



Acquired Brain Injury (ABI) / Moving Forward Plan (MFP) Waivers Self-Directed Services Referral and Authorization

For use by ABI/MFP Waiver Case Managers and Service Coordinators only

Date Authorization Form sent to Tempus Unlimited:

Waiver Case Manager or Service Coordinator Information

Name:	Phone:
Email Address:	Fax:
State Agency: <input type="checkbox"/> Department of Developmental Services (DDS) <input type="checkbox"/> MassAbility	

Waiver Participant Information

Name:	Waiver Enrolled: <input type="checkbox"/> MFP-CL <input type="checkbox"/> MFP-RS <input type="checkbox"/> ABI-N <input type="checkbox"/> ABI-RH
Address:	Date of Birth:
MassHealth ID Number:	Phone:

Service Authorization:

Effective Date:	Revision Date (if applicable):	Termination Date:
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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
Acquired Brain Injury Non-Residential (ABI-N) and Moving Forward Plan Community Living (MFP-CL) Waivers			
Adult Companion			
Chore Service			
Homemaker			
Individual Support & Community Habilitation			
Peer Support			
Personal Care			
Acquired Brain Injury with Residential Habilitation (ABI-RH) and Moving Forward Plan Residential Supports (MFP-RS) Waivers			
Individual Support & Community Habilitation			
Peer Support			

Please return this form to the Fiscal Intermediary, Tempus Unlimited, Attention ABI/MFP Communications,
 by email: mfp@tempusunlimited.org or fax: (978) 367-5582.
 Call Tempus Unlimited at (877) 479-7577 with any questions.