and compliance with relevant building codes and standards. Environmental modifications can be made to rental property for participants who have a Housing Choice Voucher. ¹

Owner Name: _____ **Phone:** _____
Address: _____ **City:** _____ **Zip:** _____ **County:** _____
MFP Facilitator Name: _____
Region/Office: _____ **Phone:** _____ **Email:** _____

Authorizing Signature: _____ **Date Signed:** _____

¹ Environmental Modifications and Vehicle Adaptations must include a notarized document giving the owner's permission for services, if the owner is not the MFP participant.

Notes to MFP Facilitators: (Step 1) Send this completed *Quote Form* to Fiscal Intermediary via **File Transfer Protocol (FTP)**. (Step 2) Send this completed *Quote Form* to the DCH/MFP Office via File Transfer Protocol (FTP).
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