



DIVISION OF DEVELOPMENTAL DISABILITIES

**WARAAQAHA ISTCMAALKA KOOWAAD EE CAAWINAADA  
MEDICAID  
DOCUMENTATION OF FIRST USE OF MEDICAID BENEFITS**

MAALINTA:

KU:

QUSEEYSA:

Mudane/Marwo:

Waxaad soo codsatay mid ama ka badan howlaha soo socda ee sii dheeraynta qorshaha caafimaadka gobolka:

- Therabiga korka
- Therabiga Shaqada (*occupational therapy*)
- Therabiga howlaha Luqada, Hadalka iyo Wax maqalka

Bacdamaa ay howlahaasi yihiin kuwo kugu diyaar ah caawinaada Medicaid, waxaa loo baahan doonaa dokumenti dheeraad ah oo xoojinaya in aad marka hore isku dayday inaad isticmaasho dhamaanba caawinaadaha Medicaid ee diyaarka ku ah ka hor inta aan la isticmaalin qorshaha caafimaadka gobolka. (WAC 388-845-1000 iyo WAC 388-845-1015)

Fadlan waxyaabahaan soo buuxi iiguna soo celi boostada ama FAX.

- Medicaid waxa uu bixiyay therabigaan # mar / # bilood.  
Magaca therabist-taha:
- Therabist-tahaygu waxa uu ogolaansho ka helay MAA (*Medicaid Assistance Administration*) oo ah therabi dheeraad ah, iyo waxa uu dhamaystiray therabigii dheeraadka aha.
- Therabist-tahaygu waxa uu ogolaansho therabi dheeraad ah weydiistay MAA waana loo diiday.
- Anigu waxaan ku jiraa liiska sugitaanka heshiislaha Therabiga Medicaid.
  - o Howlaha ay Medicaid miisaaniyadeeda bixiso diyaar iima ay noqon doonaan ilaa iyo
  - o Bixiyahaygu waa
- Anigu waan heli waayay therabist heshiis la leh Medicaid oo degan in u jirta 60 mile gurigayga.
- Howlahaan ma ay bixiyaan Medicaid (Cadee howsha) \_\_\_\_\_.

Mahad sanid.

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Maamulaha Keyska

\_\_\_\_\_  
Darajada

\_\_\_\_\_  
Lambarka Telefoonka (oo uu ku jiro area kodka)

\_\_\_\_\_  
Lambarka FAX-ka (oo uu ku jiro area kodka)

Ciiwaanka Boostada:

Lifaaqa: Baqshad leh ciiwaanka

cc: Faylka Macaamilka

## 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.