

West Virginia Medicaid Personal Care Services Site Validation Review Monitoring Tool

Provider Name:	Provider Number:		
Location	Review Period:		
Policy section 517.3 Provider Certification: In order to provide Personal Care services under WV Medicaid, a provider agency must have a CON from the WV Health Care Authority.			
*The Monitor must review and verify all areas listed below. *The Provider must complete a corrective action plan for all findings.	Circle One	COMMENTS	Manual Reference
A business license issued by the State of West Virginia.	YES NO	Review and scan the paper copy onsite.	517.3.B
The business license in good standing and not revoked for any reason.	YES NO	Verify with the Secretary of State office the business license was not revoked or lapsed during the review period.	517.3.B
A federal tax identification number.	YES NO	Will be on the business license.	517.3.C 517.8
A competency based curriculum for required training areas for direct care staff.	YES NO	Request a copy of the training curriculum and pre and/or post-test.	517.3.D (and its subparts)
Has an agency organizational chart.	YES NO	Request a copy	517.3.E
A list of Board of Directors if applicable.	YES NO NA	Request a copy	517.3.F
A list of all provider staff, which includes their qualifications. (Chapter 517.5, Chapter 517.8, Chapter 517.9 and Chapter 517.10 and all of their subparts)	YES NO	Request a copy	517.3.G 517.5 51517.8 517.9 517.10
A list of all counties served.	YES NO	Request a copy	517.3.H
A Quality Management Plan.	YES NO	Request a copy	517.3.I
A physical office that meets the criteria outlined in Chapter 517.3.1.	YES NO	Confirm address is same as on file with BoSS.	517.3.J 517.5.3.1

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Written policies and procedures for process: -Member Grievances -Member and staff complaints -Member transfer -Discontinuation of member services	YES NO	Review	517.3. K, L, M,N,O,P
An Agency Emergency Plan for members and for office operations.	YES NO	Review	517.3. Q
Policy section 517.3.1 Office Criteria: PC providers (excluding Specialized Family Care Providers) must designate and staff at least one physical office location. Each office must met the following criteria:			
The office site is located in WV.	YES NO	If <u>NO</u> document address and location.	517.3.1.A
Meet Americans with disability Act requirements for accessibility.	YES NO	Review site and take pictures to log.	517.3.1.B
Readily identifiable to the public.	YES NO	Review site and take pictures to log.	517.3.C
Maintain a primary telephone that is listed under the name and local address of the business.	YES NO	Note phone number. Verify same as on file at BoSS.	517.3.1.D
Maintain a secure e-mail address for communication with BMS and Operating Agency.	YES NO	Verify	517.3.1.E
Have hours posted in a visible area and open to the public at least 40 hours per week.	YES NO	Review site and take pictures to log.	517.3.1.F
Contain space for securely maintaining member and personnel records.	YES NO	Review site and take pictures to log.	517.3.1.G
Maintain a 24 hour contact method if applicable.	YES NO NA	Document how the PC agency complies with this policy.	517.3.1.H