



Money Follows the Person Regional Transition Coordinator Acceptance and Approval Form

Money Follows the Person (MFP) Participant Name: Date:

I accept my role as the Regional Transition Coordinator (RTC) in working with the 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 "Montana MFP Non-Medicaid Services Provider Manual 2025."

If the participant successfully moves to the community, this service is billable through MMIS. I understand that my organization must be a home and community-based services Medicaid-enrolled provider to bill for this service. In the event the participant does not succeed in the 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 W-9. 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 RTC Name:

Signature:

Date:

has been approved as the RTC for the MFP Participant listed above.

MFP Program Signature:

Date Approved:
