AGED AND DISABLED WAIVER FORMS INSTRUCTIONS

Form Name: Aged and Disabled Waiver Medical Necessity Evaluation Request (Policy Sections 501.9.2 and 501.9.3)
Purpose: To request medical evaluation for initial application to the ADW and to request yearly medical re-evaluation to remain on the ADW.

Completed Form for initial evaluations must be mailed or faxed to:

KEPRO
100 Capitol Street, Suite 600
Charleston, WV 25301
Toll Free Fax: 866-212-5053

- **ALL AREAS MUST BE COMPLETE, NO BLANK AREAS, OR THIS FORM WILL BE RETURNED.**
- This form must be signed by the applicant's/participant's physician, nurse practitioner or physician's assistant every year. (Signature is valid for 60 days.)
- Check blank at top of form for an Initial evaluation (for a new applicant) or Re-evaluation (for a current ADW recipient). For a Re-evaluation, enter Case Manager's name and agency fax number in the space provided. To avoid confusion on Re-evaluations, you can redact KEPRO's fax number at the top of the form.
- Enter Applicant/Participant Information: Complete all areas leaving NO Blanks, if not applicable enter N/A. The applicant/participant must sign and date (if unable a Legal Representative must sign).
- Legal Representative, Guardian or Contact Area: MUST be complete if the applicant/participant has Alzheimer's, dementia or a related diagnosis, if not applicable enter N/A.
- Case Management Agency or Fiscal Employer Agent Information: Only completed if this is a current participant requesting reevaluation. **For reevaluations, the CM/RC must upload the MNER to the Attachments tab in ADW CareConnection©. Update the MNER page in ADW CareConnection© to match the uploaded document and submit the MNER. This generates a notification to KEPRO to review the annual MNER.**
- Referring Physician: The physician information on this request must be complete and legible to be processed. The request must be signed by the Physician (MD or DO), Nurse Practitioner, or Physician's Assistant. Original signature is required. (Signature is valid for 60 days.)