

AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver RN Contact Form

Purpose: To document all contacts/visits (except for the Initial, 6 month and annual visits) with, or on behalf of, a member. Must be maintained within the member's record.

1. Document Member'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 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: "Make a home visit with the ADW member and Personal Attendant within 30 calendar days after Personal Attendant services begin.")
- For changes in needs and/or conditions of the member.
- Evaluation due to a change in the Service Plan/PAL.
- Post Hospital Visit.
- Service Plan meeting.
- Monthly pill box refill, if ordered by MD, DO, PA or NP.
- In-home training for the Personal Attendant specific to the member.
- Upon member's request, attend the PAS evaluation.
- Home visit for incident follow-up.
- Other. Must justify reason for this type.

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 Service Plan/PAL.. The names of those present and their relationship to the member.

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

5. ADW members/legal representatives 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.