DOCUMENTATION OF FIRST USE OF MEDICAID BENEFITS

First Use of Medicaid Benefits

Name of Recipient:

Date of First Use of Benefits:

Type of Service:

Service Provider:

Provider Address:

Contact Person:

Contact Phone:

Provider Location:

Provider Type:

Eligibility Category:

Coverage:

Service Description:

Service Period:

Service Frequency:

Total Cost:

Provider Rate:

Payment Made:

Payment Method:

Notes:

DSHS 13-734 CA (REV. 06/2008) - TRANSLATED
INSTRUCTIONS

When do I use this form?

You must use this form before approving the authorization and payment of extended state plan services as a waiver service.

What options do I have for getting this form completed?

- You may complete this form during an interview or telephone discussion with the person/family/legal representative or
- You can mail it out to be completed and returned by mail. When mailing the form, include a self-addressed return envelope.

Do I need additional verification of this information?

You must determine if this notice provides you sufficient information. You may need to call the therapist/clinic for further information or verification.

Do I need to do anything else if one of the reasons on this form is checked?

If you are exempting use of first use of Medicaid because there is no Medicaid provider available or willing to do this service within 60 miles of the person’s home, you must request an exception through CMIS.

Do I have to use Medicaid contracted therapist when authorizing Waiver services?

You can use any ADSA contracted therapist when authorizing waiver services. If the person wants to continue with their Medicaid contracted therapist, the therapist must have an ADSA contract before you can authorize services through the waiver.