



Montana Community Choice Partnership
Money Follows the Person (MFP) Demonstration Grant

Regional Transition Coordinator Acceptance and Approval Form

Participant Name:

Today's Date:

I accept my role as the Regional Transition Coordinator (RTC) in working with MFP participant listed above. I agree to fulfill the expectations of the RTC role in assisting the MFP participant in pre-transition activities until the day the participant moves to the community. I agree to follow the policy for the MFP Demonstration Service entitled "MFP Regional Transition Coordinator."

If the participant succeeds the pre-transition process and moves to the community, this service is billable through MMIS. I understand that my organization must be a Medicaid enrolled provider to bill for this service. In the event the participant does not succeed in the pre-transition process and does not move to the community (failed transition), this service will be billed to the MFP program via an invoice which will be accompanied by a W9. The invoice will be submitted to the MFP Project Director via the State of Montana's electronic file transfer. Submission will be directed to AStaudinger@mt.gov.

My dated name, and signature below verify acceptance of these terms. This completed document will be stored in the participant's file and made available upon request.

Print Name:

Signature:

Date:

_____ has been approved as the Regional Transition Coordinator for the aforementioned individual.

MFP Program Signature:

Date: