



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

Regional Transition Coordinator Acceptance Form

I accept or decline (circle one) my role as the Regional Transition Coordinator (RTC) employed by _____ agency in working with MFP participant _____.

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.

If the participant moves to the community, this service is billable as a demonstration service through MMIS. You must be a Medicaid enrolled provider to bill for this service and can bill when the participant moves.

If the participant does not move to the community, this service will be billed to the MFP program via an invoice along with a completed W-9. Please mail them to:

MFP-SLTC
PO Box 4210
Helena, MT 59604

Please print and sign below to verify acceptance of these terms. Return this form to the address above prior to the MFP participant's moving day.

Print Name: _____

Signature: _____

Date: _____