

West Virginia Medicaid Aged and Disabled Waiver Program

HOMEMAKER MONITORING TOOL

| | | | |
|-------------------------|--------------------|-----------------------|--|
| Agency: | Provider #: | | |
| Client Initials: | Medicaid #: | Review Period: | |

| | Y | N | N/A | Comments | Manual Reference |
|---|---|---|-----|----------|---------------------------------|
| CHART STATUS | | | | | |
| Does record include medical eligibility notification? | | | | | 510.5 |
| Is there a PAS-2000 for the review period? | | | | | 510.5 |
| Is there an RN assessment for the review period? | | | | | 520.2 520.3 Att. 9 |
| Is there a POC for the review period? | | | | | 520.2 520.3 Att. 10 |
| RN ASSESSMENT | | | | | |
| Is RN Assessment form complete? | | | | | Att. 9 |
| Is RN Assessment signed and dated by RN? | | | | | Att. 9 |
| Are client contacts appropriate to the program guidelines (i.e., annual, 30-day, 6-month and documentation for other contacts)? | | | | | 520.2 520.3 Atts. 6, 7, 9 |
| Is there documentation of attending initial/annual SCP meeting? | | | | | 520.1 520.2 |
| RN PLAN OF CARE | | | | | |
| Is POC complete? | | | | | 520.2 520.3 Att. 10 |
| Is POC signed and dated on back by RN? | | | | | Att. 10 |
| Is the POC period documented? | | | | | Att. 10 |

| | | | | | |
|-------------------------------------|--|--|--|--|---------|
| Is direct care activity documented? | | | | | Att. 10 |
|-------------------------------------|--|--|--|--|---------|

| | Y | N | N/A | Comments | Manual Reference |
|--|---|---|-----|----------|---------------------------|
| RN PLAN of CARE, cont. | | | | | |
| Are time in and time out documented for each | | | | | Att. 10 |
| Is total time documented for each day? | | | | | Att. 10 |
| Does total time reflect the assigned LOC? | | | | | 580.1 580.2 Att. 10 |
| Do community activities remain within the 20-hour limit? | | | | | 520.4 Att. 10 |
| Is there Prior Authorization for Additional Hours approval? | | | | | 520.3 Att. 11 |
| HOMEMAKER WORKSHEET | | | | | |
| Are time in and time out documented for each day? | | | | | 520.4 Att. 10 |
| Is total time each day documented? | | | | | 520.4 Att. 10 |
| Are Homemaker initials entered daily for each service completed? | | | | | 520.4 Att. 10 |
| Is transportation information completed by Homemaker? | | | | | 520.4 Att. 10 |
| Are transportation hours within limits? | | | | | 520.3 |
| Does transportation information justify the billing? | | | | | 520.4 520.5 Att. 10 |
| Does the client initial each day for services received? | | | | | 590.1 Att. 10 |
| Is client's signature complete? | | | | | 590.1 Att. 10 |
| Are the homemaker's signature and date complete? | | | | | 520.4 Att. 10 |

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Client:

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| | | | | | |
|--|--|--|--|--|------------------|
| Has RN signed off and dated for compliance with POC? | | | | | 520.3 Att. 10 |
|--|--|--|--|--|------------------|

| | Y | N | N/A | Comments | Manual Reference |
|--|---|---|-----|----------|------------------|
| GENERAL INFORMATION | | | | | |
| Was Homemaker in home within 7 days of the SCP meeting? | | | | | 520.3 |
| Is there a plan in place if regular Homemaker fails to show? | | | | | 520.3 |
| Is there proof of appropriate transfer process? | | | | | 590.2 590.2.A |
| Was grievance procedure followed? | | | | | 590.4 |

HOMEMAKER MONITORING TOOL

Agency:

Client:

Medicaid #:

| Date of Service | Procedure Code | Units Paid | Units Disallowed | Comments |
|------------------------|-----------------------|-------------------|-------------------------|-------------------------------|
| | S5130 | | | |
| | S5130 | | | |
| | S5130 | | | |
| TOTAL UNITS | S5130 | | | TOTAL UNITS DOCUMENTED |

| Date of Service | Procedure Code | Units Paid | Units Disallowed | Comments |
|------------------------|-----------------------|-------------------|-------------------------|-------------------------------|
| | T1002 | | | |
| | T1002 | | | |
| | T1002 | | | |
| TOTAL UNITS | T1002 | | | TOTAL UNITS DOCUMENTED |

| Date of Service | Procedure Code | Units Paid | Units Disallowed | Comments |
|------------------------|-----------------------|-------------------|-------------------------|-----------------|
| | T1001 | | | |

| Date of Service | Procedure Code | Units Paid | Units Disallowed | Comments |
|------------------------|-----------------------|-------------------|-------------------------|-----------------|
| | A0160 | | | |

HOMEMAKER MONITORING TOOL

Agency:

Client:

Medicaid #:

| Date of Service | Procedure Code | Units Paid | Units Disallowed | Comments |
|------------------------|-----------------------|-------------------|-------------------------|-------------------------------|
| | A0160 | | | |
| | A0160 | | | |
| | A0160 | | | |
| TOTAL UNITS | A0160 | | | TOTAL UNITS DOCUMENTED |