

## **Medicaid Aged and Disabled Waiver Program Case Management Agency Monthly Report Instructions**

Each Case Management Agency must complete this form (please print or type) and **mail** to the WV Bureau of Senior Services by the 6<sup>th</sup> working day of each month. A *Medicaid Client Information Form (MCIF)* on each opened and closed client must be attached to this Monthly Report. Mail to:

Barbara Paxton  
WV Bureau of Senior Services  
State Capitol  
1900 Kanawha Blvd. East  
Charleston, WV 25305

Please contact Barbara at 304-558-3317 with any questions regarding this report and *MCIF* responsibilities.

1. Enter agency name and site location.
2. Enter agency provider number.
3. Enter month and year of the report being completed.
4. Enter county(ies) served by this site in alphabetical order.
5. Enter the "Previous Month Total." If you have no previous or active clients or if this is your first report, enter "0."
6. Enter the number of clients opened for the reporting month. *MCIF* must be attached.
7. Enter the number of clients closed for the reporting month. *MCIF* must be attached.
8. Enter the number of total active clients using the following formula:  
  
**Clients opened + previous month total – number closed = Total Active Clients**
9. Total every column except "County."
10. Enter the total number of active clients served by your agency.
11. Agency representative must sign and date the report.

## Medicaid Aged and Disabled Waiver Program Case Management Agency Monthly Report

Agency Name and Site \_\_\_\_\_

Provider Number \_\_\_\_\_ Reporting Month/Year \_\_\_\_\_

County	Previous Month Total	Clients Opened	Clients Closed	Total Active Clients
<b>Total</b>				

Agency Total Active Clients \_\_\_\_\_

Agency Representative Signature \_\_\_\_\_ Date \_\_\_\_\_