

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Case Management Monthly/Quarterly Contact Form
Purpose: To ensure services are being provided and to identify any potential issues. Monthly telephone contact, as well as Quarterly Face-to-Face visits, must be documented on the Case Management Monthly / Quarterly Contact Form and include detailed information on the status of the ADW member. If a member (or legal representative) cannot be reached by telephone for the monthly contact, follow policy manual guidelines.

1. At the top of the form document the following:
 - The ADW member's full name;
 - Medicaid Number;
 - Note if the contact is Face-to-Face or a Telephone contact. For a quarterly visit, it would be both a Face-to-Face visit and a quarterly visit, however, you may note it simply as a quarterly visit. If, however, a quarterly visit is not done Face-to-Face, you must document the reason.
2. Enter the full name of the person the Case Manager spoke to; this must be the ADW member, or, if legal representative, must be active and document the relationship to the member; i.e., daughter/MPOA. The reason the CM is not speaking with the member must be documented under the "comments" section.
3. Answer each question by marking the "Yes" or "No" Box and document **any comments** regarding the question in the comment section following each question.
4. Note any additional comments in the Comment section at the bottom of the form. (Describe the appearance of the member and the environment, etc.).
5. The Case Manager **must** sign, date, and note the time of the visit certifying that the information is complete and accurate.