E&D Waiver Supervisory Visit Form

Client Name:						Medicaid ID:					
Representative's Name:						Phone Number:					
Service Type:	PCS		IHR			Date of Visit:	Time of Visit: ◯AM ◯PM				
Service Frequency:											
Names of Staff Serving Client	Present During Visit?					Names of Staff Serving Client	Present During Visit?				
	Yes		No				Yes		No		
	Yes		No				Yes		No		
	Yes		No				Yes		No		

Electronic Visit Verification Information

Is OTP present?		N/A - Landline		Yes		No - Notify Case Manager	

Purpose of Visit						Type of Visit			
Initial		Bi-Weekly		Complaint		In Person		Telephonic	
Other:									

Quality Survey Responses

Is the client generally pleased with services?		YES		NO		N/A		
Is the client area neat and clean?		YES		NO		N/A		
Is the bathroom clean?		YES		NO		N/A		
Is the kitchen clean?		YES		NO		N/A		
Does the home reflect regular cleaning?		YES		NO		N/A		
Is the client appear comfortable and cared for?		YES		NO		N/A		
Does the worker demonstrate use of infection control/universal precautions?		YES		NO		N/A		
The Client/Worker relationship:		Is Positive		Needs Improvement				
Does the worker report observations to the representative and/or Agency?		YES		NO		N/A		
Does the worker complete documentation while in client's home?		YES		NO		N/A		
Does the worker obtain client/representative signature at the end of each visit?		YES		NO		N/A		
Is the worker neat in appearance?		YES		NO		N/A		
Does the worker arrive as scheduled?		YES		NO		N/A		
Does the worker demonstrate respect for client belongings?		YES		NO		N/A		
Does the worker demonstrate proper body mechanics?		YES		NO		N/A		

Supervisor observed the worker performing the following tasks:

Summary of Visit

Are services delivered consistent with the Plan of Services and Supports?		YES		NO			
Are client's needs being met?		YES		NO			
Were any complaints lodged?		YES		NO			
Is there a need for more frequent supervisory visits?		YES		NO			

Follow Up Needed

Follow up with:		Staff/Worker		Client		Family/Representative		Case Manager

Regarding:

Additional Comments

Supervisor Signature/Date

Client or Representative Signature/Date