New ADW Manual Q & A

1. Reimbursements from MTM for gas takes two to three months. What can I do to get it sooner?

A: It can take from four to six weeks to be reimbursed. If it takes longer than that, contact MTM at 1-888-513-0703. If you still aren't paid, contact Tammy Pritt-Jones, Program Manager, at tammy.l.pritt-jones@wv.gov or (304) 558-2430. She is the Program Manager at BMS who manages the contract between BMS and MTM for Non-Emergency Medical Transportation.

2. What is a recognizable email or "approved" email?

A: It is an email address that in some way contains the name of your agency, such as S.Green@stayathome.com. Yahoo for example, offers unlimited email addresses that you can tailor to your agency name for a small monthly fee. The State of West Virginia Office of Technology now requires this for security purposes.

3. Will Providers get a copy of the new background checks?

A: No. Providers will only be told if the prospective employee is fit or unfit for employment.

4. What if we want to see the results in order to make our own decision? For example, if a person has misdemeanors instead of felonies, we should be able to make the decision on whether or not to hire them.

A: Megan Shears, WV Cares Program Director, will be conducting training sessions for all providers in the very near future. You can ask her about this issue at that time. Also note, the prospective employee can order the background check him/herself and bring you the complete report.

5. So all Personal Attendants have to complete Person-Centered Planning and Service Plan Development training?

A: Yes. This will give the PA a better picture of the overall Service Plan for participants. It will hopefully give them a better idea of how the plan was developed.

6. How often is training required for RN's?

A: Annually.

7. For the Notification of ADW Participant Death report, do we enter that into the Incident Management System (IMS)?

A: You would enter unexplained or unexpected deaths into the IMS. In addition, you need to always attach the Notification of Participant Death to the participant's record in CareConnection© whether or not it is expected or unexpected. You also need to either fax a copy of the report to BoSS or send an email to let them know that you have attached the Notification of Death in

CareConnection©. You can send the email to Arlene.M.Hudson@wv.gov and also cc it to Cecilia.A.Brown@wv.gov.

8. Does the Yellow DHS-2 expire 60 days from the date it is signed?

A: Yes. The Yellow DHS-2 is the form that triggers APS Healthcare to schedule the medical assessment. When it is sent to the applicant from APS Healthcare, there will be an expiration date on it.

9. If an applicant chooses a Case Management agency and is found to be financially eligible, can they then choose Personal Options?

A: Yes. The person is not choosing a service delivery model at this time. They are only asking for assistance to complete the financial eligibility process. When they actually get a slot is when they make the service delivery model selection, either Traditional or Personal Options. Also, the participant can choose to change agencies and/or service models at any time. The participant could choose Personal Options and could also choose to receive Case Management services, but they are not required to do so. Note: The cost of Case Management services for a Person on the Personal Options program does not come out of their monthly budget.

10. Regarding the new option of a person choosing a Case Management agency prior to being approved for ADW, who decides if the agency accepts the client and assists them without getting paid?

A: That decision is totally up to the agency. There is no penalty if you choose not to accept a person before they are on the ADW program.

11. When will the new forms be posted online?

A: The forms will be posted on or before December 1st.

12. Will the new forms be writeable?

A: The forms will be in both writeable PDF and Microsoft Word formats. Note: Since users will have the ability to alter any aspect of the Word version of the forms, a disclaimer will be added to protect the original version of the form.

13. On page two of the new Service Plan form, in the "Service Plan Duration" box, do you want the month and year?

A: No. Enter the duration for that particular Plan, for example, three months, six months, etc.

14. When are we required to begin using the new forms?

A: The Person-Centered Assessment, the Personal Options Assessment and the Service Plans can be instituted on December 1, 2015 with all of your existing ADW participants if you so choose. You also have the option to phase them in when the Service Plans of your existing participants expire. The

new forms would have to be used for any new participants. Just because you may choose to phase in the use of these forms, the policy regarding ADW non-medical transportation and NEMT must be followed beginning December 1, 2015.

15. For dual services, will they use this form for both ADW and Personal Care?

A: There must be a PC RN Plan of Care and an ADW Service Plan. These plans must be coordinated to ensure that services are not duplicated. PC and Personal Attendant services cannot be provided during the same hours on the same day. A service planning meeting between the Case Manager, the ADW RN, if applicable and PC RN must be held with the person or the legal representative in the person's residence and documented on the Request for Dual Service Provision.

16. Community Activities need to be in the person's area. If the local store is too expensive, can they drive further to a Wal-Mart to get their groceries?

A: Yes, essential errands and community activities may occur outside the immediate community if it is a reasonable distance and it saves money. Also, if this is what most people in their community do to save money on groceries, it is acceptable. My understanding is that most people leave the community of Romney to grocery shop about 30 minutes away because the stores in Romney are too expensive for most people on fixed incomes. This would be acceptable and still qualifies as the person's community. Careful planning is needed due to the 300 mile cap on Non-Medical Transportation.

17. If it is raining, instead of going to a yard sale which is listed on the Plan of Care, could they go to Goodwill instead?

A: Yes. However, list that as another option up front on the Service Plan. By having a Plan B and even possibly a Plan C, this keeps from knocking the person out of their community activity. This way, the Personal Attendant is not just coming up with an alternate plan on their own. It would be something the Case Manager and/or RN had already planned for the participant.

18. Does the Case Manager complete the Personal Attendant Log?

A: No. The RN completes the Personal Attendant Log and signs off on it as well.

19. Do we need to re-do all clients' Plans of Care?

A: You can wait and use the new form for the next assessment date or you can do them beginning December 1, 2015. It is a decision that you need to make based on the volume of business you have.

20. On the new Service Plan, do we list what the person 'wants' or what services they will actually 'get'?

A: You would list what services they will receive. You could list what they 'want' in the "Goals and Preferences" section. Some could be one and the same. The ADW program will not always cover every "want" a person has.

21. What about monitoring during this crossover period with old and new Service Plans/Plans of Care/Personal Attendant Logs?

A: BMS realizes that this will be a transition period and will take that into consideration if this time period falls within a monitoring period.

22. This form is the Assessment, Service Plan and Plan of Care all together?

A: No, the Service Plan includes the Personal Attendant Log which will take the place of the Plan of Care. The Person-Centered Assessment and the Personal Options Assessments are separate forms.

23. So the Personal Attendant cannot log miles on the Personal Attendant Log, but time only?

A: This is incorrect. The Personal Attendant will log miles for ADW Non-medical Transportation on the PAL. For Non-emergency Medical Transportation (NEMT), the Personal Attendant will not log miles on the Personal Attendant Log. For NEMT, MTM must be used – either the MTM transportation provider or the Personal Attendant will use MTM to bill NEMT for the person if the Personal Attendant drives the ADW participant to the appointment.

24. Where does the original Personal Attendant Log go?

A: In the Case Management file.

25. Regarding the Wellness Scale, if the participant is cognitively impaired, how should this be answered?

A: If participant is impaired to the degree that the person cannot answer the question (can't communicate/can't understand the question), it should be documented. However, where possible, the participant should answer for themselves. The Personal Attendant should not "guess" how the participant feels or ask someone else how the participant feels.

26. Regarding the looking over and signing off on the PAL's, why is it limited to one unit?

A: Instead of adding up separate minutes, an average seemed to work better.

27. Can MTM cross state lines for appointments?

A: Yes, if necessary and the transportation is being provided to a Medicaid enrolled provider out of state for a covered service. In certain situations MTM will request the out of state medical provider complete a distance verification form attesting member needs to receive service there instead of a closer/in-state provider.

28. Can an RN assess a person on the day of discharge?

A: Yes, but the only reimbursable service on the date of admission and discharge is the Personal Attendant services.

29. Who is responsible for training Home Health agencies?

A: Home Health has a chapter in the Medicaid manual. It is Chapter 508. The program manager for Home Health at BMS is Allie Clay.

30. If an ADW participant has an assessment and is found medically ineligible on the first day of the month. Then on the 14th day, the agency can ask for closure and stop providing services? Assuming no hearing was requested.

A: Yes, after you confirm with BoSS that a hearing was not requested.

31. What should an agency do if a participant doesn't receive monthly services?

A: Assuming the participant is not in a Long-Term Care facility or hospital, that information should be reported to BoSS along with the reason no services were provided.

32. Is there a fee for WV CARES?

A: Information will be provided at the WV CARES training.

33. Will everyone go to the same place for fingerprinting?

A: If by the same place, you mean where you have been sending your prospective and existing staff, then yes. The locations through MorphoTrust have not changed to our knowledge. There will be a WV CARES option on the paperwork for MorphoTrust and you will select that.

34. What is the fee after the first year?

A: The fee is $22.50 if the agency requests the background check and $37.00 if the individual requests it.

35. When will WV CARES kick in for current employees?

A: First of all, everything will stay the same until WV CARES is ready to add ADW providers to their system. Once WV CARES is implemented, whenever the current employee's three years is up, you will submit the background check through WV CARES and this will be good for five years. More information will be provided at the WV CARES training.

36. So I can access a CIB through WV CARES if someone comes from another agency and I won't have to order and pay for another CIB?

A: Correct. You can search people by their last name and the last four digits of their Social Security number. This will come up with a finding if the person is fit or unfit for employment. You will not be able to see the background check results.

37. Do we still put them to work pending the CIB?

A: You can hire the person before the fitness determination has been made by WV CARES, but if you do so, that person must be supervised at all times when they have access to ADW participants or their PII or PHI. A suggestion would be to write your policy to say that until the fitness determination has been received from WV CARES, the person will not be considered an employee and cannot be paid.

38. Will current employees be uploaded into WV CARES?

A: Yes. You will enter your current employees into an Excel spreadsheet and this will be uploaded into the WV CARES system.

39. How does WV CARES handle a situation where a person's fingerprints are gone or cannot be read?

A: Please address this question to Meghan Shears at the WV CARES training.

40. Is there pay-back involved with a Plan of Correction?

A: The Plan of Correction comes into play AFTER a finding from a review. So the disallowance, if applicable, has already been determined.

41. When is a self-audit required?

A: It is most often done when BoSS finds a recurring issue during a quality review. For example, if it was found that all the service plans reviewed were insufficient to meet the person's needs, then the Office of Program Integrity (OPI) has the option to require the provider to do a self-audit about service plans for their entire agency. In addition, if a provider becomes aware of an issue that would result in a disallowance, it is their duty to complete a self-audit and return any reimbursement that has been made.

42. Does all training need to be approved by BoSS?

A: All NEW training needs to be approved by BoSS. We would need the source, content, etc.

43: We use CNA training. Does BoSS want that manual?

A: No. That has already been approved by BoSS and you have been reviewed on it in the past and no issue was found on review.

44. When does the new training requirement go into effect?

*A: For new hires, December 1, **2015** and prior to December 1, **2016** for current employees.*

45. Where is the training located and is there a charge?

A: The videos will be posted to the Learning Management System on BoSS's website at www.onlinelearning.wv.gov, and no, there is no charge. A provider may also develop their own training as long as it contains all the components and is approved by BoSS.

46. Does BoSS have resources regarding culturally and linguistically appropriate training?

A: Yes, that information will be distributed and also placed on the BoSS website.

47. Can agencies use their own training log instead of using the one from training?

A: No.

48. Where should the Notification of ADW Participant Death report go?

A: It should be attached to the participant's record in CareConnection© but you will also need to notify Cece Brown and Arlene Hudson (email addresses in answer to question 7) at BoSS that it's there. (Please note BoSS does not get notifications when documents are attached to participant records in CareConnection©.)

49. Who is responsible for attaching the Notification of Death form in CareConnection©?

A: The Case Manager. If someone from the Personal Attendant agency finds out about the death first, they will report it to the Case Manager and the Case Manager will complete the Notification of Death form.

50. What do we put down if we don't know the cause of death?

A: Just enter "unknown".

51. Will CareConnection© ever be connected to DHHR?

A: No.

52. How can we get DHHR to be more efficient with financial eligibility determinations?

A: If you are having trouble getting financial determinations back in a timely manner, contact Susan Given at BMS at susan.a.given@wv.gov or (304) 356-4913. Note: Also be aware that you may request financial eligibility determinations from any county DHHR office. You are not limited to use the county where the participant resides.

53. If the financial eligibility determination is done first with the Yellow DHS-2, do we still need a white DHS-2?

A: Yes. The Yellow DHS-2 is sent to the applicant along with case management selection forms and instructions on how to determine financial eligibility through DHHR. If financially eligible, the

medical evaluation will follow. Once the person receives a slot, the white DHS-2 form needs to be completed which will allow the person to become enrolled on the program.

54. What do we do about physicians that take so long to return MNER's that it gets close to the Anchor Date?

A: By allowing Physician Assistants and Nurse Practitioners to sign MNER's we are hoping that this will improve. Also remember you can submit an MNER up to 90 days prior to the Anchor Date.

55. What about people who can't do MTM or have no informal support for transportation?

A: The Personal Attendant can enroll to be a Friends and Family driver through MTM and continue to transport people on the ADW to their medical appointments.

56. When do these forms go into effect?

A: December 1, 2015.

57. What about the Initial Contact Log?

A: The Initial Contact Log will stay the same. It should be attached to the participant's record in CareConnection©.

58. If the medication log is not part of the Assessment, when do you renew it?

A: It should be ongoing – add to it with any changes.

59. Is the Assessment all one form?

A: Yes, for an initial Assessment the Case Manager and RN will both attend the meeting and complete it together. A Case Manager would not need to attend an Assessment for someone coming out of the hospital, but they should be made aware that an Assessment was done.

60. If we have someone who wants a Personal Attendant, but not for bathing, for example, how do we plan for that? How can we still meet the requirement that the personal care services exceed the incidental services?

A: If you're still doing enough other personal attendant services, then you should be fine.

61. Does the Personal Options Assessment take the place of the very long Plan of Care?

A: No. The Plan of Care becomes the Personal Attendant Log and is part of the Service Plan.

62. We've had to do many service continuations for PAS's, plus they may have Level of Care changes. What can we do?

A: This is happening due to the transition from WVMI conducting the assessments to APS Healthcare taking over that function. This should resolve itself shortly.

63. Are Community Activity hours gone now?

A: No, they can be up to 20 hours per month.

64. Since you took "Independently" off the PAL, can we put N/A on it if the participant does not need assistance?

A: Yes.

65. Is the Personal Attendant Log used for a month?

A: No. It was designed for two weeks specifically but can be used for shorter time periods. It was designed to be used for two week periods, 1st – 15th and 16th – 31st.

66. Time spent on personal care services must be more than time spent on incidental services. How is it measured?

A: On a monthly basis.

67. How do you document that informal supports can't supply transportation?

A: Document it in the Assessment.

68. What is time in and out (Section 4)?

A: Where is says, RN Time in and RN Time out, that is for the nurse to complete to denote the time it took her/him to complete the PAL. Where is says Service Time in and Service Time out, that is the time the Personal Attendant is supposed to be coming to the house so, for example, from 9 am to noon.

69. Can Personal Attendants go with participants with the MTM drivers and still bill for services?

A: Yes, Personal Attendants can accompany participants. They should notify MTM that they will be accompanying the participant at least five days prior to the appointment. Also, the Personal Attendant can bill for time for non-facility type appointments (blood work, regular check-up) but cannot bill for time for facility appointments (chemotherapy, dialysis, etc.).

70. Is the wellness scale subjective?

A: The response on the Wellness Scale is via self-report by the person on the ADW program. The Personal Attendant is to record what the person tells them.

71. Do Personal Attendants HAVE to sign up as MTM drivers?

A: No, it is their choice. However, if they sign up to be drivers, they can continue to transport their clients and they are reimbursed directly for mileage.

72. Does the new manual list the agencies that provide approved training for CPR, First Aid, etc.?

A: No, but it is listed on the Bureau of Senior Services website.

73. If the Personal Attendant lives in the home with the participant, can they bill for travel?

A: They can bill for travel only if the Personal Attendant gets no benefit from the trip. For example, if it is a trip to the grocery store, they would probably purchase groceries for everyone in the household so travel time should not be billed.

74. Case Management training is annual/initial. Is it annual for an RN?

A: RN training is the same.

75. Do we have to get approval by BoSS for Personal Attendant training?

A: Only if the material is new or if it is a brand new provider.

76. Expiration of the DHS-2 is 60 calendar days, right, not business days?

A: Correct. 60 calendar days from the date it is signed.

77. How do you upload the "yellow" DHS-2 form? (How do you tell it's yellow?)

A: The yellow form is slightly different than the white DHS-2, plus at the bottom of the form it says ***"Must be copied on Yellow paper".***

78. Will preliminary financial determination with the yellow DHS-2 speed up final financial determination?

A: Not always. The yellow DHS-2 is good for 90 calendar days from the date of the letter that accompanies it and only gets the applicant on the MEL. After 90 days they would need to have their financial information reviewed again.

79. If someone is in a Long-Term-Care facility for at least 90 days, do we close them?

A: No, you have to wait 180 days to close, however, if that happens you could refer them to the MFP program.

80. Within a month, with Personal Options, services may fluctuate daily or weekly, but they don't carry over to the next month, correct?

A: Correct. They cannot be carried over to the next month.

81. In Personal Options, if a Personal Attendant quits and the participant is without services for 30 days, should they be transferred until another PA is secured?

A: This should be looked at on a case by case basis. If the participant has ample informal supports to cover them until another PA can be secured, you would not need to request a transfer. Be sure to document the situation in the participant's file.

82. Does a visit to the Emergency Room count as non-billable time?

A: You could bill for time in the waiting room, but as soon as the participant goes "through the door", the Personal Attendant would not be assisting them anymore (hospital staff would have taken over that role), so that time would not be billable.

83. Can a home health agency or hospice bill at the same time as a Personal Attendant?

A: They can bill on the same day but not for the same service. There should be no duplication of services. The services should be coordinated between agencies.

84. Can you request a certain MTM driver?

A: You can request a certain driver, but they may not always be available.

85. If an assessment shows a decrease in Level of Care and a hearing is requested, do we continue at the higher lever until the hearing/decision?

A: Yes, if the hearing was requested within the 13 day time limit.

86. If there is a group training event, can the trainer sign one form for everyone?

A: The Training Record must be used for each person and kept in each person's administrative file so it will be easily accessible when the agency director/designee completes the Continuing Certification in July of each year and also for the Validation Review.

87. What is the timeline for Notification of Death form?

A: Within one business day of learning of the incident, like IMS.

88. Is a Request for Enrollment going to be added as a choice when attaching that document in CareConnection©?

A: Probably not. For now, use 'other' but when saving, name the document so that it is recognizable as a Request for Enrollment.

89. Why is the date the Assessment is done not on the new form?

A: The date the assessment is done is at the top of the Person Centered Assessment and the Personal Options Assessment.

90. How can we prove we gave a copy of the Service Plan form to the participant within seven days?

A: The date you give the participant a copy is entered at the bottom of the Service Plan.

91. Will the Case Manager sign off on the whole Plan?

A: Yes.

92. Do we list the day of the week for Doctor's appointments on the Service Plan?

A: Not necessarily for doctor's appointments, but you should list the day of the week for other Essential Errands and Community Activities. If you know the day of the week the participant goes to the doctor and it is usually the same day of the week, definitely list it there.

93. Where does the original Service Plan go?

A: The Case Manager should keep the original and the RN keeps a copy.

94. What do we do if there is a change to the Personal Attendant Log?

A: The RN will do a Personal Attendant Log Update. It is dated when it is completed and when the Personal Attendant receives it. The Service Plan Update takes the place of the Service Plan Addendum.

95. How do you handle the Service Plan when a participant transfers to a different Personal Attendant agency?

A: The PA Agency will do an initial assessment just like you have always done in the past. You will then do a 6 month assessment at the 6-month mark. The PA Agency is required to attend the Service Plan meeting for the client which will be at a different time because the CM Agency has had the participant all along.

96. For dual service participants, regarding CareConnection©, will the ADW agency ever be able to see the documents attached to the participant's records in the Personal Care system?

A: Probably not. However, the same records could be attached to the participant's record in both the ADW and Personal Care systems.

97. Regarding the new requirement of receiving ADW services every month, what will happen if the participant visits children out of the state for months at a time?

A: The participant would be in jeopardy of losing their slot on the program. The agency should explain to the participant that he/she must receive PA services every month in order to stay on the program.

98. Who completes the Notification of ADW Participant Death form?

A: The Case Manager.

99. If the Personal Attendant agency makes changes to the Personal Attendant Log, should we let the Case Management agency know?

A: Yes. You should attach the new Personal Attendant Log in CareConnection© and notify the CMA that it's there.

100. Will the Plan of Correction be agency-specific or site-specific?

A: The Plan of Correction should be agency-specific.

101. Who should complete the Plan of Correction?

A: You should designate someone at your agency to complete and work with Plans of Correction.

102. If you are working within your own agency, do you still have to attach the Service Plan in CareConnection©?

A: Yes, so everyone will have access to it and in case the participant transfers to another agency.

103. Do we need to use both WV CARES and the State Police for background checks? The State Police are holding up some checks because we haven't submitted them to WV CARES.

A: No. ADW providers have not been brought into the WV CARES program yet. We will ask Meghan Shears, WV CARES Program Director, to notify the State Police that ADW providers are not using WV CARES yet.

104. Once an agency gets new training approved, will BoSS keep it on their website?

A: Yes, we will add it to the current list of approved trainings that are listed on our website.

105. If RN's have just recently had their annual training, do they need to undergo this additional training immediately?

A: No, they have until December 2016 to complete the additional training courses.

106. What is the difference between the yellow and white DHS-2?

A: The yellow DHS-2 is issued for pre-medical financial eligibility prior to becoming active on the ADW program (and a Medicaid card is not issued with a yellow DHS-2 approval). The white DHS-2 tells the DHHR that the person has an ADW slot and upon approval, the DHHR can issue a Medicaid card.

107. Do the ICD-10 codes have to be put on the MNER?

A: Yes, effective October 1, 2015.

108. Why do we have to use the ICD-10 codes? We are not billing a medical service.

A: Any service that Medicaid pays for is considered a medical service.

109. Do we have to document every change on the Personal Attendant Log?

A: Yes. If it is short-term change that will not go into the future, you will note it on the PAL as a temporary change for the day. For significant changes going into the future, you would do a PAL update.

110. How long do you let a participant go without services?

A: If the participant doesn't want services, then the policy is 30 days. If it's due to an agency not having staff, every agency should have a back-up Personal Attendant and/or plan. You should use your own judgement when developing your back-up plan, keeping in mind the health and safety of the participant and the availability of informal supports. However, the provider should also recognize when a transfer is needed if staff cannot be obtained

111. Does the 10-day allowance to begin services restart if the first Personal Attendant quits or doesn't work out?

A: No. That only applies to initially starting services. However, new staff should be on board as soon as possible keeping in mind the health and safety of the participant.

***112.* What happens if the Personal Attendant doesn't complete the Wellness Scale every day?**

A: It is a BMS requirement to complete the Wellness Scale, so if it is not completed, the RN should contact the Personal Attendant and find out why it hasn't been done and take appropriate action. It is not optional for the Wellness Scale to be ignored.

113. If participant is unable to respond about the Wellness Scale and a spouse, friend or relative is also in the home, can they answer for the participant?

A: No, just document in the participant's file that the ADW participant was unable to answer.

114. Is it billable when the Personal Attendant is being trained on the new Personal Attendant Log?

A: No.

115. Is NEMT travel phasing in?

A: No, it is effective December 1, 2015 with the new manual although it is already in process.

116. Do Personal Attendants have to interview to become MTM drivers?

A: They do not. First though, they must have a valid driver's license and registration and maintain sufficient automobile insurance. They can simply call MTM for a trip ticket number, identify themselves as a Friends and Family driver and provide details of the trip, including the participant's Medicaid number.

117. What about a physical therapy appointment or getting fitted for a brace. Can the Personal Attendant bill for these?

A: It depends. If it is outpatient physical therapy, yes, the Personal Attendant can bill for it. Wait time can also be billed when someone is being fitted for a brace.

118. If a participant transfers to another agency, the Personal Attendant transfer can be at any time during the month but Case Management is effective the first of the month. This makes review dates different. What can we do?

A: The Case Management agency can match the date of the Personal Attendant agency assessment the second time around. Or they can just be different.

119. Do we have to take off medical transportation from the Plan of Care December 1, 2015?

A: No. Perhaps just note the change to MTM. You can use the old Service Plan Addendum for changes until you institute the Person-Centered Assessment and Service Plan for the participant.

120. Do we fax the Notification of ADW Participant Death form to BoSS?

A: You <u>can</u> fax it to BoSS. You must attach the form in CareConnection© and notify BoSS that you have done so either by fax or email.

121. Does the Personal Attendant have to sign each training completed?

A: Yes.

122. When a participant wants more incidental services, what do we do?

A: Explain that they are eligible for the ADW program due to their medical and physical deficits and it is the expectation that personal care needs have to be the majority of services provided on the ADW waiver program. If not, they should be closed for non-compliance.

123. Medicaid pays for some dental and vision appointments but not others. How do we know when to use MTM?

A: The process should always be to call MTM and get a denial before you use waiver transportation.

124. Should MTM or ADW non-medical transportation be used to take people to the VA for appointments?

A: Before taking someone to the VA for an appointment, the participant must get a letter stating that the VA doesn't reimburse for mileage before using waiver transportation. This needs to be per doctor/specialist. They reimburse for some, but not others.