HEALTH CARE AUTHORITY

DHI / QMB Medically Fragile Waiver (MFW) Program: Agency Participant Case File Review Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA

Agency / Region:

Surveyor's Name: **Date / Time:**

Participant's Name and Identifier #:

Services (Check all those that apply to the Participant)

Home Health Aide (HHA)

Private Duty Nursing (PDN): LPN / RN

Respite HHA / Respite PDN: LPN / RN

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
GENERAL PROVIDER REQUIREMENTS – CASE FILE DOCUMENTATION REQUIREMENTS:				
1) Approved Budget (MAD 046) ***Surveyor Instruction:*** *This document is used to verify the MFW Services the Participant receives. The Surveyor must document:* *1. Term of the budget;* *2. Services received by the Participant, i.e. HHA, PDN, Respite, therapies, etc. and;* *3. Agency responsible for each service.* *This ensures that correct documents are in the file from the correct provider. This information will guide the Surveyor to determine what is applicable to the person and what the surveyed agency is responsible for. This is met if there is a current budget.*	*Tag # MF108* Term: Approved Services: Notes:			
2) Individual Service Plan (ISP) ***Surveyor Instruction:*** *The surveyor is to ensure the Participant has a current ISP that corresponds with the current approved budget (MAD 046) Term. For this to be met there must be a current ISP.*	*Tag # MF05* Term of ISP: Notes:			
3) Guardianship / Power of Attorney Documents *(as applicable)* ***Surveyor Instruction:*** *Review documents to determine if the Participant has a guardian. If guardian is present, document the name of the guardian / POA and type of guardianship. If the Participant does not have a guardian this would be N/A. If the Participant has a guardian, for this to be met there must be a court-generated guardianship documentation or POA documentation.*	*Tag # MF108* Name of Guardian(s) and Type (Plenary or Limited): Notes:			

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PROVIDER AGENCY CASE FILE – DOCUMENTATION REQUIREMENTS:				
4) Emergency Contact Information ***Surveyor Instruction:*** *The agency file must contain Emergency contact information for the following Participants / entities that includes addresses and telephone numbers. This would be met if all applicable contact information was found:* • *Participant* • *Primary caregiver* • *Family / relatives, guardians or conservators (if applicable)* • *Significant friends (if applicable)* • *Physician* • *Case Manager* • *Provider agencies* • *Pharmacy*	*Tag # MF05* Notes:			
5) Medical History ***Surveyor Instruction:*** *The agency file must contain a medical history which may include demographic data; current and past medical diagnoses including the cause of the medically fragile conditions and developmental disability; medical and psychiatric diagnoses; allergies (food, environmental, medications); immunization. For this to be met, there must be a medical history present. This may be in the form of multiple documents.*	*Tag # MF05* Notes:			
PRIVATE DUTY NURSING (PDN) – SCOPE OF SERVICES:				
6) CMS-485 (Home Health Certification and Plan of Care) ***Surveyor Instruction:*** *The surveyor will review the CMS-485 documentation which covers a one year period prior to survey. The surveyor will ensure the CMS-485's have been reviewed by the RN Supervisor or RN Designee and renewed by the primary care provider (PCP) at least every (60) sixty days. For this to be met, the CMS-485 must be reviewed by the agency RN every 60 (sixty) days. Surveyor please confirm with the agency if review period is ISP term or calendar year.*	*Tag # MF22* Dates covering a 12-month period: **Date Reviewed By RN** / **CMS-485 Term Covering** Notes:			

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7) Annual Comprehensive Assessment (*Private Duty Nursing services only)* ***Surveyor Instruction:*** *Only applicable if the Participant receives Private Duty Nursing services. The surveyor is to ensure the Comprehensive Assessment is current (completed initially, annually, and when clinically indicated) and must be completed by the Private Duty Nurse. For this to be met, there must be a current annual Comprehensive Assessment completed by the Private Duty Nurse.*	*Tag #MF22* Notes:			
8) Nursing Plan of Care ***Surveyor Instruction:*** *The Nursing Plan of Care is separate from the CMS-485 and is based on the Physician / Healthcare Practitioner treatment plan which includes strategies for managing the nursing care of the participant. The identified goals and outcomes in the ISP will be specifically addressed in the nursing plan of care. The surveyor is to ensure there is a Nursing Plan of Care which is separate from the CMS-485 and ISP, which is based on the Physician / Healthcare Practitioner treatment plan. For this to be met, the Nursing Plan of Care must be current (NPC is updated at least annually).*	*Tag # MF22* Date of Nursing Care Plan: Notes:			
PRIVATE DUTY NURSING (PDN) – SCOPE OF SERVICES:				
9) RN Supervisory Visits – Home Health Aide (HHA) ***Surveyor Instruction:*** *The surveyor is to ensure, there is documentation of the HHA supervisory visit in the participant's home at least every 60 days by the HH Agency RN or RN designee in the HH Agency clinical file. Supervisory forms must be developed and implemented specifically for this task. The surveyor will review HHA supervisory visits covering a one year period prior to the survey. The surveyor will review the documentation to ensure that it reflects the following on a standardized form;* *1. Service received;* *2. Participant's status;* *3. Contact with family members;* *4. Review of HHA plan of care with appropriate modification annually and as needed.* *For this to be met, there must be documentation at least every 60 days which includes the identified components above on a standardized form. If one or more is missing, this is not met.*	*Tag #MF27.1* **Date of RN Supervisory Visit** / **Documentation Includes Components Yes / No, if No indicate # missing (1, 2, 3, 4)** Notes:			

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10) Documentation of attendance at IDT Meeting ***Surveyor Instruction:*** *The HH Agency's RN supervisor is the HH Agency's representative at the IDT meeting. A RN alternative may represent the agency at the IDT meeting if the supervising nurse is unable to attend in person, via telehealth or by conference call. If unable to attend the IDT meeting, the nurse is expected to submit recommended updates to the strategies, nursing plan of care, goals, and objectives in advance of the meeting for the team's consideration. For this to be met the HHA agency will have evidence of attendance at the IDT Meeting. Evidence may include, an attendance sheet, a signature sheet, or other evidence of attendance.*	*Tag #MF22.1* Date of IDT Meeting: Notes:			
PRIVATE DUTY NURSING (PDN) – SCOPE OF SERVICES:				
11) RN Supervisory Visits – Private Duty Nurse (PDN) ***Surveyor Instruction:*** *The RN supervisor will supervise the RN, LPN, and Home Health Aide (HHA). The HH Agency must document in the participant's clinical file RN supervision to occur at least every sixty (60) days. Supervisory forms must be developed and implemented specifically for this task. The surveyor will review PDN supervisory visits covering a one-year period.* *For this to be met, there must be documentation of the RN supervisory visit at least every 60 days by the HH Agency RN Supervisor in the HH Agency clinical file.*	*Tag #MF27.1* **Date of RN Supervisory Visit** / **Date of RN Supervisory Visit** Notes:			
12) Monthly contact between HH Agency and Case Manager ***Surveyor Instruction:*** *The surveyor is to ensure there is documentation of the required monthly contact between the HH Agency and Case Manager (CM) that reflects the discussion and review of services and ongoing coordination of care covering a one year period prior to the survey. For this to be met, there must be monthly documentation between the HH Agency and Case Manager which includes review of services and ongoing coordination of care.*	*Tag # MF23* Notes:			

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13) Emergency Back-up Plan *(HHA Services Only)* ***Surveyor Instruction:*** *Only applicable if receiving HHA services. An emergency backup plan for medical and staffing must be developed, written and agreed upon by the HH Agency and participant/participant's representative. This plan will be modified when conditions warrant and will be reviewed at least annually. The plan must contain all designated primary caretaker's names and phone numbers. For this to be met, there must be a current emergency back-up plan.*	*Tag # MF28* Date of Emergency back-up plan: Notes:			
BILLING:				
14) Home Health Aide (HHA) Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *You will review documents for a **3-month period** (billing period identified as part of the survey). This may be in electronic or paper version. You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed. Missing components will be cited in billing.* *For billing, you must review daily notes to ensure contain at least the following information: a. date and start and end time of each service encounter or other billable service interval; b. description of what occurred during the encounter or service interval; and c. signature and title of staff providing the service verifying that the service and time are correct. If there are missing components within the documentation this will be cited in billing.*	*Tag # MF05.1* *List dates if any are not found* Notes:			
15) Private Duty Nursing (LPN/RN) Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *You will review documents for a **3-month period** (billing period identified as part of the survey). This may be in electronic or paper version. You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed. Missing components will be cited in billing.* *For billing, you must review daily notes to ensure contain at least the following information: a. date and start and end time of each service encounter or other billable service interval; b. description of what occurred during the encounter or service interval; and c. signature and title of staff providing the service verifying that the service and time are correct. If there are missing components within the documentation this will be cited in billing.*	*Tag # MF05.1* *List dates if any are not found* Notes:			

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
16) Respite HHA Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *You will review documents for a **3-month period** (billing period identified as part of the survey). This may be in electronic or paper version. You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed. Missing components will be cited in billing.* *For billing, you must review daily notes to ensure contain at least the following information: a. date and start and end time of each service encounter or other billable service interval; b. description of what occurred during the encounter or service interval; and c. signature and title of staff providing the service verifying that the service and time are correct. If there are missing components within the documentation this will be cited in billing.*	*Tag # MF05.1* *List dates if any are not found* Notes:			
17) Respite PDN (LPN/RN) Progress Notes/Daily Contact Logs: ***Surveyor Instruction:*** *You will review documents for a **3-month period** (billing period identified as part of the survey). This may be in electronic or paper version. You will review these documents and complete the billing tools at the same time to ensure all required components are present. This cannot be met if there is no documentation found for the period reviewed. Missing components will be cited in billing.* *For billing, you must review daily notes to ensure contain at least the following information: a. date and start and end time of each service encounter or other billable service interval; b. description of what occurred during the encounter or service interval; and c. signature and title of staff providing the service verifying that the service and time are correct. If there are missing components within the documentation this will be cited in billing.*	*Tag # MF05.1* *List dates if any are not found* Notes:			

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INCIDENT MANAGEMENT:				
18) While on-site, did Surveyors have to file ANE reports related to any suspected ANE or any other reportable incidents, which were found during the survey process or identify any reportable IR's not reported by the Agency? ***Surveyor Instruction:*** *Surveyor to review 12 months of ANE reports. While conducting the on-site survey if you suspect any type of ANE you are required to report to DHI / APS immediately. You are to document what was seen and heard in detail and take pictures if necessary. You are to notify the agency that you are filing an ANE report. You will utilize the IMB responsible and reporting provider reports to review 1 years' worth of ANE reports to determine if an ANE report was filed. This cannot be MET if an ANE is filed by the survey team.*	*Tag # MF 1A27.1* Notes:			
19) Additional Notes:	Notes:			