



Consumer Directed Community Supports (CDCS) Alternative Treatment Form for MHCP-Enrolled Physicians

Instructions to consumer: If a requested behavioral support, special diet or therapy is outside the scope of Medical Assistance State Plan or other waiver services, you must ask your MHCP-enrolled physician to complete this form before CDCS may be used to fund the alternative treatment. Forward the completed form to your lead agency worker.

CONSUMER'S NAME:
BEHAVIORAL SUPPORT, SPECIAL DIET OR THERAPY REQUESTED:
EXPECTED OUTCOME(S) FOR THE BEHAVIORAL SUPPORT, SPECIAL DIET OR THERAPY REQUESTED:

CDCS funds **cannot** be used to purchase experimental treatments. According to Minnesota Rule 9525.3015, subpart 16, an experimental treatment means:

drugs, therapies or treatments that are unproven, have been confined largely to laboratory use or have progressed to limited human application and trials and lack wide recognition from the scientific community as a proven and effective measure of treatment.

The MHCP-Enrolled Physician must initial the appropriate "Yes/No" box

	Yes	No
1. Is the alternative treatment considered experimental for the condition being treated?		
2. Is the alternative treatment contraindicated for the condition being treated?		
3. Is the alternative treatment appropriate for this individual?		
4. This documentation is made within the scope of my practice.		
5. This individual is currently under my care.		

MHCP-ENROLLED PHYSICIAN'S SIGNATURE	DATE
MHCP-ENROLLED PHYSICIAN'S PRINTED NAME	MHCP PROVIDER NUMBER

Attention. If you want free help translating this information, ask your worker.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker).

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານ.

Hubaddhu. Yo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta’e, hojjataa kee gaafaddhu.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la’aan ah, weydii hawl-wadeenkaaga.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị.

LB1-0001 (4-09)

This information is available in alternative formats to individuals with disabilities by calling us at (651) 431-2400 or (800) 747-5484. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact our agency’s ADA coordinator.