

# PDR Individual Interview Tool

The following interview tool will be used as part of a **Provider Discovery Review**. Based on number of services a provider renders and number people served a sample of individuals will be selected to be interviewed.

The purpose of the interview will be to:

- Capture information from the perspective of the person receiving services.
- Gather information specific to the person's desired goals, outcomes and satisfaction with services.
- Determine whether services are effectively implemented in accordance with the person's unique needs, expressed preferences & decisions concerning his/her life.

The Interview will cover four key Quality Areas...

- **Person Centered Supports:** Individuals needs are identified and met through Person Centered Planning.
- **Community:** Individuals have opportunities for integration in all aspects of their lives including where they live and work. Access to community services and activities and opportunities for new relationships.
- **Health:** Individuals are in best possible health.
- **Safety:** Individuals are safe.

Quality Areas reviewed and questions asked will be driven by specific service(s) provider renders to person being interviewed. For example questions related to where a person lives will be asked only if provider renders Residential Habilitation, Supported Living or possibly Personal Supports if rendered in a SL setting. Additional detail outlining what questions will be asked based on service(s) rendered is written into the header of each Quality Area within the tool.

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<b>Person Centered Supports: Individual's needs are identified and met through Person Centered Planning</b>	
<b>Questions (could include but not be limited to)</b>	<b>Findings</b>
<ul style="list-style-type: none"> <li>- Do you have an Implementation Plan? How was your Implementation Plan developed?</li> <li>- How are you involved in the development of your Implementation Plan?</li> </ul>	<input type="checkbox"/> Person is not supported to drive the IP development and planning process.
<ul style="list-style-type: none"> <li>- What goals is _____ helping you with? How were your goals developed?</li> </ul>	<input type="checkbox"/> Person is not supported to drive the development of goals.
<ul style="list-style-type: none"> <li>- Are these the goals you want to be working on?</li> <li>- Tell me about your...               <ul style="list-style-type: none"> <li>o personal preferences</li> <li>o talents</li> <li>o strengths</li> <li>o abilities</li> <li>o needs</li> </ul> </li> </ul>	<input type="checkbox"/> Person does not feel supported in moving towards desired goals/dreams.
<ul style="list-style-type: none"> <li>- Can you make changes/updates to your plan and goals if you want to?</li> </ul>	<input type="checkbox"/> Person is not aware changes to goals/supports and services can be made.
<ul style="list-style-type: none"> <li>- How would you make changes/updates to your plan and goals if you wanted to?</li> </ul>	<input type="checkbox"/> Person is not supported to know how to make changes/updates to goals/supports and services
<ul style="list-style-type: none"> <li>- Does anyone talk to you about your progress on your plan/goals?</li> </ul>	<input type="checkbox"/> Person is not involved in the routine review of progress toward goals.
<ul style="list-style-type: none"> <li>- How are your services helping you?</li> <li>- Is there anything new you are doing this year that you have never done before?</li> <li>- Do you feel you have made progress on your goals?</li> <li>- Do you feel you have the supports needed to achieve your goals?</li> <li>- What have you accomplished in the past year that you are proud of?</li> </ul>	<input type="checkbox"/> Person is not supported to achieve desired goals.
<ul style="list-style-type: none"> <li>- Are you asked and do you get to decide when you would prefer services be provided?</li> </ul>	<input type="checkbox"/> Person is not included in directing when services are provided.
<ul style="list-style-type: none"> <li>- Are you asked and do you get to decide where you prefer services to be provided?</li> </ul>	<input type="checkbox"/> Person is not included in directing where services are provided.
<ul style="list-style-type: none"> <li>- How was it decided who (what staff) would provide those services?</li> </ul>	<input type="checkbox"/> Person is not offered choices regarding who provides services/supports.
<ul style="list-style-type: none"> <li>- How does your provider find out if you are satisfied with your services?</li> <li>- How do you let your provider know if you are satisfied or dissatisfied?</li> </ul>	<input type="checkbox"/> Person is not asked about satisfaction with services.

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– If you are not satisfied with your service(s) what would you do?	<input type="checkbox"/> Person is not supported to know how to address dissatisfaction with services.
– Can you change your services if you want?	<input type="checkbox"/> Person was not aware of options to change services, if desired.
– Can you change your providers/staff if you want?	<input type="checkbox"/> Person was not aware of options to change providers/staff, if desired.
– How do you select a different service or staff?	<input type="checkbox"/> Person is not supported to know how to select different provider or staff if desired.
– Is your personal property respected?	<input type="checkbox"/> Person does not feel personal property is respected.
– Do you feel your privacy is respected? – Does your provider talk with you about confidentiality and your personal record and information? – Does your provider ask for your permission before sharing personal information? – Is there any personal information about you that you do not want shared? – Do feel your preferences in this area are respected?	<input type="checkbox"/> Person’s preferences with regard to privacy and sharing of personal information are not respected.
– Does your provider consult with you when choices and decisions need to be made? – Do you feel your opinion is respected?	<input type="checkbox"/> Person does not feel opinion is respected.
– What do you know about your rights as a citizen? – Does anyone provide you with information about your rights? – What rights are most important to you?	<input type="checkbox"/> Person is not supported to understand rights.
– How does your provider talk to and about you? – Do you feel staff treats you as important? – Is there anything you can’t or are not allowed to do? – Have there been times where you felt you were treated unfairly?	<input type="checkbox"/> Person does not feel respected or treated fairly.

**Community: Individuals have opportunities for integration in all aspects of their lives including where they live, work, access to community services and activities, and opportunities for new relationships**

Questions (could include but not be limited to)	Findings
<b>Tell me about where you live... (asked of individuals receiving RH, SLC, Personal Supports if rendered in a SL situation)</b>	
– How did you choose the place you are living? – What options did you have to choose from? – What do you like about where you live? – Is there anything you would like to change about where you live?	<input type="checkbox"/> Person is not supported to make informed choice of where to live.

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<ul style="list-style-type: none"> <li>– Would you like to live somewhere else? If yes, is anyone helping you with this?</li> </ul>	<input type="checkbox"/> Person's preferences to live elsewhere in the community are not solicited.
<ul style="list-style-type: none"> <li>– Do you have housemates/roommates who live with you?</li> <li>– Do you have your own bedroom or share a room?</li> <li>– Does anyone ask you what you prefer?</li> <li>– Were you offered the option to have your own room?             <ul style="list-style-type: none"> <li>o If no, were you offered the option of who your roommate would be?</li> </ul> </li> </ul>	<input type="checkbox"/> Person's preferences with regard to rooming arrangements in the home are not solicited.
<ul style="list-style-type: none"> <li>– How is it decided how your home/room is furnished and decorated?</li> <li>– Can you make changes in your home/room if you want?</li> </ul>	<input type="checkbox"/> Person's preferences with regard to furnishings and decor in the home are not solicited.
<ul style="list-style-type: none"> <li>– Do you have a place at home where you can be alone?</li> <li>– Are there ever times where you feel you don't have the privacy you want at home?</li> <li>– Do you feel staff/housemates respect your privacy?</li> </ul>	<input type="checkbox"/> Person's preference for privacy at home is not respected.
<ul style="list-style-type: none"> <li>– Is your personal property in your home respected?</li> </ul>	<input type="checkbox"/> Person does not feel personal property is respected.
<ul style="list-style-type: none"> <li>– Do you have the ability to lock your bedroom door and/or secure your personal belongings?</li> </ul>	<input type="checkbox"/> Person is offered no opportunity to lock the bedroom door or secure belongings at home.
<ul style="list-style-type: none"> <li>– Can friends and family visit with you any time you want them to?</li> <li>– Do you have family/friends that come to visit you?</li> <li>– Are there any "rules" in your home about when and where you can have visitors?</li> </ul>	<input type="checkbox"/> Person's preferences with regard to having visitors at home are not supported.
<ul style="list-style-type: none"> <li>– Do you have input into food shopping and meal planning in your home?</li> <li>– Can you get something to eat or drink anytime you want in your home?</li> <li>– If no, have you been given a reason why?</li> <li>– Are there any "rules" in your home about when you can eat or drink?</li> </ul>	<input type="checkbox"/> Person's access to food is restricted without reason.
<b>Tell me about where you work/what you do during the day... (asked of individuals receiving LSD 1, 2 and 3)</b>	
<ul style="list-style-type: none"> <li>– How did you choose where you work/what you do during the day?</li> <li>– What options did you have to choose from?</li> </ul>	<input type="checkbox"/> Person is not supported to make informed choice of work/day activity.
<ul style="list-style-type: none"> <li>– Would you like to work somewhere else or do something different during the day?</li> <li>– Does your provider ask you about this?</li> </ul>	<input type="checkbox"/> Person's preferences to work elsewhere in the community are not solicited.

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<ul style="list-style-type: none"> <li>– Do you enjoy what you do during the day?</li> <li>– What do you like about where you work/how you spend your day?</li> <li>– What do you dislike?</li> <li>– Is there anything you would like to change about where you work/how you spend your day?</li> <li>– If not satisfied, have you talked with your provider?</li> </ul>	<input type="checkbox"/> Person's dissatisfaction with work/day activity is not addressed.
<ul style="list-style-type: none"> <li>– How do you find out about other options/services that are available to you during the day?</li> </ul>	<input type="checkbox"/> Person has not been offered any options or support to explore more integrated work settings or day activities
<ul style="list-style-type: none"> <li>– Tell me about who helps you at work and who you work with.</li> <li>– How do your co-workers treat you?</li> <li>– How do your supports/staff treat you?</li> </ul>	<input type="checkbox"/> Person does not feel respected at work.
<p><b>Tell me about the community you live in and what you like to do for fun...(RH, SLC, LSD 1, possibly Personal Supports)</b></p>	
<ul style="list-style-type: none"> <li>– How long have you lived in this community?</li> <li>– What kinds of things do you like to do?</li> <li>– Do members of your community know and recognize you?</li> <li>– Does anyone ask what you would like to do in the community?</li> <li>– How do you know what there is to do?</li> <li>– Are you given opportunities to go out in the community? (Shopping, restaurants, church etc.)</li> <li>– How does your provider support you to access the community?</li> </ul>	<input type="checkbox"/> Person does not feel provider promotes opportunities to engage in community life.
<ul style="list-style-type: none"> <li>– Who decides when you go places?</li> <li>– Who decides where you will go?</li> <li>– Who decides who will go with you in the community?</li> <li>– Is there anything keeping you from doing the things in the community you wish to be doing?</li> <li>– If yes, how is your provider helping you?</li> </ul>	<input type="checkbox"/> Person does not feel supported to direct community involvement.
<ul style="list-style-type: none"> <li>– Do you have any hobbies?</li> <li>– Are you a member of or interested in being a member of any clubs or organizations?</li> <li>– For example; a church, Clubs (i.e., athletic, arts/crafts, photography, YMCA).</li> <li>– Does anyone ask if you would like to be a member of any community clubs, churches and/or organizations?</li> </ul>	<input type="checkbox"/> Person's preferences concerning social roles in the community are not solicited.

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<ul style="list-style-type: none"> <li>– How do you learn about what clubs and groups are available for you to join in your community?</li> <li>– Does anyone provide you with information about what is available in your community for you to join?</li> </ul>	<input type="checkbox"/> Person is not provided information about social roles in the community.
<b>Tell me about who you like to spend time with... (RH, SLC, LSD 1, possibly Personal Supports)</b>	
<ul style="list-style-type: none"> <li>– When out in your community are there people who know and recognize you?</li> <li>– Have you gotten to know people in your community?</li> <li>– Tell me about the places you go and the people you know?</li> </ul>	<input type="checkbox"/> Person does not know anyone in the community and would like to.
<ul style="list-style-type: none"> <li>– Are you given opportunities to meet people and make friends in your community?</li> <li>– Who do you like to spend time with?</li> <li>– Who do you spend most of your time with?</li> <li>– Do you have friends you can go places and share things with?</li> <li>– Do you have friends aside from your providers and family?</li> <li>– Would you like more opportunities to meet people, develop new friendships?</li> <li>– Does your provider talk with you about this?</li> <li>– How does your provider support you to meet people?</li> <li>– Do you feel your preferences with regard to developing new friendships are supported?</li> </ul>	<input type="checkbox"/> Person has had limited opportunities to develop new friendships/relationships
<ul style="list-style-type: none"> <li>– How often do you see your friends?</li> <li>– Do you have enough time with your friends?</li> <li>– Are you satisfied with the amount of time you spend with your friends/family?</li> <li>– What gets in the way of seeing your friends?</li> <li>– How does your provider support you to stay in touch with your friends/family?</li> <li>– Do you feel your preferences with regard to keeping in touch with friends/family are supported?</li> </ul>	<input type="checkbox"/> Person does not feel supported to maintain friendships/relationships.
<ul style="list-style-type: none"> <li>– Besides seeing your friends and family, what other things do you do to stay in touch (phone, text, email, and social media)?</li> <li>– Can you call, text, or email friends if you want?</li> </ul>	<input type="checkbox"/> Person does not have access to communication methods (phone, text, email) to assist in developing/maintaining friendships/relationships.

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Individuals are in best possible health	
Questions (could include but not limited to)	Findings
<b>Majority of questions asked only of individuals receiving RH, SLC and Personal Supports if rendered in SL setting. However providers of all services should have a method in place to gather general health information.</b>	
<ul style="list-style-type: none"> <li>– How does your provider gather information about your health and general medical needs?</li> <li>– Do they ask questions about what medications you take, what doctors you see, etc?</li> </ul>	<input type="checkbox"/> Person indicates provider does not gather information about health.
<ul style="list-style-type: none"> <li>– Do you feel healthy?</li> <li>– Do you have any health concerns not being addressed?</li> </ul>	<input type="checkbox"/> Person has health concerns not being addressed by the provider.
<ul style="list-style-type: none"> <li>– What do you do if you feel sick?</li> <li>– Who do you call/tell if you are not feeling well?</li> <li>– Do you go to the doctor or dentist when you need to?</li> <li>– How does your provider help you when you are sick?</li> <li>– Do you feel you are given the support you need with regard to health?</li> </ul>	<input type="checkbox"/> Person does not feel health needs are being supported.
<ul style="list-style-type: none"> <li>– Does your provider talk to you about what you need to do to be in the best health (i.e. treatments, special diets, preventive health exams)?</li> </ul>	<input type="checkbox"/> Person has not been supported to learn about preventive care.
<ul style="list-style-type: none"> <li>– Do you have a primary care doctor?</li> <li>– Do you have a dentist?</li> <li>– Do you like the doctor(s)/dentist you see?</li> <li>– How was it decided what doctors you would see?</li> <li>– Can you make a change if you want to?</li> </ul>	<input type="checkbox"/> Person has not been supported to choose physicians and/or dentist.
<ul style="list-style-type: none"> <li>– Do you take any medications?</li> <li>– If yes, do you know what medication is for?</li> <li>– Does anyone help you understand what your medications are and why you take them?</li> </ul>	<input type="checkbox"/> Person has not been supported to learn about medications.
<ul style="list-style-type: none"> <li>– Who assists you with your health care (i.e. appointments, understanding visits, ordering and picking up medications)?</li> <li>– Do you have a say in how to proceed in your own care (make appointments, decisions about medication, ordering medications)?</li> </ul>	<input type="checkbox"/> Person is not supported to have a say in directing healthcare.

## PDR Individual Interview Tool

Individuals are safe	
Questions (could include but not limited to)	Findings
<b>Majority of questions asked only of individuals receiving RH, SLC and Personal Supports if rendered in SL setting. However providers of all services should have a method in place to gather general safety information and address Abuse, Neglect and Exploitation</b>	
<ul style="list-style-type: none"> <li>– How does your provider gather information about your general safety needs?</li> <li>– Do they ask questions about what how you would respond in event of a fire, ability to dial 911 in an emergency, etc?</li> </ul>	<input type="checkbox"/> Person indicates provider does not gather information about personal safety.
<ul style="list-style-type: none"> <li>– Do you know what abuse is?</li> <li>– Do you know the types of abuse (physical, verbal, sexual, and emotional)?</li> <li>– Do you know what neglect is?</li> <li>– Do you know what exploitation is?</li> </ul>	<input type="checkbox"/> Person is not supported to understand what abuse, neglect, exploitation is.
<ul style="list-style-type: none"> <li>– What would you do if someone did something you did not like or made you feel uncomfortable?</li> <li>– Do you know what to do if you experience abuse, neglect or exploitation?</li> <li>– Does your provider teach you about recognizing and reporting abuse, neglect or exploitation?</li> <li>– Do you know where to find the abuse registry number?</li> </ul>	<input type="checkbox"/> Person is not supported to know what to do if abuse, neglect or exploitation is experienced.
<ul style="list-style-type: none"> <li>– Do you feel safe in your home?</li> <li>– If you need help at home is there someone you can go to or call?</li> <li>– If you do not feel safe, do you have someone you can talk to?</li> </ul>	<input type="checkbox"/> Person does not feel safe at home.
<ul style="list-style-type: none"> <li>– Do you know what to do in case of a fire?</li> <li>– Does your provider talk with about what do if there is a fire?</li> <li>– Do you practice and do fire drills?</li> </ul>	<input type="checkbox"/> Person is not supported to know what to do in the event of a fire.
<ul style="list-style-type: none"> <li>– Do you know what to do in case of a tornado?</li> <li>– Does your provider talk with you about what to do if there is a Tornado warning?</li> </ul>	<input type="checkbox"/> Person is not supported to know what to do if there is a Tornado warning.
<ul style="list-style-type: none"> <li>– Do you feel safe at work/your day program?</li> <li>– If you need help at work/day program, is there someone you go to or call?</li> <li>– If you do not feel safe, do you have someone you can confide in?</li> </ul>	<input type="checkbox"/> Person does not feel safe at work/day program.



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<ul style="list-style-type: none"> <li>– Does anyone talk to and teach you about safety?</li> <li>– Can you access a phone and dial 911 in an emergency?</li> <li>– Do you know what to do in the event of an emergency?</li> </ul>	<input type="checkbox"/> Person is not aware of how to respond in an emergency (e.g., incapacitated staff, natural disaster, 911, altercations)
<ul style="list-style-type: none"> <li>– Do you have supplies and equipment in your home to keep you safe? (i.e. Personal emergency response equipment, flashing lights, bottled water)</li> </ul>	<input type="checkbox"/> Person does not have needed supplies and/or equipment to keep safe.
<ul style="list-style-type: none"> <li>– Do you have an emergency evacuation plan in place (including, if applicable, registration with special need shelter) at your home?</li> </ul>	<input type="checkbox"/> Person is not aware of emergency evacuation procedures/disaster plan.
<ul style="list-style-type: none"> <li>– Do you feel safe when in the community?</li> <li>– Do you feel safe in your neighborhood?</li> <li>– Has your provider talked to you about community safety?</li> <li>– Do you know how to keep yourself safe when out walking in the community?</li> <li>– Has your provider talked with you about how to recognize unsafe situations?</li> </ul>	<input type="checkbox"/> Person is not supported to understand how to stay safe in the community.