

# West Virginia Medicaid Aged and Disabled Waiver Program

## CASE MANAGEMENT MONITORING TOOL

<b>AGENCY:</b>	<b>PROVIDER #:</b>				
<b>MEMBER:</b>	<b>MEDICAID #:</b>			<b>REVIEW PERIOD:</b>	
<b>MEMBER INFORMATION</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>	<b>Manual Reference</b>
Does record include medical eligibility notice?					501.3.3.2.A 501.3.4A 501.3.4.1.A
Is there a PAS for the review period?					501.3.3.2.A 501.3.4.A Attachment 14
Is there proof of financial eligibility?					501.3.6 501.7.1.6.A Attachment 1
Is there evidence of member choice on Case Management Selection Form?					501.3.3.2.A 501.7.1.3
<b>CASE MANAGEMENT ASSESSMENT</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>COMMENTS</b>	
Is there a Case Management assessment for the review period?					501.7.1.4 Attachment 4
Is form complete?					501.7.1.4 Attachment 4
Is form signed and dated by Case Manager?					501.7.1.4 Attachment 4
Are contacts appropriate to the program guidelines?					501.7.1.3 501.7.1.4 501.7.1.5 501.7.1.6
Was initial assessment done within 7 working days of financial eligibility determination?			N/A	Member admitted to the program prior to this policy.	501.7.1.6 501.7.1.4 Attachment 4

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SERVICE COORDINATION PLAN	Y	N	N/A	COMMENTS	Manual Reference
Is there a SCP for the review period?					501.7.1.4 501.7.1.5 Attachment 5
Is the form signed and dated?					501.7.1.5 Attachment 5
Was the initial SCP meeting held within 14 days of assessment?			N/A	Member admitted to the program prior to this policy.	501.7.1.5 501.7.1.6 Attachment 5
Are agencies and services documented for the review periods?					501.7.1.6 Attachment 5
Were updates to the SCP made when needs of the member changed?					501.7.1.6 A-H Attachment 5
Was the SCP meeting held initial/annually?					501.7.1.4 501.7.1.5 501.7.1.6 Attachment 5
Are identified risks from the CM Assessment reflected on the SCP?					501.7.1.5 501.7.1.6 Attachment 4 Attachment 5
SCP Addresses all needs as identified by CM Assessment, HM RN Assessment and PAS.					501.7.1.5 501.7.1.6 Attachment 4 Attachment 5 Attachment 9 Attachment 14
SCP includes the type, amount, duration, scope and frequency of services to meet all needs as identified by CM Assessment.					501.7.1.1 501.7.1.5 Attachment 4 Attachment 5

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GENERAL INFORMATION	Y	N	N/A	COMMENTS	
Is consent form signed and in the record?					501.7.1.7 Attachment 8
Is there documentation of all member contacts?					501.7.1 Attachment 5,6,7
Can contacts be located on contact sheet or log notes?					501.7.1 Attachment 5,6,7
Was initial contact made within three working days of notification of medical eligibility?			N/A	Member admitted to the program prior to this policy.	501.7.1.3
Is there proof of appropriate transfer process?			N/A		501.4.1 D 501.4.2 501.4.3 Attachment 2
Was grievance procedure followed?			N/A		501.5 Attachment 3
Is there evidence of dual provision of services?			N/A		501.7.15 Attachment 19
Is there a signed consent form showing evidence of choice between waiver services and institutional care?					501.7.1.7 Attachment 8