

**West Virginia Medicaid Aged and Disabled Waiver Program**

**HOMEMAKER MONITORING TOOL**

<b>AGENCY:</b>		<b>PROVIDER #:</b>			
<b>CLIENT INITIALS:</b>	<b>MEDICAID #</b>	<b>REVIEW PERIOD:</b>			
<b>CHART REVIEW</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>	<b>Manual Reference</b>	
Does record include medical eligibility notification?				503.3.2	
Is there a PAS for the review period?				503.1 Attachment 14	
Is there evidence of member choice on the Homemaker Selection Form?				507.1.4	
<b>RN ASSESSMENT</b>	<b>Y</b>	<b>N</b>			
Is there an RN Assessment for the review period?				507.3.3 507.4 Attachment 9	
Is RN Assessment complete?				507.3.3 507.4 Attachment 9	
Is RN Assessment signed and dated by RN?				507.3.3 507.4 Attachment 9	
Are member contacts appropriate to the program guidelines?				507.3.3 507.4 Attachment 6, 7	
<b>RN PLAN OF CARE</b>	<b>Y</b>	<b>N</b>			
Is there a POC for the review period?				507.3.3C 507.4 Attachment 10	
Is POC signed and dated on back by RN?				507.3.3 507.4 Attachment 10	
Is the POC period documented?				Instruction Attachment 10	

Is direct care activity documented?					Instruction Attachment 10
Are time in and time out documented for each day?					Instruction Attachment 10
Is total time documented for each day?					Instruction Attachment 10
	<b>Y</b>	<b>N</b>	<b>NA</b>		
Are the services provided within the limits of the member's LOC?					Instruction Attachment 10
Homemaker POC specifies less services' than indicated on the PAS.					Instruction Attachment 10
Do community activities remain within the 20-hour limit?			NA	No Community activity planned.	507.4F
Is there proof of Level of Care Change from BMS?			NA		507.4F Attachment 12
<b>HOMEMAKER WORKSHEET</b>					
Are time in and time out documented for each day?					507.5.J.L. Instruction Attachment 11
Is total time each day documented?					507.5.J.L. Instruction Attachment 11
Are Homemaker initials entered daily for each service completed?					507.5.J.L. Instruction Attachment 11
Is transportation information completed by Homemaker?			NA	No transportation	507.5.J.L. Instruction Attachment 11
Are community activity hours within limits?			NA	No community activity	507.5.D.
Does transportation information justify the billing?			NA	No transportation	507.6 Attachment 11

Does the member initial each day for services received?					507.4D 507.5L Attachment 11
Are member's signature and date complete?					504.1G 507.4D Attachment 11
Are homemaker's signature and date complete?					Instructio nAttachmen t 11
Has RN signed off and dated for compliance with POC?					507.4D 507.5L 11
Were services received less than what was indicated on HM POC?					507.4D
<b>GENERAL INFORMATION</b>					
Was Homemaker in home within 7 days of the SCP meeting?			NA	Member admitted_____	507.1.6
Is there a plan for the member's care if the Homemaker is unable to fulfill duties?					Admin Function 507.4 F 507.4 G
Is there documentation of HM RN attending initial/annual SCP meeting?					507.1.5 507.3.3 Att 5,6,7,9
Is there proof of appropriate transfer process?			NA	No request for transfer made.	504.1 D 504.2 504.3 Attachment 2
Was grievance procedure followed?			NA	No grievance made.	505 Attachment 3
Is there evidence of dual provision of services?			NA	No request for dual services.	507.15 Attachment 19
<b>GENERAL INFORMATION continued</b>					
Is there a signed consent form showing evidence of choice between waiver services and institutional care?					507.1.7