

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

Standard of Care	Surveyor Notes	MET	NOT MET	NA
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Nurse Interview

Agency/Region:

Nurse Interviewed:

Surveyor:

Date/Time of Interview:

Interview Format: Telephone In-Person

Services (Circle those that the Agency provides):

- 2021 Living Care Arrangement: Supported Living – Family Living - Intensive Medical Living Supports - Customized In-Home Supports
- 2021 Community Inclusion: Customized Community Supports – Community Integrated Employment Services

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Healthcare Coordination

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. 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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<p>Do you attend the Annual ISP meeting or other IDT meetings, for Individuals who have a high e-CHAT acuity?</p> <p>If you are unable to attend an ISP or IDT meeting, how do you communicate needed medical information to the team?</p> <p><i>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.</i></p>	<p>Tag # 1A15 (CoP)</p>			
<p>Nursing Assessments</p>				
<p>What are the required timeframes for nursing assessments (e-CHAT- ARST, MAAT) to be entered in Therap?</p> <p><i>Surveyor Instruction: 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. The PPN must take the lead to communicate with nurses in other settings to gain information to complete the eCHAT assessment. This is critical if nurses in other settings are more familiar with the person. Entry and approval of an ARST, MAAT, and e-CHAT in Therap is required to be completed:</i></p> <ul style="list-style-type: none"> a. within three business days of admission or transfer to a new Provider Agency, or two weeks following the initial ISP or transition meeting, whichever comes first; b. at least 14 calendar days but no more than 45 calendar days prior to the annual ISP meeting; c. within three business days of a significant change of health status or change of condition; or d. within three business days of return from any out of home placement (OOHP) including hospitalization, long term care, rehab/sub-acute admission, or incarceration. <p><i>This is met if the nurse can describe the above timeframes</i></p>	<p>Tag # 1A15 (CoP)</p>			

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<p>What is your agency's system to ensure nursing assessments (annual and change of condition) are completed within the required timeframes?</p> <p><i>Surveyor Instruction: See question above for specifics on nursing assessment timeframes. For the is to be met, the agency nurse must be able to describe their agency's system for ensuring the above timeframes are achieved.</i></p>	<p>Tag # 1A15 (CoP)</p>			
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Frequency of Nursing Visits

<p>What is the minimum, face-to-face home visits you are required to conduct based on the individual's e-CHAT acuity level?</p> <p><i>Surveyor Instructions: The following is the minimum, face to face visit frequency for NON-JCMs (table 1) and JCM's (table 2) are based on the person's aspiration risk and acuity levels derived from the ARST and the e-CHAT or the Supported Living Category</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <caption>Table 1: Minimum Routine Required Nursing Visit Schedule for NON-JCMs based on eCHAT Acuity and Aspiration Risk</caption> <thead> <tr> <th align="left">Acuity and Aspiration Risk Level</th> <th align="left">Frequency of Nursing Visit</th> </tr> </thead> <tbody> <tr> <td>Low Acuity</td> <td>At least annually</td> </tr> <tr> <td>Moderate Acuity</td> <td>At least semi-annually</td> </tr> <tr> <td>High Acuity</td> <td>At least once per quarter</td> </tr> <tr> <td>Moderate Aspiration Risk</td> <td>At least once per quarter</td> </tr> <tr> <td>High Aspiration Risk</td> <td>At least monthly</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <caption>Table 2: Frequency of Routine Required Nursing Visits for Jackson Class Members (JCM) based on eCHAT Acuity and Aspiration Risk levels</caption> <thead> <tr> <th rowspan="2">Aspiration Risk Level</th> <th colspan="3">eCHAT Acuity</th> </tr> <tr> <th>Low</th> <th>Moderate</th> <th>High</th> </tr> </thead> <tbody> <tr> <td>Low</td> <td>Semi annual</td> <td>Quarterly</td> <td>Monthly</td> </tr> <tr> <td>Moderate</td> <td>Quarterly</td> <td>Quarterly</td> <td>Monthly</td> </tr> <tr> <td>High</td> <td>Monthly</td> <td>Monthly</td> <td>Monthly</td> </tr> </tbody> </table> <p><i>For IMLS: Nurses supporting person's in IMLS will visit each person daily with a weekly RN oversight visit</i></p> <p><i>For this to be met, the nurse would need to be able to describe the visit requirements for both NON-JCMs and JCMs.</i></p>	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	Aspiration Risk Level	eCHAT Acuity			Low	Moderate	High	Low	Semi annual	Quarterly	Monthly	Moderate	Quarterly	Quarterly	Monthly	High	Monthly	Monthly	Monthly	<p>Tag # 1A15 (CoP)</p> <p>High Risk: _____</p> <p>Moderate Risk: _____</p> <p>Low Risk: _____</p>			
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On-Call Nursing				
<p>Please describe your agency's on-call nursing procedures including required response times, when an on-site visit is required and documentation responsibilities.</p> <p><i>Surveyor Instructions: An on-call nurse is required to be available to DSP in a timely manner. They must be able to respond within 15 minutes by phone and within 60 minutes in-person to assess the person if deemed necessary per prudent nursing practice. The nurse 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. This is met if the nurse is able to describe the agency's on-call nursing procedures and they follow requirements listed above.</i></p>	<p>Tag # 1A15 (CoP)</p>			
<p>Based on the questions already asked, are there any other systems you have in place, that you would like us to be aware of?</p> <p><i>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.</i></p>				