

INSTRUCTIONS FOR COMPLETING THE FORM TO RECEIVE FUNDS THROUGH THE MONEY FOLLOWS THE PERSON (MFP) INITIATIVE: MFP START-UP AND MFP SUPPORTS COORDINATION (SC)

This request form should only contain the request for funds for one waiver participant. If a provider is requesting start-up funds for other individuals within the same residential habilitation service location or other location if specified in the Initiative criteria, then a separate form must be completed for each waiver participant.

- Step 1: The person completing the request form should enter the provider's name on the first blank space provided on the form.
- Step 2: By completing the Request Form, the provider is affirming that funds will be used in accordance with the MFP start-up or MFP SC transition.
- Step 3: Please place an "X" in the checkbox (es) next to the reason(s) why you are requesting funds from ODP. If you place an "X" in the box next to the word "Other", then please describe the reason for the funds. The explanation can be entered in the space provided below the word "Other". The "Other" box can be checked for any of the categories. If you did not select "Other" but you have comments that could impact an ODP determination, please enter those comments in the space below "Other".
- Step 4: Please enter the contact information for the person who would answer any question ODP may have while reviewing this request. This includes the contact person's name, phone number and email address.
- Step 5: Please enter the providers 9-digit MPI* number that matches the cost report that was submitted and as it appears in HCSIS, if different, or if a non-residential provider or an SCO provider, list the 9-digit MPI that will support the waiver participant, 4-digit SLC, Recipient Identification Number (MCI), and the dollar amount requested (not to exceed \$5,000 per person). If requesting SC transition (not to exceed 104 hours), please indicate the units in the space provided. This information is mandatory.
- Step 6: The remainder of the form will be completed by ODP after a determination has been made as to the availability of funds and whether the request meets criteria for approval.
- Step 6: Please e-mail this form to the ODP Regional Program Manager associated with the AE who will authorize services for the waiver participant identified. Enter "MFP Start-Up Request Form" in the e-mail subject line.

_____ (*Enter Provider Name*) is requesting approval for funds for a new waiver participant to the provider. By making this request, the provider above is affirming that funds will be spend in accordance with the requirements for MFP start-up or MFP SC transition. . Please check the box (es) that apply to your particular request. I am applying for:

Money Follows the Person Requests
<input type="checkbox"/> Provider transition costs (MFP Only) (including but not limited to staff costs for visits prior to move)
Money Follows the Person SC Transition Requests
<input type="checkbox"/> MFP SC Transition
<input type="checkbox"/> Other: please describe the reason for requesting funds in the space below, if not identified above.
<p><i>Explanation for selecting "Other":</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

THE PROVIDER SHOULD COMPLETE THE DATA BELOW WHEN MAKING A START-UP REQUEST:

Contact Person's Name	
Contact Person's Phone Number	
Contact Person's e-mail address	

*COST REPORT MPI: 9-digit SERVICING MPI: 9-digit	4-digit Service Location Code (SLC)	Recipient Identification Number (RID) <i>also known as MCI</i>	Amount Requested/Units (not to exceed \$5,000 per person or 104 hours for MFP SC Transition**
			\$
			Units



ODP REGIONAL OFFICE DECISION

APPROVED

DISAPPROVED

AUTHORIZATION PERIOD:

ODP FUNDING AVAILABILITY

AVAILABLE

NOT AVAILABLE

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- * **If a provider has multiple MPI numbers then enter the MPI number under which the cost report was submitted**
 - ** **Documentation, including receipts, must be made available upon request**
 - ** **The claim submitted can only be for the maximum amount spent which may not be the maximum amount approved in this request**
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