PERSONAL ATTENDANT MONITORING TOOL

Provider Name: **Review Period:**

Person Name: **Medicaid Number:**   **Phone#**

CHART REVIEW	YES	NO	NA	COMMENTS	MANUAL REFERENCE
Is there a PAS for the review period with LOC determination, signed and dated by the UMC RN?					
PERSON-CENTERED ASSESSMENT	**YES**	**NO**	**NA**	**COMMENTS**	**MANUAL REFERENCE**
Was the **Person-Centered Assessment** conducted within 7 days of Enrollment?				If person enrolled during current review period.	501.12
Was a home visit made with the person and PA within 30 calendar days after PA services begun?				If person enrolled during current review period or if a transfer to a new PA agency.	501.18.1D.
Is there an Initial, 6 month, or annual **Person-Centered Assessment** (Section I and II) in the person's record?				(The Annual Assessment cannot be completed sooner than 60 days.) If **NO,** disallow months covered by assessment.	501.12
Is the **Person-Centered Assessment** signed and dated by Person and PA RN?				If **NO,** disallow months covered by assessment.	Person-Centered Assessment Instructions
Is there billing for additional visits other than the required visits? Is the visit justified and the appropriate paperwork completed?				If **NO,** disallow due to no documentation to justify visit. NA: No other visits made.	501.18.2 501.18.2 B, D, H, I, and K RN Contact Form Instructions
PERSONAL ATTENDANT LOG	**YES**	**NO**	**NA**	**COMMENTS**	**MANUAL REFERENCE**
Is there a copy of the current Service Plan in person's file?				Must have to develop PAL. If **NO,** disallow months covered by SP.	501.13
Is there a PAL for the review period?				If **NO,** disallow months covered by SP.	501.13

	YES	NO	NA	COMMENTS	MANUAL REFERENCE
Is the plan period documented?				If **NO,** disallow months covered by SP.	501.13, Service Plan Instructions
Is the direct care description of services documented				If **NO,** disallow for any services without details instructing PA how to complete the task.	501.13, Service Plan Instructions
Does the PAL reflect the preferences of the person noted in the Service Plan?				If answered No, must answer next question.	501.13, Service Plan Instructions
If the above is answered *No,* is there documentation of all deviations?				If answered No, disallow payment.	501.13, Service Plan Instructions
Is the PAL signed and dated by PA RN?				If **NO,** disallow service codes A0160, S5130 and T1002.	501.13, Service Plan Instructions
PERSONAL ATTENDANT DOCUMENTATION	**YES**	**NO**	**NA**	**COMMENTS**	**MANUAL REFERENCE**
Is the total time documented each day?				If **NO,** disallow.	501.17.2, Service Plan Instructions
Are PA initials entered daily for each service completed?				If **NO, documentation to explain why service was not provided** *disallow one unit for each service not initialed.*	501.17.2, Service Plan Instructions
Are community activities within the 20-hour limit?				If **NO,** disallow service codes A0160 and S5130 related to the number of hours over the limit.	501.17.2
Does transportation information justify the billing?				If **NO,** disallow.	501.17.2
Does time spent on transportation and hands-on personal care assistance equal the full time usually spent for only hands-on personal care assistance (disallow travel time)? Does PAL list the same duties for days with one amount of time and then another amount of time – i.e., bathing, dressing, grooming for 2 hours one day of the week, but the same duties for 4 hours another day of the week (disallow 2 hours as stated in example)?				If **YES,** disallow excess hours not justified by PAL.	501.17.2
Does the person initial each day for services received?				If **NO,** disallow day(s) not initialed.	501.17.2, Service Plan Instructions

Is the documentation of services signed and dated by Person **OR** Legal Representative, PA and PA RN as compliant with the PAL?				If answered **No,** document what was out of compliance: If **NO,** disallow.	501.17.2, Service Plan Instructions
Were services received less than what was indicated on PAL?					501.17.2, Service Plan Instructions
If the above question is answered *yes,* did the RN document any problem or reason for the change in the PAL in comments section or on a piece of paper attached to the worksheet?				If **NO**, disallow for entire day.	501.17.2, Service Plan Instructions
Were consistent non-compliances with the PAL addressed by the RN during her review of the completed PAL worksheet?				If **NO,** disallow for any time that was noncompliant.	
Time spent on completing incidental services exceeds time spent on hands-on personal care assistance.				If **YES** for more than one day, with no reasonable rationale given regarding health and safety of person, disallowance for all ADW services for that time period will be executed.	501.17.2
Mileage exceeds 300 miles per month.				If **YES,** disallow mileage over 300 miles.	
NURSE DOCUMENTATION					
Nurse billed no more than one unit per calendar month of T1002 to review and approve PAL worksheet.				If **NO,** disallow additional units of T1002 used for this purpose.	501.18.2

Nurse reviewed PAL worksheet and addressed deviations from the PAL. Documentation by the RN is present justifying the need for the deviation and/or the PAL is to fit needs of the recipient in a timely manner to ensure member compliance with PAL.				If **NO,** disallow the one unit of T1002 per month. Was a new POC developed within 2 weeks of a change? If **NO**, disallow T1002 for the month the change should have occurred through the review period. TA, next review period will be a total disallowance of A0160 and S5130 from 2 weeks after a change occurs and PAL is not revised through the end of the Plan Period or until PAL was changed. If many changes occur, the RN must document the RN is working with the member to provide a PAL to meet the member needs. A new PAL should be developed as soon as possible to address the member needs.	501.18.2