

PERSONAL CARE FORMS INSTRUCTIONS

Form Name: Personal Care Monthly Report (Policy Section 517.8.2 and 517.19)

Purpose: To document when the provider has started Personal Care services with a member, restarted Personal Care services with a member, when a person has transferred to or from your agency, or when a person has left the program for any reason.

- Enter the following information at the top of the form:
 - Month
 - Year
 - Check the box for No Activity this Month if applicable
 - Provider name
 - Provider number
 - Agency phone number
 - Location
 - Zip
 - Submitted by:

- Complete the chart section of the form by documenting:
 - Check the address box change if the member has moved
 - Member Last Name
 - Member First Name
 - Member's street address
 - Member's City
 - Member's Zip
 - Member's County
 - Member's date of birth
 - The initial date of services by your agency for the member
 - The open date of services by your agency for the member this time if it is a restart
 - Member's Medicaid number
 - Dates of the prior authorization for PC services currently in place
 - If this person transferred to your agency, enter the name of the agency from which the member transferred
 - If person transferred from your agency, enter the name of the agency to which the member transferred
 - If information from the bullet above is applicable, enter the effective date of the transfer from your agency
 - If person's services are being closed, enter the date of the closure
 - If person's services are being closed, enter reason – death, unsafe environment, noncompliance, member no longer wants services, member moved to another state, member currently residing in nursing facility, etc.

Once completed, please fax by the 6th business day of the month following services to the attention of Barbara Paxton at 304-558-6647 or email via secure email to Barbara.A.Paxton@wv.gov.