DHI / QMB Medically Fragile Waiver (MFW) Program: Participant/Family Interview Survey Tool

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

Agency / Region: **Dates of Survey:**

Surveyor: **Name / Title of Staff for Participant:**

Participant Name and Identifier #:

Family / Guardian Interviewed:

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

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
- Other Services: BSC / PT / OT / SLP / Nutritional Counseling / Register

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GENERAL AGENCY REQUIREMENTS:				
1) Are you pleased with the Agency services which are being provided? ***Surveyor Instructions:*** *This question is intended to open the line of communication.*	Notes:			
2) Did the Agency work on an Emergency Back Up Plan with you for emergency medical needs and staffing coverage? ***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 Participant / Family has knowledge of the Emergency Back Up Plan and what the HH Agency's process and can explain what they were instructed to do in a medical emergency.*	*Tag # MF28* Notes:			

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APPLICABLE FOR PDN SERVICES:				
3) How often does the RN Supervisor visit with you? ➢ **Does he/she ask about your service(s); PDN / HHA services?** ***Surveyor Instruction:*** *The agency must conduct and document a supervisory visit at least every 60 days. This would be met, if the Participant/Family indicates at least every 60 days.*	*Tag # MF23 – PDN / MF27 - HHA* Notes:			
4) Were you provided with a copy of your Nursing Plan of Care? ***Surveyor Instruction:*** *The nursing plan of care is based on the Physician/Healthcare Practitioner treatment plan and the medically fragile participant's and family concerns and priorities as identified in the ISP. The identified goals and outcomes in the ISP will be specifically addressed in the nursing plan of care. In accordance to, MFW PDN: I Scope of Services B.18. This would be met, if the Participant/Family indicates "Yes".*	*Tag # MF22* Notes:			
OBSERVATION – HEALTH & SAFETY:				
5) Does the Agency nurse check if your equipment is in working condition? (Only applicable if receiving PDN services) ➢ **Do you have all your equipment as indicated in your ISP?** ***Surveyor Instruction:*** *The private duty nurse monitors all equipment for safe functioning and facilitates maintenance and repair as needed This would be met, if the Participant/Family indicates "Yes".*	*Tag # MF22* Notes:			
6) During the on-site visit, did Surveyors observe any environmental residential conditions which were not safe for the Participant. ***Surveyor Instruction:*** *This would be "NOT MET", if the surveyor filed an ANE report as a result of the visit.*	*Tag # MF 1A28.2* Notes:			

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ADDITIONAL NOTE(S):				
7) Based on the questions already asked, is 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:			