

West Virginia Personal Care Monitoring Tool Member Record

Agency Name:		Provider Number:	
Member Name:	Review Period:		
<p>Policy section: 517.5.1 The provider must keep a file on each Medicaid member for whom the DHHR is billed. Member files must contain all original and/or required documentation for services provided to the member including the PAS, Member Assessments, Contact Notes, POC, Daily Logs, etc. Required on-site documentation may be maintained in an electronic format in accordance with Chapter 300, Section 320.5.</p>			
	Circle One	COMMENTS	Manual Referenc
The PC PAS is signed and dated by the physician.	YES NO	If NO document potential unit disallowance for all services provided with the <u>from</u> and <u>to</u> date and request additional claims outside review pd.	517.19.1
The applicant or person acting for applicant (noting relationship) has signed and dated the PAS authorizing release of PHL.	YES NO	If NO , disallow for the entire time PAS was in use.	PC PAS Form
A written authorization notice from the UMC for approval of Level 1 or Level 2 hours.	YES NO NA	Any services provided must have a written approval from the UMC in the record. If NO , a total disallowance of authorization period.	
<p>Policy section 517.20: Once authorization is received from the UMC, the Personal Care provider must complete the member's Personal Care Assessment and Personal Care Plan of Care, based on identified needs and member preferences, and initiate direct care services within 10 calendar days. At the time the provider receives the PAS from the physician, the RN must start to document actions on the Personal Care Initial Contact Form.</p> <p>Policy section 517.21.1: Service code T1001; Initial Member Assessment/Reevaluation. An initial/annual PAS, signed and dated by a physician and the agency RN, a PC Assessment and POC must all be completed for this event.</p> <p>NOTE: All activities must be conducted by the provider agency RN <u>Prior to billing T1001.</u></p> <p>A. Review and submit the physician signed and dated PAS.</p> <p>B. Conduct the initial and annual person centered face-to-face Personal Care Assessment, (except for dual services).</p> <p>C. Development of the initial and annual Personal Care Plan of Care. The Plan of Care must be developed with the member and/or his/her legal representative and <u>must</u> address the member's needs and preferences.</p>			
The direct care services were initiated within 10 calendar days.	YES NO NA	If NO , disallow any nursing billing up to the time services were initiated. N/A if member started PC services outside of the review period.	517.20.A
Once authorization was received from the UMC the RN began documenting actions on the PC Initial Contact Form.	YES NO NA	If NO , disallow any nursing billing the initial month of services. N/A if member started PC services outside of the review period.	517.20.A

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An Initial and/or Annual person centered face-to-face Personal Care Assessment (except for dual services) was conducted by the RN, <i>signed, dated</i> and covers the review period.	YES NO	The Annual Assessment cannot be completed sooner than 60 days. The Assessment must be signed <u>and</u> dated by RN. If <u>NO</u> , disallow for Initial/Annual, all nursing billing, and all direct care services provided during the non-compliant timeframe.	517.21.1
An Initial and/or Annual person centered face-to-face Plan of Care must be developed with the member and/or his/her legal representative, must address the member's needs and preferences and signed and dated by the RN.	YES NO	<i>The PC POC must be signed and dated by the RN.</i> If <u>NO</u> look forward for non-compliance <u>from</u> and <u>to</u> date. Include disallowance of all direct care services provided during the non-compliance frame.	517.21.1
<i>Policy section 517.21.2: Service code T1002;</i> Requires a six month Personal Care Assessment (except for dual service members), a six month Personal Care Plan of Care, the Personal Care RN and the Personal Care Monthly Report.			
A six (6) month, person centered face-to-face Personal Care Assessment (except for dual services) was conducted by the RN.	YES NO	If <u>NO</u> , disallow for all nursing services and direct care services during non-compliant timeframe.	517.21.1 517.21.2 A
The six month Personal Care Assessment is <i>signed and dated</i> by the RN and the member (or legal representative).	YES NO	If <u>NO</u> , disallow for all nursing services and direct care services during non-compliant timeframe.	517.21.1 517.21.2 A Member Assessment Instruction Sheet
A six (6) month Personal Care Plan of Care is based on the members identified needs and preferences.	YES NO	If <u>NO</u> , disallow for all nursing services and direct care services during non-compliant timeframe.	517.21.1 C 517.21.2 B POC Instruction Sheet
The PC POC allows for the member to function as independently as possible. The Plan of Care must consider any informal Supports (i.e. family, friends or community supports) that are available to address the member's needs and the POC must be modified as necessary to address changes in the member's condition.	YES NO	If <u>NO</u> due to poor documentation of Informal Support by the nurse, disallow nursing units for timeframe. If <u>NO</u> due to not addressing needed changes in member condition, disallow nursing units for timeframe. If <u>NO</u> , due to not addressing informal support living in home assisting with Environmental needs, disallow time for shared areas in the home.	517.21.2 B POC Instruction Sheet

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Other PC RN Home Visit(s) conducted documented the member's condition and indicated a need for the additional visit.	YES NO	If NO , disallow units for nursing visits not covered in the manual.	517.21.2 517.21.2 A Member Assessment Instruction Sheet
The RN Member Home Visit Form is signed by the agency RN and the member (or legal representative).	YES NO	If NO , disallow units for the nursing visit, all nursing billing and all direct care billing for the non-compliant timeframe.	517.21.2 A Member Assessment Instruction Sheet
Member Name: _____ Member ID: _____			
The POC is signed and dated by the agency RN on the front page on the day the plan was developed.	YES NO	If NO , disallow all direct care services for the POC period and the billing for the nursing visit.	POC Instruction Sheet
Policy section: 517.21.3A: Service code T1019; A POC signed and dated by the direct care worker, provider agency RN and member (or legal representative) with a tentative schedule outlining the dates/times when the member will receive PC services. The functions must include providing direct care services as defined by the POC, recording services and time spent with the member and communicating to the RN any member changes. Records must be accurately completed as instructed by the RN.			
The direct care worker documented the month and year on the top of the form to signify the month and year services were provided.	YES NO	If NO , and you are able to determine the month and year of service based on the signatures, TA and no disallowance. If you are unable to determine the month and year of the document, disallow all services paid on the document.	517.21.3 POC Instruction Sheet # 3
The direct care worker checked/circled the day of the month services were provided.	YES NO	If NO , disallow the direct care services billed and paid for the day that is not appropriately documented. The day service was provided must be checked or circled.	517.21.3 POC Instruction Sheet # 3
The direct care worker documented the day of the week in the box under the day of the month checked/circled.	YES NO	If NO , provide technical assistance if you are able to determine the day of the week based on the other documentation on the form. If you are unable to determine the day of the week disallow all services paid for that day.	517.21.3 POC Instruction Sheet # 3
The direct care worker documented time he/she arrived at the member's home.	YES NO	If NO , disallow time paid for the day.	517.21.3 POC Instruction
The direct care worker initialed in each block out from the service to signify the service was provided that day .	YES NO	If NO documentation in the Comment section to support why the service was not provided disallow one unit (15 minutes) for each service not provided.	517.21.3 POC Instruction Sheet # 3
The direct care worker documented time he/she left the member's home.	YES NO	If NO , disallow time paid for the day.	517.21.3 POC

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The direct care worker documented the total time he/she spent providing services.	YES NO	If NO and you are able to determine the total time spent from the documentation, provide technical assistance. If NO , and you are unable to determine total time spent, disallow time paid for the day.	517.21.3 POC Instruction Sheet # 3
The direct care worker obtained the member (or legal representative) initial in the block under total hours to verify services were provided on that day. <i>Prior to leaving the member's home.</i>	YES NO	If NO , disallow time paid for the day.	517.21.3 POC Instruction Sheet # 3
The direct care worker documented any transportation provided for Essential Errands and/or Community Activities in the travel section of the form noting, <i>date, destination/purpose, if the member was present during the travel and the time spent.</i>	YES NO	If NO , disallow time paid for travel. The following must be documented on the travel section of the form: <i>date, destination/purpose, if the member was present during the travel and the time spent.</i>	517.21.3 POC Instruction Sheet # 3
The member initialed the travel documentation to verify the travel information is correct.	YES NO	If NO , disallow time paid for travel.	517.21.3 POC Instruction Sheet # 3
The member (or legal representative) signed and dated the form certifying the reported information is complete and accurate.	YES NO	If NO , disallow time paid for all services documented on the form.	517.21.3 POC Instruction Sheet # 3
The direct care worker printed their name in the "Printed Name" section of the form.	YES NO	If NO , provide technical assistance if you are able to determine the name of the direct care worker by the signature. If you are unable to determine the name of the direct care worker by the signature, disallow all services paid on the document.	517.21.3 POC Instruction Sheet # 3
The direct care worker signed and dated the document certifying the reported information is complete and accurate.	YES NO	If NO due to missing signature and/or missing date, disallow time paid for all services documented on the form.	517.21.3 POC Instruction Sheet # 3
Any variance from the POC is documented in the "Comment" section of the form by the RN or Direct Care worker.	YES NO	If NO , disallow time paid for services provided outside the POC.	517.21.3 POC Instruction Sheet # 3
Environmental maintenance (examples: housekeeping, washing dishes, laundry, etc.) is NOT greater than one-third (1/3) of the time spent providing Personal Care services.	YES NO	If NO , disallow the units of additional time spent by the direct care worker above the 1/3 of the personal care services and any RN billing for development of the POC and monthly billing for review of POC. <i>Example: POC provided 240 units for the month. 120 units of environmental services provided 80 units = 1/3 of POC 40 units disallowed.</i>	517.21.2 C POC Instruction Sheet

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The PC RN signed and dated the PC POC certifying services were provided as directed; printed name, date, begin time, end time and total time of the review.	YES NO	The RN must sign the POC, print name, date of review certifying services were provided and note the begin and end time of review to determine amount of units to bill. If NO , disallow time paid for all DCW services on document and disallow any time billed under T1002 for review of the PC POC.	517.21.3 POC Instruction Sheet # 3
Policy section: 517.22; Individuals who are receiving Aged and Disabled Waiver (ADW) services, Intellectual/Developmental Disabilities Waiver (I/DDW) services or Traumatic Brain Injury Waiver (TBIW) services may also receive Personal Care Services, if they are utilizing all ADW and TBIW services at the maximum level and utilizing all direct care service hours through IDDW (see criteria set in PC policy manual) and still have unmet direct assistance needs and meet Personal Care criteria.			
Personal Care Services provided were for unmet needs and approved by UMC. (<i>No evidence of duplication of services</i>).	YES NO	If NO , disallow time paid for all services documented on the form. (Refer to policy section 517.22.1 and the WV Personal Care Dual Services Request).	517.22. 517.22.1 517.22.2 517.22.3

Note: You must contact Teresa McDonough and Stuart Epling by email to request additional claims if needed for this review.