New Mexico HCA / DHI / QMB Living Care Arrangements & Community Inclusion Agency: Nurse Interview Survey Tool

Standard of Care	Surveyor Notes	MET	NOT MET	NA

Nurse Interview

Agency/Region:

Nurse Interviewed:

Surveyor:

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

Services (Circle those that the Agency provides):

- **Living Care Arrangement: Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports**
- **Community Inclusion: Customized Community Supports – Community Integrated Employment Services**

Standard of Care	Surveyor Notes	MET	NOT MET	NA
Healthcare Coordination				
1) How does your agency collaborate with other agency nurses, and the IDT where individuals are mutually served to ensure continuity of care? ***Surveyor Instruction:*** *DD Waiver nursing is a community nursing service and is intended to support the individual across all aspects of their life. Nurses in all DD Waiver settings must routinely and professionally communicate and collaborate with one another. Nurses must also communicate with clinical and non-clinical partners within the Waiver system and throughout the larger health care system as needed for the benefit of the person's health and safety. The hierarchy flows (LCA, CCS-G, ANS) in descending order and is based on the individual's budgeted services. The PPN hierarchy identifies the primary responsibility for nursing tasks that are listed in other sections of Chapter 13 and other chapters of these Standards. When persons are supported in multiple DD Waiver settings, nurses must communicate, collaborate, and share information with one another regarding the person to support health and safety in all settings. Only the PPN is required to complete the nursing assessment which includes the ARST, MAAT, and e-CHAT. However, they must take the lead to collaborate with nurses in other settings. The PPN is also responsible for sharing the outcomes of those assessments with the other nurses. For this to be met, the nurse must be able to describe their processes for collaboration, up to and including the hierarchy collaboration.*	*Tag # 1A15 (CoP)*			

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2) Do you attend the Annual ISP meeting or other IDT meetings, for Individuals who have a high e-CHAT acuity? **If you are unable to attend an ISP or IDT meeting, how do you communicate needed medical information to the team?** ***Surveyor Instruction:*** *The nurse must attend, in person or by phone, the annual IDT meeting and any other IDT meetings where health issues are on the agenda for anyone with high e-CHAT acuity. This is met, if the nurse can describe how they provide information to the IDT in person or via other means. This is deficient if the nurse does not attend the IDT when required or does not give input written or otherwise when they are unable to attend in person.*	*Tag # 1A15 (CoP)*			
Nursing Assessments				
3) What is your agency's system to ensure nursing assessments (annual and change of condition) are completed within the required timeframes? ***Surveyor Instruction:*** *The DD Waver nursing assessment process includes the following DDSD mandated tools: The Aspiration Risk Screening Tool (ARST), the Medication Administration Assessment Tool (MAAT), and the electronic Comprehensive Health Assessment Tool (e-CHAT). Responsibility for these activities is based upon the Nursing Hierarchy. The ARST and MAAT must always be completed before the eCHAT because information from those tools informs the e-CHAT. It is recommended to complete the ARST first since this may impact the MAAT. If the nurse identifies or is notified of any change of condition, the nurse may, based on prudent nursing practice, do the following: a) complete a face-to-face assessment as soon as possible within 60 minutes, or b) use telehealth/remote services to visualize the individual and interact with DSPs, and/or c) refer the person for immediate emergency care (Call 911) based on reported condition and prudent nursing practice, or d) report any evidence of abuse, neglect or exploitation e) advise immediate follow up with urgent care, PCP, or another medical provider if safe and clinically appropriate, and For the is to be met, the agency nurse must be able to describe their agency's system.*	*Tag # 1A15 (CoP)*			

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Frequency of Nursing Visits				
4) *What is the minimum, face-to-face home visits you are required to conduct based on the individual's e-CHAT acuity level?* ***Surveyor Instructions:*** *The minimum, face to face visit frequency is based on the person's aspiration risk and acuity levels derived from the ARST and the e-CHAT or the Supported Living Category.* **Table 1: Minimum Routine Required Nursing Visit Schedule based on eCHAT Acuity and Aspiration Risk** **Acuity and Aspiration Risk Level** / **Frequency of Nursing Visit** Low Acuity / At least annually Moderate Acuity / At least semi-annually High Acuity / At least once per quarter Moderate Aspiration Risk / At least once per quarter High Aspiration Risk / At least monthly *All individuals who are receiving Supported Living Category 4 Extraordinary medical services will receive a nursing visit at least monthly. If the person qualifies for a monthly visit for more than one reason, the nurse is not required to do separate monthly visits for each reason.* *For IMLS: Nurses supporting person's in IMLS will visit each person daily with a weekly RN oversight visit* *In addition to the routine face to face visits, the nurse may provide additional visits using in person or telehealth/remote visits when deemed necessary to interact with the person, family, or staff based on prudent nursing practice* *For this to be met, the nurse would need to be able to describe the visit requirements.*	*Tag # 1A15 (CoP)* *High Risk: _____* *Moderate Risk: _____* *Low Risk: _____*			

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On-Call Nursing				
5) Please describe your agency's on-call nursing procedures including required response times, when an on-site visit is required and documentation responsibilities. ***Surveyor Instructions:*** *An on-call nurse or contracted physician is required to be available to DSP in a timely manner, 24 hours per day, 365 days a year, 7 days a week. They must be able to respond within 30 minutes by remote telehealth or phone and within 60 minutes in-person to assess the person if deemed necessary per prudent nursing practice. The nurse or physician may use telehealth/remote services to visualize the individual and interact with DSPs if this is deemed necessary per prudent nursing practice. Any nurse residing out of state, including nurses who reside in states bordering New Mexico must be physically available within 60 minutes. A) An on-call nurse is not obligated to make an onsite visit if, based on prudent nursing practice, they determine the person's condition may be unstable and it is safer and preferable to seek immediate access to emergency services (ER) via 911. B) The nurse or physician may refer to an urgent care or emergency department if the person's condition warrants and will follow-up. This is met if the nurse is able to describe the agency's on-call nursing procedures and they follow requirements listed above.*	*Tag # 1A15 (CoP)*			
6) For individuals who require intake and elimination tracking, where is it tracked and who is responsible for completing tracking? ***Surveyor Instructions:*** *Health Tracking in Therap contains multiple requirements that support the Healthcare Coordinator, DSP, supervisors, nurses, CMs in tracking, communicating, and acting upon changes in health status. The use of Health Tracking is required by the provider agencies as applicable to the services they provide…Other parts of Health Tracking: a) Primary Provider and Secondary Providers must record in Therap Health Tracking within 24 hours of collection. b) As indicated by physician / specialist recommendation or healthcare plan: Blood Glucose, Infection, Intake/Elimination. Menses, Respiratory Treatment, Seizures, Skin/Wound, and other parts of health tracking not mentioned above. This is Met if the nurse can describe where tracking is documented and who is responsible.*	*Tag # 1A15 (CoP)*			

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7) Based on the questions already asked, are there any 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.*				