

**Medicaid Home and Community-Based Services Waiver Programs
Waiver for Older Adults (WOA) and Living at Home (LAH) Waiver**

Instructions and Process for Caregivers

Effective October 1, 2006

Part 1 – Instructions for Completing Caregiver Forms:

Caregiver Time Sheets – DHMH 4659 (C – TS) Completed by the caregiver during each visit. Documents the date and time the caregiver rendered services. This form should be reviewed and signed by the caregiver and by the participant/representative at the end of the week that the caregiver provides services. The caregiver (agency or independent provider) must:

- Send the yellow copy of the DHMH 4659 (C – TS) to the nurse monitor.
- Give the pink copy of the DHMH 4659 (C – TS) to the participant/ representative.
- Caregiver keeps the goldenrod copy of the DHMH 4659 (C – TS).
- **Follow the payment instructions listed below:**

Waiver for Older Adults

- **Independent** caregivers send the original signed white copy of the DHMH 4659 (C – TS) timesheet and original signed white copy of the billing form WOA – CMS 1500 to MDoA for payment. Caregivers keep the goldenrod copy of the DHMH 4659 and a copy of the WOA - CMS 1500 billing form.
- **Agency** caregivers submit the original signed white copy of the DHMH 4659 (C – TS) timesheet and original signed white copy of the WOA - CMS 1500 billing form to their agency. The agency forwards the white copy of the DHMH 4659 (C – TS) timesheet and white copy of the WOA – CMS 1500 billing form to MDoA for payment. Agencies should copy the DHMH 4659 (C – TS) and WOA – CMS 1500 billing form for their records.

Living at Home Waiver

- **Independent** caregivers send the original signed white copy of the DHMH 4659 (C – TS) timesheet with original signed white copy of LAH – DHMH 4660 billing form to the fiscal intermediary Public Partnership (PPL). Caregivers keep the goldenrod copy of the DHMH 4659 (C – TS) timesheet. Caregivers keep the yellow copy of the LAH – DHMH 4660 billing form.
- **Agency** caregivers submit the original signed white copy of the DHMH 4659 (C – TS) timesheet and original signed white copy of the LAH - DHMH 4660 billing form to their agency. Agencies forward the white copy of the DHMH 4659 (C – TS) timesheet and white copy of the LAH – DHMH 4660 billing form to DHMH for payment. Agencies should copy the DHMH 4659 (C – TS) timesheet and LAH – DHMH 4660 billing form for their records.

Part 2 - Caregiver Process:

1. Caregivers must render services as specified in the Caregiver Service Plan.
2. The caregiver and nurse monitor must follow the instructions and deliver the services identified in the participant’s Waiver Plan of Care/Service. The nurse monitor must contact the participant’s case manager for approval before increasing, decreasing or making other service changes.
3. If a service change is for a Living at Home waiver participant, the case manager must get DHMH LAH staff approval prior to service delivery.
4. **Failure to obtain prior approval may result in denied payments.**