DHI / QMB Medically Fragile Waiver (MFW) Program: Home Health Aide Interview Survey Tool

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

Agency / Region:

Surveyor: **Dates of Survey:**

Participant's Name and Identifier #: **Home Health Aide Interviewed:**

Date/Time of Interview: **Interview Format:** ☐ **Telephone** ☐ **In-Person**

Services (Check all those that apply to the Agency):

☐ **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
HOME HEALTH AIDE – JOB KNOWLEDGE:				
1) How long have you worked with (Participant)? ***Surveyor Instructions:*** *This question is intended to open the line of communication with the surveyor. This information will guide the surveyor in determining the experience/qualifications the HHA has.*	Notes:			
2) How often do you meet face-to-face with the RN Supervisor? ➢ **Who is the RN Supervisor?** ➢ ➢ **Where does your RN Supervisor meet with you?** ***Surveyor Instruction:*** *The HHA will be supervised by the HH Agency RN supervisor or HH Agency RN designee at least once every 60 days in the participant's home. This would be met, if the HHA is able to indicate that they meet with the RN Supervisor at least every 60 days in the Participant's home.*	*Tag # MF27.1 (HHA)* How often RN Supervisor meets with HHA: Where the RN Supervisor meets with HHA: Notes:			
3) What specific duties do you provide for the Participant? ***Surveyor Instructions:*** *The surveyor is ensuring the HHA has knowledge of their job responsibilities. The HHA may give multiple answers to this question. For this to be "MET" the HHA should describe the tasks which they complete which may include: Implement care activities/plan of care per the participant's; Assisting with ambulation, transfer, and range of motion exercises; Assisting with menu planning, meal/snack preparation and assisting person with eating when necessary; Assisting with bowel / bladder elimination, personal hygiene/personal care, peri care, catheter care, ostomy care, enemas, insertion of suppository (non-prescription), prosthesis care, and vital signs as ordered by a Physician/Healthcare provider and under supervision of a licensed nurse; picking up medications and prompting participant to*	*Tag # MF28* Notes:			

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take medications; observe the general condition of participant and will report changes to the supervisor and primary caregiver/family, etc.				
4) Are there duties which you are not allowed to perform? ***Surveyor Instructions:*** *Per standards the HHA may not perform the following tasks, For this to be "MET" the HHA would need to indicate 3 of the 5 prohibited tasks below: 1. Administer medications or tube feedings; 2. Adjust oxygen levels; 3. Perform any intravenous procedures; 4. Perform any sterile procedures; 5. Perform housekeeping services for members of the medically fragile person's family.*	*Tag # MF28* Notes:			
5) When you meet with the RN Supervisor, does he or she review the Participant's nursing plan of care with you? Can you give me examples of what is covered in the nursing plan? ***Surveyor Instruction:*** *This would be met, if the HHA indicates that the nursing plan of care is reviewed with them.*	*Tag # MF27* Notes:			
6) Is there a copy of the nursing plan of care and the Individualized Service Plan (ISP) in the Participant's home? ***Surveyor Instruction:*** *This would be met, if the HHA indicates there is a copy of the nursing plan of care and the ISP in the home.*	*Tag # MF27* Notes:			
7) Do you know what the Participant's health care needs/conditions are? ***Surveyor Instruction:*** *This would be met, if the HHA has knowledge and can indicate some of the Participant's health conditions/health care needs.*	*Tag # MF27* Notes:			
8) Have you received training on Abuse, Neglect and Exploitation? ***Surveyor Instruction:*** *This would be met if the HHA can describe the ANE reporting process as it applies to Home and Community Based Waiver Services. This may include CYFD (for children) and / or APS / DHI for Adults Statewide.*	*Tag # MF 1A28.1* Notes:			

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9) What State Agency do you report to if you suspect any Abuse, Neglect and Exploitation? ***Surveyor Instruction:*** *For this to be met, the HHA must be able to identify DHI / APS or CYFD (if under 18 yrs. old) as the State Agency to report to. If they are unable to give name, they can show the surveyor the reporting 1-866-654-3219 or another document which contains the Hotline number.*	*Tag # MF 1A28.1* *1. DHI / APS* *2. CYFD (If under 18 yrs. old)* Notes:			
10) Can you give me an example of each of the following; *1. Abuse*: *2. Neglect*: *3. Exploitation*: ***Surveyor Instruction:*** *This would be met, if the HHA can give you one example of each ANE.*	*Tag # MF 1A28.1* Notes:			
11) Does (Participant) have an Emergency Back Up Plan? ***Surveyor Instruction:*** *An emergency backup plan for participant medical needs and staffing must be developed, written, and agreed upon by the HH Agency and participant/participant's representative. This emergency backup plan will be available in participant's home. This plan will be modified when medical conditions warrant and will be reviewed at least annually. This would be met, if the HHA has knowledge of the Emergency Back Up Plan and what the HH Agency's process is.*	*Tag # MF28* Notes:			
ADDITIONAL NOTE(S):				
12) Based on the questions already asked, are there anything else or other systems you have in place, that you would like us to be aware of? ***Surveyor Instructions:*** *This question is used as a wrap up, if the interviewee would like to share more information or show documents that outline how the agency functions it would be captured here.*	Notes:			