

West Virginia Personal Care Program Monitoring Tool

Member Record

Agency Name:		Provider Number:	
Member Initials:	Medicaid Number:	Review Period:	

CHART REVIEW	Y	N	NA	COMMENTS	MANUAL
Is there a PCMEA for the review period?					517.10 Attachment 2
Is the PCMEA signed and dated by the MD?					517.14.3 Attachment 2
Signed and dated by the PC RN as evidence of review of document once received from MD and criteria for PC met?					517 Attachment 2 Instructions.
Signed and dated by the member or designee?					517 Attachment 2 Instructions.
Applicant meets the medical needs criteria for Personal Care services?					517.14.3, 517.15 Attachment 2
RN ASSESSMENT	Y	N	NA	COMMENTS	MANUAL
Is there an RN Assessment for the review period?				Initial, annual or six month	517.16.1, 517.16.2 Attachment 6
Is the RN Assessment complete?				Sections left blank	517.16.3 Attachment 6
Is the RN Assessment signed and dated by the member?					517.16.2 Attachment 6
Is the RN Assessment signed and dated by the RN?					517.16.2 Attachment 6
Any other RN Assessments which indicate the need with documentation to justify the visit?				Documentation did not show evidence the member's condition indicated need for additional visit.	517.16.2 Attachment 6
Does the RN Assessment include a member employment appraisal?					517.16.2A. Attachment 6

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RN PLAN OF CARE	Y	N	NA	COMMENTS	MANUAL REFERENCE
Is there a nursing POC for the review period?					517.16.1, 517.16.2 Attachment 3 & 4
POC considers support from family or community?					517.16.2B. Attachment 3 & 4
POC address needs as identified in the RN Assessment?					517.16.2B. Attachment 3 & 4
Is the POC signed by the RN?					517.16.2B. Attachment 3 & 4
Is direct care activity documented in time based on the Personal Care Standards?					Attachment 4
Services provided in the member's residence and include hands on direct care services?					517.11
Is the total time documented for each day?					Attachment 3 & 4
SPECIAL REQUESTS	Y	N	NA	COMMENTS	MANUAL REFERENCE
Is there a PA request for additional hours?					517.18
Is there a Dual Service Provision request for Personal Care?					517.19

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PERSONAL CARE DAILY LOG	Y	N	NA	COMMENTS	MANUAL REFERENCE
Is there a Personal Care Daily Log for the services billed?					517.16.8
Is the time documented in left hand column?					Attachment 5
Is the total time documented each day?					Attachment 5
Are direct care staff initials entered daily for each service completed?					
Has the direct care staff signed Personal Care Daily Log?					
Does the log reflect activities as written on the POC?					
Has RN signed off and dated for compliance with POC?					517.16.2C
Did the environmental support activity exceed one-third of the total care activity allotted by the care plan?					Attachment 5

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Date	Code	Units Billed	Potential Disallowed Units	Comments
1/1/2009	T1019			
2/1/2009	T1019			
3/1/2009	T1019			
Total Units	T1019			
1/1/2009	T1002			
2/1/2009	T1002			
3/1/2009	T1002			
Total Units	T1002			
1/1/2009	T1001			
2/1/2009	T1001			
3/1/2009	T1001			
Total Units	T1001			