



Quote Form For MFP Transition Services

Notice to MFP field personnel: 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. In the table provided, list the licensed contractors or vendors and the amount of each quote. Check the quote selected. If a quote is selected that is not the lowest quote, provide a justification for the selected quote. MFP field personnel sign the form and attach supporting documentation. For assistance in locating qualified and licensed contractors Certified in Aging-in-Place (CAPS), contact DCH MFP Housing Manager.

Participant First Name: _____ **Participant Last Name:** _____

Participant Medicaid ID #: _____ **Participant Date of Birth:** _____

Inpatient Facility Name or NA: _____

Participant Address: _____ **Participant City:** _____ **Zip:** _____ **County:** _____

Participant Phone Number: _____ **Other Contact Name:** _____ **Other Phone:** _____

Date(s) of ITPs/Planning Meetings: _____ **COS Waiver Name:** _____

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

Total \$'s Authorized: _____

Justification for selection of quote that is not the lowest:

- Maximum allowed cost for Equipment, Vision, Dental and/or Hearing Services (EQS) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two 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. See Section 603.17 for details.
- Maximum allowed cost for Specialized Medical Supplies is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two quotes must be obtained before a purchase can be authorized for a single medical supply costing \$1000 or more. See Section 603.18 for details.
- Maximum allowed cost for Vehicle Adaptations (VAD) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two quotes must be obtained before a purchase can be authorized for vehicle adaptations costing \$1000 or more. See Section 603.19 for details.¹
- Maximum allowed cost for Environmental Modifications (EMD) is based on need and must be justified in the participant's transition/service plan (ITP/ISP). Two itemized scope/bids are required before Environmental Modifications can be authorized. Building permits are required for EMDs totaling \$2,500 or more. See Section 603.20 for details. The Home Inspection service (HIS) must be completed before beginning environmental modifications and after environmental modifications are completed. See Section 603.21 for details.¹

Owner/Landlord Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____ **County:** _____

MFP Field Personnel 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.

MFP field personnel note: (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 FTP.