MassHealth

Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Moving Forward Plan (MFP) Waiver
Self-Directed Services Referral and Authorization

Date Authorization Form sent to Fiscal Intermediary: .....

MFP Waiver Case Manager Information

Name:	Phone:
Email Address:	Fax:
State Agency: ☐ DDS ☐ MRC	

Fiscal intermediary (FI) Information

Name of FI:	
Contact Name:	Phone:
Email Address:	Fax:

MFP Waiver Participant Information

Name:	Waiver Enrolled: ☐ MFP-CL ☐ MFP-RS
Address:	Date of Birth:
MassHealth ID Number:	Phone:

Service Authorization:

Effective Date:	Revision Date (if applicable):	Termination Date:

Please Note: MassHealth does not reimburse any Waiver Activity-time performed by a Direct Care Worker that exceeds the waiver participant's weekly authorized amount of time for each self-directed service.

SERVICE	FREQUENCY	UNIT (1 unit = 15 minutes)	COMMENT
Community Living (CL)			
Adult Companion			
Chore Service			
Homemaker			
Individual Support & Community Habilitation			
Peer Support			
Personal Care			
Residential Supports (RS)			
Individual Support & Community Habilitation			
Peer Support			

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