

**TUFTS MEDICINE CARE AT HOME
CLINICAL TEAM COMPETENCY
Home Health Aid (HHA) Supervision**

EMPLOYEE _____

STAFF POSITION _____

Date _____

COMPETENCY STATEMENT: *Clinicians will demonstrate knowledge of laws and regulations regarding HHA Supervision.*

Disciplines Involved: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy

Performance Criteria	Date	*Method of Assessment (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Demonstrates/Verbalizes knowledge of CMS regulations regarding HHA Supervisory visits.					X							
Demonstrates accurate documentation on HHA Supervision.					X							
Verbalizes knowledge of HHF policy regarding HHA supervisions					X							

Summary Assessment Findings:

☐ Knowledge/skill level satisfactory

☐ Knowledge/skill level needs improvement

Specify plan to promote level of competency

Competency reevaluation in: ____6mos. ____1year ____other

Employee's Signature: _____ Date _____

Evaluator's Signature: _____ Date _____

***Method of Assessment Legend**

1) Review credentials/experience

2) Review Cont. Ed./In-services

3) Observation of Performance

4) Verbal Review

5) Record Review

6) Post Test

7) Team Mts./Case

8) Yearly Performance

9) Review of Self Study

10) Other (specify)