## MFP Vendor Import File - to Fisical Intermediary

| Vendor Tax ID, FEIN or SS# | Vendor Name | Vendor Phone | Vendor Address | Vendor City | Vendor State | Vendor Zip | Member Name | Member Medicaid # | Member DOB | COS# | MFP 3 digit Service Code | Transition Date/ Service Date | Unit | Rate | Billed Amount | FI Check # | Date Check Issued by FI | Reference |
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**MFP Facilitator Name:**
**Phone Contact:**
**Email:**

**MFP 3 Digit Service Codes**

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| **PES** | Peer Support | **SCD** | Security Deposit | **COB** | Community Ombudsman |
| **PSS** | Trial Visits-PSS | **TSS** | Transition Supports | **EQS** | Equipment, Supplies, Vision & Dental |
| **HHF** | Household Furnishings | **TRN** | Transportation | **VAD** | Vehicle Adaptations |
| **HGS** | Household Goods Supplie | **LSC** | Life Skills Coaching | **EMD** | Environmental Modifications |
| **MVE** | Moving Expenses | **SOR** | Skilled Out of Home Respite | **HIS** | Home Inspection |
| **UTD** | Utility Deposit | **COE** | Caregiver Outreach & Education | **SEE** | Supported Employment Evaluation |

**COS # Codes**

**660** Independent Care Waiver Program (ICWP)
**590** Community Care Services Program (CCSP)
**930** Community Care Services Program/SOURCE
**851** SOURCE Case Management
**680** New Options Waiver (NOW)
**681** The Comprehensive Waiver (COMP)
**990** Transition without waiver services

**Notice:** (Step 1) Send this completed Excel spreadsheet and supporting documentation to Fiscal Intermediary via **File Transfer Protocol (FTP).** (Step 2) Send this completed Excel spreadsheet and supporting documentation to the DCH/MFP Office via **File Transfer Protocol (FTP).**