

PCR Individual Interview Tool

The following interview tool will be used as part of a **Person Centered Review (PCR)**.

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 areas:

- **Person Centered Supports:** Individuals needs are identified and met through Person Centered Practices.
- **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.

Questions asked and areas reviewed are driven by all services the person is receiving and in context of how the Waiver Support Coordinator is supporting them.

PCR Individual Interview Tool

Person Centered Supports: Individual's needs are identified and met through Person Centered Practices	
Questions (could include but not limited to)	Findings
<ul style="list-style-type: none"> – Do you have a Support Plan? – How was your Support Plan developed? 	<input type="checkbox"/> Person is not supported to drive the Support Plan development and planning process.
<ul style="list-style-type: none"> – What goals do you have on your Support Plan? – How were your goals developed? 	<input type="checkbox"/> Person is not supported to drive the development of goals.
<ul style="list-style-type: none"> – Are these the goals you want to be working on? – Tell me about your... <ul style="list-style-type: none"> o personal preferences o talents o strengths o abilities o needs 	<input type="checkbox"/> Person does not feel supported in moving towards desired goals/dreams.
<ul style="list-style-type: none"> – Does anyone talk to you about progress on your plan/goals? 	<input type="checkbox"/> Person is not involved in the routine review of progress on goals.
<ul style="list-style-type: none"> – How are your services helping you? – Is there anything new you are doing this year that you have never done before? – Do you feel you have made progress towards your goals? – Do you feel you have the supports needed to achieve your goals? – What have you accomplished in the past year that you are proud of? 	<input type="checkbox"/> Person is not supported to achieve desired goals.
<ul style="list-style-type: none"> – Can you make changes/updates to your plan if you want to? 	<input type="checkbox"/> Person is not aware changes to goals/supports and services can be made.
<ul style="list-style-type: none"> – How would you make changes/updates to your plan if you want to? 	<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"> – How are you informed about options of supports and services available to you? 	<input type="checkbox"/> Person is not provided education/information about service and support options available.
<ul style="list-style-type: none"> – How are you informed about options of available providers you can choose from? 	<input type="checkbox"/> Person is not provided information about service provider options available.
<ul style="list-style-type: none"> – What services and supports are you receiving? – Did you have input into deciding which services you receive? – How are you offered options of services and supports? 	<input type="checkbox"/> Person does not feel choices of available services and supports are offered.
<ul style="list-style-type: none"> – Who is providing your supports and services? – Did you have input into choosing who provides your services? – How were your service providers selected? 	<input type="checkbox"/> Person is not offered choices regarding who provides services/supports
<ul style="list-style-type: none"> – Can you change your services if you want? 	<input type="checkbox"/> Person is not aware of options to change services, if desired.

PCR Individual Interview Tool

<ul style="list-style-type: none"> - Can you change your providers/staff if you want? 	<input type="checkbox"/> Person is not aware of options to change providers, if desired.
<ul style="list-style-type: none"> - How do you make a service or provider/staff change? 	<input type="checkbox"/> Person does not know how to make provider/staff changes.
<ul style="list-style-type: none"> - Can you change your WSC/WSC Agency if you want? 	<input type="checkbox"/> Person is not aware of options to change WSC/WSC Agency, if desired.
<ul style="list-style-type: none"> - How do you change WSCs if you want? 	<input type="checkbox"/> Person does not know how to make WSC/WSC Agency change.
<ul style="list-style-type: none"> - Do you get to decide when your services will be provided? 	<input type="checkbox"/> Person is not included in directing when services are provided.
<ul style="list-style-type: none"> - Do you get to decide where your services will be provided? 	<input type="checkbox"/> Person is not included in directing where services are provided.
<ul style="list-style-type: none"> - How does your WSC find out if you are satisfied with your services? - How do you let your WSC know if you are satisfied or dissatisfied? 	<input type="checkbox"/> Person is not asked if about satisfaction with services.
<ul style="list-style-type: none"> - 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
<ul style="list-style-type: none"> - Do you feel your privacy is respected? - Does your WSC talk with you about confidentiality and your personal record and information? - Does your WSC 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.
<ul style="list-style-type: none"> - Does your WSC 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.
<ul style="list-style-type: none"> - What do you know about your rights as a citizen? - Does your WSC provide you with information about your rights? - What rights are most important to you? 	<input type="checkbox"/> Person is not supported to understand and exercise rights.
<ul style="list-style-type: none"> - How does your WSC talk to and about you? - Do you feel you are treated as important? - Is there anything you are told you can't or are not allowed to do? - Has there been any times where you felt you were treated unfairly? 	<input type="checkbox"/> Person does not feel respected or treated fairly.
<ul style="list-style-type: none"> - Does your WSC listen to your comments and concerns? - If you feel you were treated unfairly were you able to voice this? - Was it addressed and corrected? 	<input type="checkbox"/> Person feels WSC does not listen.

PCR Individual Interview Tool

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 limited to)	Findings
Tell me about where you live... (questions asked only if person lives in a licensed residential, supported or independent living setting)	
<ul style="list-style-type: none"> – 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 about where to live.
<ul style="list-style-type: none"> – What do you know about residential options available to you? – Has your WSC asked if you are happy where you live? – Has your WSC provided you with information about what living options are available to you? 	<input type="checkbox"/> Person has not been offered any options or support to explore more integrated living arrangements.
<ul style="list-style-type: none"> – Would you like to live somewhere else? If yes, is anyone helping you with this? 	<input type="checkbox"/> Person's preference to live elsewhere in the community has not been addressed.
<ul style="list-style-type: none"> – Do you have housemates/roommates who live with you? – Do you have your own bedroom or share a room? – Does your WSC ask if you prefer to have your own room? – Has your WSC helped you talk with your provider about your preferences? 	<input type="checkbox"/> Person's preferences with regard to rooming arrangements in the home are not supported.
<ul style="list-style-type: none"> – Do you have a place at home where you can be alone? – Are there ever times where you feel you don't have the privacy you want at home? – Do you feel staff/housemates respect your privacy? Does your WSC ask you about this? – If you have concerns with lack of privacy in your home, has your WSC helped you talk with your provider about your concerns? 	<input type="checkbox"/> Person's preferences for privacy at home are not supported.
<ul style="list-style-type: none"> – Is your personal property in your home respected? – Do you have the ability to lock your bedroom door and/or secure your personal belongings? – If you have concerns with personal property in your home not being respected, has your WSC helped you talk with your provider about your concerns? 	<input type="checkbox"/> Person's preference for securing personal property at home is not supported.
<ul style="list-style-type: none"> – Can friends and family visit with you any time you want them to? – Do you have family/friends that come to visit you? – Are there any "rules" in your home about when and where you can have visitors? – If you have concerns with your providers "rules" about visitors in your home, has your WSC helped you talk with your provider about your concerns? 	<input type="checkbox"/> Person's preference with regard to having visitors at home is not supported.

PCR Individual Interview Tool

<ul style="list-style-type: none"> – Do you have input in the food shopping and meal planning in your home? – Can you get something to eat or drink anytime you want in your home? – Are there any "rules" in your home about when you can eat or drink? – If access to food and/or drink in your home is restricted without reason, how is your WSC helping you to address this? 	<input type="checkbox"/> Person's access to food is restricted without reason.
<ul style="list-style-type: none"> – How is your schedule at home decided? This can include what time you wake up, go to bed, bathe, watch TV, and eat? – Are there any "rules" about when you do things? – If you are not given the freedom to manage your own schedule and activities in your home, how is your WSC helping you to address this? 	<input type="checkbox"/> Person is not supported to manage his/her own schedule and activities at home.
Tell me about where you work/what you do during the day... (questions asked only if person receives LSD 1, attends an ADT onsite/offsite program or is employed in the community)	
<ul style="list-style-type: none"> – How did you choose where you work/what you do during the day? – What options did you have to choose from? 	<input type="checkbox"/> Person is not supported to make informed choice of where the work/day activity takes place.
<ul style="list-style-type: none"> – Would you like to work somewhere else or do something different during the day? – Does anyone ask you about this? 	<input type="checkbox"/> Person's preferences to work elsewhere in the community are not addressed.
<ul style="list-style-type: none"> – Do you enjoy what you do during the day? – What do you like about where you work/how you spend your day? – What do you dislike? – Is there anything you would like to change about where you work/how you spend your day? – If not satisfied, have you talked with your provider? 	<input type="checkbox"/> Person's dissatisfaction with work/day activity is not addressed.
<ul style="list-style-type: none"> – How do you find out about other options/services that are available to you during the day? 	<input type="checkbox"/> Person has not been offered any options or support to explore more integrated work settings or day activities.
Tell me about the community you live in and what you like to do for fun...	
<ul style="list-style-type: none"> – How long have you lived in this community? – What kinds of things do you like to do? – Do members of your community know and recognize you? – Does your WSC ask what you would like to do in the community? – Are you given opportunities to go out in the community? 	<input type="checkbox"/> Person does not feel WSC promotes opportunities to engage in community life.

PCR Individual Interview Tool

<p>(Shopping, restaurants, church etc.)</p> <p>– How does your WSC support you with accessing the community?</p>	
<p>– How do you know what activities are available in your community?</p> <p>– Is there anything you would like to do in the community that you don't do now?</p> <p>– How does your WSC help you know about what's available to do in the community?</p>	<p><input type="checkbox"/> Person is not provided information about community resources and activities.</p>
<p>– Who decides when you go places?</p> <p>– Who decides where you will go?</p> <p>– Who decides who will go with you in the community?</p> <p>– Is there anything keeping you from doing the things in the community you wish to be doing?</p> <p>– If yes, how is your WSC helping you?</p>	<p><input type="checkbox"/> Person does not feel supported to direct community involvement.</p>
<p>– Do you have any hobbies?</p> <p>– Are you a member of or interested in being a member of any clubs or organizations?</p> <p>– For example; a church, clubs (i.e., athletic, arts/crafts, photography, YMCA).</p> <p>– Does anyone ask if you would like to be a member of any community clubs, churches and/or organizations?</p>	<p><input type="checkbox"/> Person's preferences concerning social roles in the community are not addressed.</p>
<p>– How do you learn about clubs and groups available for you to join in your community?</p> <p>– Does anyone provide you with information about what is available in your community for you to join?</p>	<p><input type="checkbox"/> Person is not provided education/information about social roles in the community.</p>
<p>Tell me about who you like to spend time with...</p>	
<p>– Who do you know in your community?</p>	<p><input type="checkbox"/> Person does not know anyone in the community and would like to.</p>
<p>– Are you given opportunities to meet people and make friends in your community?</p> <p>– Who do you like to spend time with?</p> <p>– Who do you spend most of your time with?</p> <p>– Do you have friends you can go places and share things with?</p> <p>– Do you have friends aside from your providers and family?</p> <p>– Would you like more opportunities to meet people, develop new friendships?</p> <p>– Does your WSC talk with you about this?</p> <p>– How does your provider support you to meet people?</p> <p>– Do you feel your preferences to develop new friendships are supported?</p>	<p><input type="checkbox"/> Person has had limited opportunities to develop new friendships/relationships.</p>

PCR Individual Interview Tool

<ul style="list-style-type: none"> - How often do you see your friends? - Do you have enough time with your friends? - Are you satisfied with the amount of time you spend with your friends/family? - What gets in the way of seeing your friends? - How does your WSC support you to stay in touch with your friends/family? - Do you feel your preferences to keep in touch with friends/family are supported? 	<input type="checkbox"/> Person does not feel supported to maintain friendships/relationships.
<ul style="list-style-type: none"> - Besides seeing your friends and family, what other things do you do to stay in touch (phone, text, email, and social media)? - Can you call, text, or email friends if you want? 	<input type="checkbox"/> Person is not supported to access communication methods (phone, text, email) to assist in developing/maintaining friendships/relationships.
Individuals are safe	
Questions (could include but not limited to)	Findings
<ul style="list-style-type: none"> - Do you feel safe in your home? - If you need help at home is there someone you can go to or call? - If you do not feel safe, do you have someone you can confide in? - Have you talked with your WSC? - How has your WSC helped you? 	<input type="checkbox"/> Person does not feel safe at home.
<ul style="list-style-type: none"> - Do you know what to do in case of a fire? - Does your WSC talk with about what do if there is a fire? - Do you practice and do fire drills? 	<input type="checkbox"/> Person is not supported to know what to do in the event of a fire.
<ul style="list-style-type: none"> - Do you know what to do in case of a tornado? - Does your WSC talk with you about what to do if there is a Tornado warning? 	<input type="checkbox"/> Person is not supported to know what to do if there is a Tornado warning.
<ul style="list-style-type: none"> - Do you feel safe at work/your day program? - If you need help at work/day program is there someone you go to or call? - If you do not feel safe, do you have someone you can confide in? - Have you talked with your WSC? - How has your WSC helped you? 	<input type="checkbox"/> Person does not feel safe at work/day program.
<ul style="list-style-type: none"> - Does your WSC talk to and teach you about safety? - Can you access a phone and dial 911 in an emergency? - Do you know what to do in the event of an emergency? - Are you ever left home alone? 	<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"> - Do you have supplies and equipment in your home to keep you safe? (i.e. Personal emergency response equipment, flashing lights, bottled water) 	<input type="checkbox"/> Person does not have needed supplies and/or equipment to keep safe.

PCR Individual Interview Tool

<ul style="list-style-type: none"> - Do you have an emergency evacuation plan in place (including, if applicable, registration with special need shelter) at your home? 	<input type="checkbox"/> Person is not aware of emergency evacuation procedures/disaster plan.
<ul style="list-style-type: none"> - Do you feel safe when in the community? - Do you feel safe in your neighborhood? - Has your WSC talked to you about community safety? - Do you know how to keep yourself safe when out walking in the community? - Has your WSC talked with you about how to recognize unsafe situations? 	<input type="checkbox"/> Person is not supported to understand how to stay safe in the community.
<ul style="list-style-type: none"> - Do you know what abuse is? - Do you understand the different types of abuse (physical, verbal, sexual, and emotional)? - Do you know what neglect is? - Do you know what exploitation is? 	<input type="checkbox"/> Person is not supported to understand what abuse, neglect, exploitation is.
<ul style="list-style-type: none"> - What would you do if someone did something you did not like or made you feel uncomfortable? - Do you know what to do if you experience abuse, neglect or exploitation? - Does your provider teach you about recognizing and reporting abuse, neglect or exploitation? - Do you know where to find the abuse registry number? 	<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"> - Did you know you can seek counseling if there are past abuse issues bothering you? - Are any past instances of abuse, neglect or exploitation still impacting your life and/or relationships? 	<input type="checkbox"/> There is a history of abuse, neglect or exploitation and the matter has not been resolved to satisfaction.
<ul style="list-style-type: none"> - Do you rely on supplies and/or adaptive equipment to keep you comfortable and/or safe? - Is this equipment in good working condition? - Does your WSC assist you with obtaining/maintain your adaptive equipment? 	<input type="checkbox"/> Person indicates adaptive equipment is not in good working condition.
Individuals are in best possible health	
Questions (could include but not limited to)	Findings
Tell me about your health and the supports you receive	
<ul style="list-style-type: none"> - Do you feel healthy? - Do you have any health concerns not being addressed? 	<input type="checkbox"/> Person has health concerns not being addressed by the provider.
<ul style="list-style-type: none"> - What do you do if you feel sick? - Who do you call/tell if you are not feeling well? - Do you go to the doctor or dentist when you need to? - How does your provider help you when you are sick? 	<input type="checkbox"/> Person does not feel needs with regard to health are being supported

PCR Individual Interview Tool

<ul style="list-style-type: none"> – Do you feel you are given the support you need with regard to health? 	
<ul style="list-style-type: none"> – How does your WSC gather information about your health and general medical needs? – Does your WSC ask questions about what medications you take, what doctors you see? 	<input type="checkbox"/> Person indicates provider does not gather information about health.
<ul style="list-style-type: none"> – Does your WSC talk to you about what you need to do to be in best health (i.e. treatments, special diets, preventive health exams)? 	<input type="checkbox"/> Person is not supported to learn about preventive care.
<ul style="list-style-type: none"> – Do you have a primary care doctor? – Do you have a dentist? – Do you like the doctor(s)/dentist you see? – How was it decided what doctors you would see? – Can you make a change if you want to? 	<input type="checkbox"/> Person is not supported to choose physicians and/or dentist.
<ul style="list-style-type: none"> – Do you take any medications? – If yes, do you know what the medication is for? – Does anyone help you understand what your medications are and why you take them? – Do you understand side effects of the medication? 	<input type="checkbox"/> Person is not been supported to learn about medications taken.
<ul style="list-style-type: none"> – Who assists you with your health care (i.e. appointments, understanding visits, ordering and picking up medications)? – Do you have a say in how to proceed in your own care (make appointments, decisions about medication, ordering medications)? 	<input type="checkbox"/> Person is not supported to have a say in directing healthcare.

Individual Health Summary: Information gathered here will be used to determine if individual is in need of any specific medical follow-up or support. Discoveries will be generated as applicable.

Questions (could include but not limited to)	Discoveries
<ol style="list-style-type: none"> 1. Do you feel healthy? 2. Do you have any health concerns not being addressed? 3. Do you know what your medical diagnoses are? 4. Are you healthy enough to do the things you want to do? 5. Does someone talk to you about what you need to do to be in best health (i.e. treatments, special diets, safe sex, smoking cessation, alcohol cessation)? 6. Who assists you with your health care (i.e. appointments, understanding visits)? 7. Have you been to your primary care physician for a check-up in the past year? 8. Did you know you can choose your physicians and dentist? 	<input type="checkbox"/> Person indicates a need for improved health. <input type="checkbox"/> Person has health concerns not being addressed. <input type="checkbox"/> Health of person prevents or limits desired activity. <input type="checkbox"/> Person has not seen a primary care physician in the last 12 months. <input type="checkbox"/> Person has not seen a dentist in the last 12 months. <input type="checkbox"/> Person has not received routine preventative screenings (based upon age, gender, diagnosis).

PCR Individual Interview Tool

Individual Health Summary: Information gathered here will be used to determine if individual is in need of any specific medical follow-up or support. Discoveries will be generated as applicable.

Questions (could include but not limited to)	Discoveries
<p>9. Have you been to the dentist for a check-up in the past year?</p> <p>10. Based on age and gender, have you had all routine preventative screenings (i.e. Colonoscopy, Pap smear, Mammogram, Eye/hearing exam, Pneumonia Vaccine, Bone Density)?</p> <p>11. Do you go to the doctor when you need to?</p> <p>12. Do you know what medications you take?</p> <p>13. Do you know why you take your medication?</p> <p>14. Do any of your medications cause side effects? Examples.</p> <p>15. Are you able to decline taking medications if you choose?</p> <p>16. If you decline a medication, do people explain how this might be good or bad for you?</p> <p>17. Have you been to an Urgent Care Center in the past twelve (12) months?</p> <p>18. Have you been to an Emergency Room in the past twelve (12) months?</p> <p>19. Have you been admitted to the hospital (including baker acts) in the past twelve (12) months?</p> <p>20. Are there any concerns with your weight (unplanned weight gain or loss of 10 lbs. or more) in the past twelve (12) months?</p> <p>21. Have you fallen in the past 12 months? How often?</p> <p>22. Do you have any concerns about your skin due to skin breakdown?</p> <p>23. Do you participate in any therapies (OT, PT, ST, RT, MT)?</p> <p>24. Do you report a need for any therapies you are not currently getting?</p> <p>25. Have Reactive Strategies under 65G-8 been used on you in the past twelve (12) months?</p> <p>26. Has the Abuse Hotline been contacted by you or others on your behalf to report abuse, neglect, and exploitation in the past twelve (12) months?</p>	<p><input type="checkbox"/> Person is not aware of how to select medical providers.</p> <p><input type="checkbox"/> Person is not aware of diagnoses.</p> <p><input type="checkbox"/> Person is not aware of the types of medications taken.</p> <p><input type="checkbox"/> Person is not aware of why medications are prescribed.</p> <p><input type="checkbox"/> Person indicates medications are ineffective.</p> <p><input type="checkbox"/> Person indicates concerns about medication side effects.</p> <p><input type="checkbox"/> Person has been to an Urgent Care Center in the past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person has been to an Emergency Room in the past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person has been admitted to the hospital (including baker acts) in the past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person indicates unplanned weight changes of 10 lbs. or more in past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person indicates two or more falls in the past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person has had concerns with skin breakdown in the past 12 months. ^{MPR}</p> <p><input type="checkbox"/> Person indicates need for therapies to assist in health.</p> <p><input type="checkbox"/> Person indicates access to health care services or providers is limited due to geographic area.</p> <p><input type="checkbox"/> Person indicates Reactive Strategies have been used in past 12 months.</p> <p><input type="checkbox"/> Person indicates the Abuse Registry has been contacted to report an incident related to the person in the past 12 months.</p>