

CHART REVIEW	COMMENTS	MANUAL REFERENCE
Is there a copy of the PAS in the member record?	If no, provide TA.	517.13.8
The direct care services were initiated within 10 calendar days.	If <b>NO</b> , disallow any nursing billing up to the time services were initiated. N/A if member started PC services outside of the review period.	517.13.8
PERSONAL CARE ASSESSMENT		
An Initial and/or Annual person centered face-to-face Personal Care Assessment (except for dual services) was conducted by the RN, <b>signed, dated</b> and covers the review period.	The Initial Assessment was conducted within 7 days, after the provider agency was chosen and every six months/annually thereafter. The Assessment must be signed <b>and</b> dated by RN. If <b>NO</b> , disallow for Initial Assessment, all nursing billing, and all direct care services provided during the non-compliant timeframe.	517.14
PLAN OF CARE		
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.	<b><i>The PC POC must be signed and dated by the RN.</i></b> If <b>NO</b> , disallow nursing billing , and all direct care services provided during the non-compliant timeframe.	517.15
A six (6) month, person centered face-to-face Personal Care Assessment (except for dual services) was conducted by the RN.	If <b>NO</b> , disallow for all nursing services and direct care services during non-compliant timeframe.	517.16.2 517..16 A
The six month Personal Care Assessment is <b>signed and dated</b> by the <b>RN</b> and the member (or legal representative).	If <b>NO</b> , disallow for all nursing services and direct care services during non-compliant timeframe	517.16.2 517.8.16 A Assessment Instruction Sheet
A six (6) month Personal Care Plan of Care is based on the members identified needs and preferences.	If <b>NO</b> , disallow for all nursing services and direct care services during non-compliant timeframe.	517.16.2 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.	If <b>NO</b> due to poor documentation of Informal Support by the nurse, disallow nursing units for timeframe.If <b>NO</b> due to not addressing needed changes in member condition, disallow nursing units for timeframe.	517.16.2 B 517.16.2 B POC Instruction Sheet

Other PC RN Home Visit(s) conducted documented the member's condition and indicated a need for the additional visit.	If <b>NO</b> , disallow units for nursing visits not covered in the manual.	517.16.2 A Assessment Instruction Sheet
The RN Member Home Visit Form is signed by the agency RN and the member (or legal representative).	If <b>NO</b> , disallow units for the nursing visit, all nursing billing and all direct care billing for the non-compliant timeframe.	517.16.2 A Member Assessment Instruction Sheet
The POC is signed and dated by the agency RN on the front page on the day the plan was developed.	If NO, disallow all direct care services for the POC period and the billing for the nursing visit.	POC Instruction Sheet
<b>PERSONAL ATTENDANT DOCUMENTATION</b>		
The direct care worker documented the month and year on the top of the form to signify the month and year services were provided.	If <b>NO</b> , and you are <b>able</b> to determine the month and year of service based on the signatures, TA and no disallowance.If you are <b>unable</b> to determine the month and year of the document, disallow all services paid on the document.	517.16.3 POC Instruction Sheet
The direct care worker checked/circled the day of the month services were provided.	If <b>NO</b> , provide technical assistance if you are able to determine the day of the month based on the other documentation on the form. If you are unable to determine the day of the month disallow all services paid for that day.	517.16.3 POC Instruction Sheet
The direct care worker documented the day of the week in the box under the day of the month checked/circled.	If <b>NO</b> , provide technical assistance if you are <b>able</b> to determine the day of the week based on the other documentation on the form.If you are <b>unable</b> to determine the day of the week disallow all services paid for that day.	517.16.3 POC Instruction Sheet
The direct care worker documented time he/she arrived at the member's home.	If <b>NO</b> , disallow time paid for the day.	517.16.3 POC Instruction Sheet
The direct care worker <u>initialed in each block</u> out from the service to signify the <u>service was provided that day</u> .	If <b>NO</b> documentation in the Comment section to support why the service was not provided disallow one unit (15 minutes) for each service not provided.	517.16.3 POC Instruction Sheet
The direct care worker documented time he/she left the member's home.	If <b>NO</b> , disallow time paid for the day.	517.16.3 POC Instruction Sheet

The direct care worker documented the total time he/she spent providing services.	If <b>NO</b> and you are <b>able</b> to determine the total time spent from the documentation, provide technical assistance. If <b>NO</b> , and you are <b>unable</b> to determine total time spent, disallow time paid for the day.	517.16.3 POC Instruction Sheet
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>	If <b>NO</b> , disallow time paid for travel.	517.16.3 POC Instruction Sheet
The direct care worker documented any transportation provided for Essential Errands and/or Community Activities in the travel section of the form noting, <b><i>date, destination/purpose, if the member was present during the travel and the time spent</i></b> .	If <b>NO</b> , disallow time paid for travel. The following must be documented on the travel section of the form: <b><i>date, destination/purpose, if the member was present during the travel and the time spent</i></b>	517.16.3 POC Instruction Sheet
The member initialed the travel documentation to verify the travel information is correct.	If <b>NO</b> , disallow time paid for travel.	517.16.3 POC Instruction Sheet
The member (or legal representative) signed and dated the form certifying the reported information is complete and accurate.	If <b>NO</b> , disallow time paid for all services documented on the form.	517.16.3 POC Instruction Sheet
The direct care worker printed their name in the "Printed Name" section of the form.	If <b>NO</b> , provide technical assistance if you are <b>able</b> to determine the name of the direct care worker by the signatureIf you are <b>unable</b> to determine the name of the direct care worker by the signature, disallow all services paid on the document.	517.16.3 POC Instruction Sheet
The direct care worker signed and dated the document certifying the reported information is complete and accurate.	If <b>NO</b> due to missing signature and/or missing date, disallow time paid for all services documented on the form.	517.16.3 POC Instruction Sheet
Any variance from the POC is documented in the "Comment" section of the form by the RN or Direct Care worker.	If <b>NO</b> , disallow time paid for services provided outside the POC.	517.16.3 POC Instruction Sheet

<p>Environmental maintenance (examples: housekeeping, washing dishes, laundry, etc.) is <b>NOT</b> greater than one-third (1/3) of the time spent providing Personal Care services.</p>	<p>If <b>NO</b>, 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.</p> <p><i>Example:</i>  <i>POC provided 240 units for the month.  120 units of environmental services provided  80 units = 1/3 of POC  40 units disallowed.</i></p>	<p>517.16.3 POC Instruction Sheet</p>
<b>RN REVIEW DOCUMENTATION</b>		
<p>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.</p>	<p>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 <b>NO</b>, disallow time paid for all DCW services on document and disallow any time billed under T1002 for review of the PC POC.</p>	<p>517.16.2 E POC Instruction Sheet</p>
<p>Personal Care Services provided were for unmet needs and approved by UMC. (No evidence of duplication of services).</p>	<p>If <b>NO</b>, 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).</p>	<p>517.15 517.24.1 517.24.2 517.24.3</p>