Authorization for MFP Transition Services

CHECK ONLY ONE: this is an ☐ Initial Authorization or - ☐ Updated Authorization

MFP Field Personnel: To authorize services enter identifying information in the 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 based on the calculated budget in the ITP/ISP. The authorized amount cannot exceed individual MFP service caps.

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	MFP Transition Services	*$'s Authorized

(*Amounts authorized cannot exceed service caps; see Appendix B: MFP Service & Rate Table) Total $'s Authorized:

Vendor	MFP CBAY Transition Services	$'s Authorized

MFP Field 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**.**