

# AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

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**Form Name:** Aged and Disabled Waiver Case Management Initial Contact Log (Policy Section 501.16.3)

**Purpose:** To assist the Case Manager in tracking the ADW Participant enrollment process.

*Once the applicant is determined medically eligible and financially eligible and a slot is available, a notice of approved medical eligibility, a Service Delivery Model Selection Form, and a Freedom of Choice Case Management and Personal Attendant Selection Form is sent to the applicant. The UMC will notify both of the agencies selected via ADW CareConnection®. The selected agencies can download the Pre-Admission Screening (PAS) from ADW CareConnection®. If the person selected the Personal Options service delivery model, the Personal Options Program Manager at BoSS will notify the F/EA. The Case Manager must begin using the “Initial Contact Log” at this point.*

**To begin:**

- Enter the following information at the top of the form. Applicant’s:
  - Last Name
  - First name
  - Middle Initial (MI)
  - Address
  - Date of Birth
  
- Complete the “**Applicant**” section of the form by documenting:
  - Name of the Case Management Agency
  - Case Management agency address, phone and fax number
  - The date the Case Management agency received the notification of selection in CareConnection
  - The date the Case Manager made initial contact with the applicant. This contact is required within 3 business days
  - Check how the initial contact was made- face to face or by telephone. (**check one ONLY**)
  - The Case Manager who made initial contact with the applicant must sign, date and note the time the contact was made
  - Enter the date financial eligibility application was initiated. The applicant must make financial application and enroll within 60 calendar days from the date the Case Management agency receives the notification or BoSS will close the referral
  - Note any comments in the comments section

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- Complete the “**Enrollment**” section of the form by documenting:
  - The participant enrollment date. This date is found on the fax confirmation notice
  - The Case Manager’s scheduled home visit date which must occur within 7 calendar days to complete Section I of the Participant Assessment
  - If the Case Manager determines the participant needs services immediately he/she can implement the Interim Service Plan. Mark yes or no regarding an Interim Service Plan
  - Note any comments in the comments section
  - The Case Manager must sign, date and time this section of the form
    - **Note:** The Case Manager must schedule the Service Plan meeting within 7 calendar days of the Case Management Person-Centered Assessment
  
- “**Seven (7) Day** Contact (*via phone or face to face*):
  - Document the date direct care services began
  - Document the date of the Case Manager’s follow-up contact
  - Note any comments in the comments section
  - The Case Manager must sign, date and time this section of the form

This form is to be kept in ADW participant’s file. It should also be uploaded into ADW CareConnection©.