

West Virginia Medicaid Aged and Disabled Waiver Program

CASE MANAGEMENT MONITORING TOOL

Provider Name: _____ **Review Period:** _____

Person Name: _____ **Medicaid Number:** _____

CHART REVIEW	YES	NO	NA	COMMENTS	MANUAL REFERENCE
For re-evaluations, MNER was submitted by CM to UMC between 90 and 45 days prior to anchor date.				If no, do TA to explain importance of completing this step in timely manner to assure participant keeps ADW slot and avoids disallowance for provider.	501.9.3
Was service continuation granted?				If yes, the CM billing for the entire duration of the service continuation will be disallowed.	ADW CareConnection User Manual
Is there a completed (<i>all sections</i>) Case Management Initial Contact log ?				All three areas must be complete and compliant with policy. If <u>No</u> , disallow pre-enrollment billing event. NA if person activated prior to current review period.	501.12
PERSON-CENTERED ASSESSMENT	YES	NO	NA	COMMENTS	MANUAL REFERENCE
Was CM Section of the Initial Person-Centered Assessment conducted within 7 calendar days of activation?				NA if person enrolled prior to current review period.	501.12
Is there an Initial, 6 month, or annual Person-Centered Assessment (CM and RN sections) in the person's record?				If <u>NO</u> , disallow back to the most recent Person-centered assessment.	501.12
Is the Person-Centered Assessment signed and dated by both Person or Legal Representative and Case Manager?				If <u>NO</u> , disallow back to the most recent person-centered assessment which is signed and dated by all required parties.	501.12
Was a copy of CM Section of Person-Centered Assessment shared with the Person or Legal Representative and PA agency?				If <u>NO</u> , disallow back to the most recent person-centered assessment.	501.12

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Was initial contact made within seven (7) calendar days after Personal Attendant services begun?				If <u>NO</u> , disallow the CM billing for that month. N/A if person enrolled prior to current review period.	501.16.3
Was the Monthly Contact made and documented on the CM Monthly Contact Form ?				If <u>NO</u> , disallow the CM billing for that month.	501.16.3
Was CM billed for a month when no monthly contact occurred?				If <u>YES</u> , disallow CM billing for that month.	501.16.3
SERVICE PLAN	YES	NO		COMMENTS	MANUAL REFERENCE
Service Plans were updated annually and every six months <u>and</u> revised as needed.				If <u>NO</u> , disallow the CM billing for the time period involved. <i># 20 Performance Measure (2016)</i>	501.13
Were all required participants <i>present</i> for the Service Plan meeting?					501.13 and 501.13.1
Was the initial SP meeting scheduled within 7 calendar days of CM Section of the Person-Centered Assessment?					501.13
Does the Initial, 6 month, or annual Service Plan address person's preferences?				If <u>NO</u> , disallow months covered by SP if not addressed.	501.13
Does the Initial, 6 month, or annual Service Plan address person's goals?				If <u>NO</u> , disallow months covered by SP if not addressed.	
Is there a current and appropriate (emergency) backup/crisis plan in the file that addresses person's specific needs?				Disallow months covered by SP, if not addressed/if emergency plans do not address each person's specific needs. (CM only) TA for PA RN. <i># 30 Performance Measure (2016)</i>	501.13
Is the Service Plan signed and dated by the person <u>or</u> Legal Representative, Case Manager, and the PA RN if 6 months or Annual?				If <u>NO</u> , disallow months covered by SP.	SP Form Instructions

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Was a copy of the Service Plan shared with the Person or Legal Representative and PA agency?				If <u>NO</u> , disallow months covered by SP.	501.13
Person's file reflects the type, scope, duration, amount, and frequency of services specified in the SP.				If <u>NO</u> , disallow for months covered by SP. <i># 21 Performance Measure</i>	501.13
Does the Service Plan present viable plan to address identified Health and Safety risk? (refer to section 5 of CM Section of Person-centered Assessment)				Disallowance of months covered by SP if not addressed. <i># 17 Performance Measure (2016)</i>	501.13
Does the Service Plan reflect identified assessed needs? (refer to section 8 of CM Section of the Person-centered Assessment)				Disallowance of months covered by SP if not addressed. <i># 18 Performance Measure (2016)</i>	501.13
Does the Service Plan reflect the persons desired outcomes? (refer to section 3 in CM Section of the Person-centered Assessment)				Disallowance of months covered by SP if not addressed. <i># 19 Performance Measure (2016)</i>	501.13
Does the Person-Centered Assessment reflect the health care needs were coordinated and carried over to the Service Plan, if applicable?				If Person-Centered Assessment indicated that person wanted or needed help in obtaining referral to physicians, specialists, medical testing or in making medical appointments, was that carried over to Service Plan? If not, disallow months covered by SP. <i># 29 Performance Measure (2016)</i>	Person-Centered Assessment Instructions and Service Plan Instructions