



DIVISION OF DEVELOPMENTAL DISABILITIES
要求提供首先使用醫療補助方案福利之證明
DOCUMENTATION OF FIRST USE OF MEDICAID BENEFITS

日期：

致：

事關：

尊敬的：

您曾請本處批准由本州提供的下列另選計畫擴充服務：

- 物理療法
- 職業療法
- 口語、聽力和語言障礙矯正服務

由於您可以經由醫療補助方案福利獲得這些服務，所以我們需要證明，以證實您在使用另選計畫福利前，已首先使用您可能獲得的所有醫療補助方案福利。（華盛頓州行政法規第388-845-1000條及華盛頓州行政法規第388-845-1015條）

請填寫下表，並郵寄或傳真給我。

- 醫療補助方案已為此治療支付費用 _____ 次/ _____ 個月。
治療醫師的姓名：_____
- MAA（醫療補助管理局）曾批准我的治療醫師進行附加治療，並且這一治療已經完成。
- 我的治療醫師曾請醫療補助管理局批准進行附加治療，但未獲批准。
- 我已在與醫療補助管理局簽有合約的治療醫師的等待名單上登記。
 - 於 _____ 之前，我無法獲得由醫療補助方案資助的服務。
 - 治療服務提供者為 _____
- 在離我家60英里內，我無法找到任何與醫療補助方案簽有合約的治療醫師。
- 該項服務不包括在醫療補助方案之內（請具體寫明該項服務） _____。

謝謝您。

個案管理人員

職務

電話號碼（包括地區號）

傳真號碼（包括地區號）

通訊地址：

附件：寫有回郵地址的信封

副本送交： 當事人檔案

INSTRUCTIONS

When do I use this form?

You must use to 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.