



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SPECIAL HEALTH CARE NEEDS – MEDICALLY FRAGILE ADULT WAIVER (MFAW)
MFAW SERVICES/PARTICIPANT PREFERENCES

PARTICIPANT NAME (LAST, FIRST, MI)	DCN
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This form must be completed upon enrollment, annually and with any change in authorized services and/or provider agency.

MFAW AUTHORIZED SERVICES

The following services have been verbally approved by the Special Health Care Needs Service Coordinator:

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| <input type="checkbox"/> Private Duty Nursing (PDN) | <input type="checkbox"/> Personal Care Aide/Waiver Attendant Care (inside the home) |
| <input type="checkbox"/> PDN may be provided outside the home during normal life activities. | <input type="checkbox"/> Waiver Attendant Care outside the home |
| <input type="checkbox"/> PDN may be provided during travel outside the home overnight as specified below. | <input type="checkbox"/> Advanced Personal Care |
| | <input type="checkbox"/> Authorized RN Visit |
| | <input type="checkbox"/> Specialized Medical Supplies |

AUTHORIZED SERVICES	EFFECTIVE DATE

PROVIDER AGENCY CHOICE/PREFERENCE

SERVICE	PROVIDER AGENCY NAME

SERVICE COORDINATOR NAME (PRINT)	SERVICE COORDINATOR PHONE NUMBER
SERVICE COORDINATOR SIGNATURE	DATE
PARTICIPANT/RESPONSIBLE PARTY SIGNATURE	DATE