

West Virginia Medicaid Aged and Disabled Waiver Program

CLIENT HOME VISIT MONITORING TOOL

Agency:		Provider #:		Review Period:
Client Initials:	Medicaid #:		Review Monitor:	

CLIENT RESPONSES	Y	N	N/A	Comments
Do you know your Case Management Agency?				
Who is your Case Manager?				
Do you know what services your Case Management Agency provides?				
Did you participate in developing your Service Coordinating Plan?				
Have you ever asked your Case Manager for services that you did not receive?				
Are you satisfied with your Case Management services?				
Do you know your Homemaker Agency?				
Who is (are) your Homemaker(s)?				
Who is your Homemaker RN?				
Do you know what services your Homemaker Agency provides?				
Did you participate in developing your Plan of Care?				
Does your Homemaker come regularly as your Plan of Care indicates?				
Do you sign and initial your Homemaker worksheet?				
Have you ever needed Homemaker services that you did not receive?				
Do you ever miss a meal due to lack of services?				
Are you satisfied with your Homemaker services?				
Do you feel safe in your home?				
MONITOR RESPONSE				
Does the environment appear safe?				
Does the client's home appear reasonably clean?				
Does the client appear reasonably clean?				
Does the client appear well nourished?				

