

West Virginia Medicaid Aged and Disabled Waiver Program

Case Management Monitoring Tool

Agency:	Provider Number:
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Client:	Medicaid #:	Review Period:
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	Y	N	N/A	Comments	Manual Reference
Client Information					
Does record include medical eligibility notice?					510.3 580.1 580.2
Is there a PAS-2000 for the review period?					510.3 580.1 580.2
Is there a Case Management assessment for the review period?					510.4 Att. 4
Is there a SCP for the review period?					510.5 Att. 5
Is there proof of financial eligibility for the review period?					510.6 580.3
CASE MANAGEMENT ASSESSMENT					
Is form complete?					Att. 4
Is form signed and dated by Case Manager?					510.1 Att. 4
Is form specific to Case Management?					510
Are contacts appropriate to the program guidelines (i.e., annual, 30-day, six-month and documentation)?					510.3 510.5 510.6 Att. 6, 7
Was initial assessment done within 7 working					510.4

days of financial eligibility determination?					
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Case Management Monitoring Tool Page 2

Client:	Medicaid #:	Review Period:
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	Y	N	N/A	Comments	Manual Reference
SERVICE COORDINATION PLAN					
Are all forms signed and dated?					510.5 Att. 5
Was SCP meeting held within 14 days of assessment?					510.5
Are agencies and services documented for the review periods?					510.5 Att. 5
Are Updates made as needed?					510.6 Att. 5
GENERAL INFORMATION					
Is consent form signed and in the record?					510.7 Att. 8
Is there documentation of all patient contacts?					510.1
Can contacts be located on contact sheet or log notes?					510.6 Att. 6, 7
Was initial contact made within three working days of notification of medical eligibility?					510.3
Is there proof of appropriate transfer process?					590.2 590.2A
Was grievance procedure followed?					590.4