

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver RN Contact Form (Policy Section 501.18.2)

Purpose: To document all contacts/visits (except for the Initial, 6 month and annual visits) with, or on behalf of, a participant. Must be maintained within the participant's record. The RN section of the Person-Centered Assessment and Personal Attendant Log (PAL) must be complete. The procedure code is T1002, Service Unit 15 minutes, and the Service Level is 6 units per month.

1. Document Participant's:

- Last and First Name
- Medicaid number
- Date of contact/visit
- Start time of the visit/contact
- Stop time of the visit/contact
- Total time of the visit/contact (in minutes)

2. The reason for home the visit/contact **must be marked**. Billable reasons for the home visit could be one or more of the following:

- 30 day home visit to assure service being provided by the Personal Attendant follows the PAL. ***(Note: This 30 day home visit refers to policy section: 501.18.2 D. Make a home visit with the ADW recipient and Personal Attendant within 30 calendar days after Personal Attendant services begin.)***
- For changes in needs and/or conditions of the participant.
- Evaluation due to a change in the Service Plan/PAL.
- Post Hospital Visit.
- At participant's request, attend the PAS evaluation.
- To complete home visit for a Service Level Change request.
- To complete home visit for a Dual Service request.
- Home visit for incident follow-up.
- In home training for the Personal Attendant specific to the member.
- Monthly pill box refill, if ordered by MD, DO, PA or ANP

3. Enter the required supportive documentation for the home visit such as:

- The result of the home visit related to the reason (s) marked.
- The outcome.
- Any changes needed to the POC.
- The names of those present and their relationship to the participant.

4. Travel time and miles **are not** billable for Personal Attendant RN at any time.

5. ADW Participant/Legal representative must sign and date certifying that the reported information is complete and accurate.

6. RN must sign and date certifying that the reported information is complete and accurate.