

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Case Management Monthly Report (Policy Section 501.16.3)
Purpose: To provide participant information to the Bureau of Senior Services regarding change in address, new enrollment, transfers, and closures.

To complete the form:

1. Enter the current month and year at the top of the form.
2. Check “No Activity this month” if:
 - No new participants opened for the reporting month;
 - No participants were transferred *to or from* your agency during the reporting month, or;
 - No closures from the program for the reporting month.
3. Enter the following:
 - Provider name and location;
 - Provider number;
 - Provider phone number, address, and the name of the person submitting the form.
4. If the participant has an address change only please check the box at the far left side of the form and fill in the participant demographics information and any comments.
5. If you have a new participant opened in the reporting month (ADW participant for which you have a Member Enrollment Confirmation Letter from the Bureau of Senior Services):
 - Complete the participant’s demographic information;
 - Document the Enrollment date; and
 - Make any comments that are necessary.
6. If you “**receive a transfer**” from another agency, to your agency, or you “**transfer a participant**” from your agency to another agency during the reporting month:
 - Complete the participant’s demographic information.
 - Document the Case Management agency the transfer was received from;
 - The transfer from effective date.
 - Make any comments that are necessary.
7. If a participant is closed from the ADW program due to reasons noted in policy section 501.34 (*Examples: 180 days without service, unsafe environment, participant noncompliance, and participant no longer desires services, participant no longer requires services, moved out of state, loss of financial eligibility, loss of medical eligibility*):
 - Complete the participant’s demographic information;
 - Document the date the case was closed;
 - Reason the case was closed;
 - Make any comments that are necessary.
8. List any additional information the Bureau of Senior Services may need to know in the comment section. (*Example: death of participant, participant lost financial eligibility due to an increase in income, person found no longer medically eligible for ADW, closed due to hearing decision or nursing home placement*).

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9. Submit Report by the 6th business day of the following month:

- By mail to: WV Bureau of Senior Services, 1900 Kanawha Blvd., E., Charleston, WV 25305
- By Fax to: (304) 558- 6647
- Electronically to: Barbara.a.paxton@wv.gov