



## Brain Injury Checklist for **Medical Eligibility**

**Mi Via** Brain Injury Hotline • **1-888-292-7415**

To complete the medical eligibility process, you will need to complete the steps below.

**AS YOU COMPLETE EACH STEP, CHECK IT OFF.**

**Note: The Freedom of Choice form you signed and returned to the Resource Center was faxed to Molina. They will contact you to set up an in-home Level of Care Assessment, which will be completed by one of their assessors. In the meantime, make an appointment with the physician who understands your case best; do not use a psychologist.**

### **Steps regarding your doctor:**

- I have made an appointment with my physician and scheduled it in my Day Planner.
- I have made a folder labeled “Mi Via Medical Eligibility.”
- I have put the following items in my “Mi Via Medical Eligibility” folder:
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - Envelope addressed to Molina
- I have taken my “Mi Via Medical Eligibility” folder to my physician.  
(Physician is to fill out the pink ICD-9 Code form and ISD-379 “Long Term Care Assessment Abstract” and provide a current History and Physical. Qualifying codes for Mi Via are on the back of the ICD-9 code form. **INFORM YOUR PHYSICIAN THAT AT LEAST ONE OF THESE CODES MUST BE USED TO QUALIFY YOU FOR MI VIA.**)
- My doctor has completed, signed and returned to me (or faxed to Molina) the:
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - A current History and Physical (If it is too long, your doctor can fax it to Molina at 866-553-9268. If you opt to have your doctor fax any of the above documents, you will need to **follow up daily with your physician’s office**, until they have done so.)

**- CONTINUE ON OTHER SIDE -**

## Brain Injury Checklist for **Medical Eligibility**

### Steps regarding your doctor *(continued)*:

- I have made copies of all forms completed and signed by my doctor and put them, with the originals, in my “Mi Via Medical Eligibility” folder.
- I have enclosed the originals of the following forms in the Molina envelope (or faxed them):
  - Pink ICD-9 Code form
  - ISD-379 “Long Term Care Assessment Abstract”
  - History and Physical
- I have put postage on the envelope to Molina and mailed it to:

**Molina Healthcare**  
**ATTN: Third Party Assessor**  
**PO Box 3909**  
**Albuquerque, NM 87190**

- I have put my Medical Eligibility folder (with my copies of all the forms) in a safe place.

### Steps regarding Molina and Consultant Contractor Agency:

(You will hear from Molina only after they have received all forms filled out by your physician.)

- Molina has called to schedule an in-home Level of Care Assessment.
- I have recorded my appointment with the Molina assessor in my Day Planner.
- I have kept my appointment with the Molina assessor and participated in the in-home assessment.
- I have been notified by the Consultant Contractor Agency (Consumer Direct Personal Care) that I am medically and financially eligible for Mi Via!