HEALTH CARE AUTHORITY

New Mexico HCA / DHI / QMB Living Care Arrangements & Community Inclusion: Individual Interview Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description *Individuals are to be QUOTED on their response, including description of activity.*	MET	NOT MET	NA

Agency/Region:
Surveyor: **Date/Time:**

Individual Name and Identifier:

Name and title of Personnel if Assisting ***(Must list Identifier if Agency Personnel)*****:**

Services (Circle those that apply to Individual)**:**

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

Other Services: PT - OT - SLP - BSC - Adult Nursing Services other:_____

Surveyor Instruction: *During your visit with the Individual observe the Individual's behavior and actions and document what is seen and heard. These questions are intended to determine the Individuals satisfaction with services and if they have the equipment (AT / AE) needed. If the Individual identifies an area of concern, you must follow-up with appropriate parties to determine if the issue is being addressed or if anyone is aware of the issue. This will be considered deficient if it has been identified, but not being addressed.*

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Reason for No Interview / Observation				
Individual Observation: □ (Check if) Individual interviewed. □ (Check if) Individual interviewed, with staff assistance. □ (Check if) Individual chose not to participate in observation / interview process. □ (Check if) Individual chose not to participate in interview but observation was completed. □ (Check if) Individual was not available during on-site. **Surveyor Instruction:** *If the individual does not participate, surveyor must indicate why, i.e. chose not to, not home, not available, etc. If you are unable to complete the interview you need to complete the observation to the best of your ability. Verify AT and environment.*	*Tag #1A50.1*			

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Individual Observation				
1) Does the Individual have the needed Assistive Tech. and/or Adaptive Equipment, called for in the AT Inventory, ISP or other plans, i.e. *wheelchair, shower chair, rails, glasses, switches, etc. (Ask Individual / staff if there are any other items that are needed).* ***Surveyors Instructions:*** *Ask what equipment they have and if it works. If able, ask the Individual to see it.*	*Tag #1A39*			
2) Is the Individual able to express needs / wants, are they receptive to your conversation? **Surveyor Instruction:** *You are to observe the individual as you conduct the interview to determine this. If needed, ask the individual if they would like the DSP to assist them in the interview.*	*Tag #1A50.1*			
3) Does the DSP interact with the Individual in a respectful manner? **Surveyor Instruction:** *You are to ensure that DSP working with the individual treats the individual in a respectful manner. Observe how the DSP is interacting with the individual during the visit. Document what you observe.*	*Tag #1A50.1*			
4) Do staff members speak to the Individual in a language they understand? **Surveyor Instruction:** *You are to ensure that DSP working with the individual can clearly communicate with the individual in a language understood by the individual.*	*Tag #1A50.1*			
Individual Interview				
5) Is there an accessible vehicle available to transport you to work, appointments, shopping, activities of your choosing? If no, why not? (as applicable)	*Tag #1A50.1*			
6) Are you comfortable with your staff? If no, why not?	*Tag #1A50.1*			
7) Are your staff members friendly and attentive to your requests and needs? If no, why not?	*Tag #1A50.1*			

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8) Were you given a choice of available options regarding where to live? (such as house or apartment, different part of town etc.) If no, why not?	*Tag #1A50.1*			
9) Were you given a choice of a roommate? How? Do you like who you live with? If no, why not?	*Tag #1A50.1*			
10) Do you have support to participate in community activities of your choice (activities that occur outside of the home, such as shopping, lunch with family or friends) when you want to? If no, why not? What do you want to participate in that you cannot?	*Tag #1A50.1*			
11) Do you have enough money to buy the things you want or need? If no, why not?	*Tag #1A50.1*			
12) Do you have access to a telephone for personal communication in private at your convenience? If no, why not?	*Tag #1A50.1*			
13) Do you have access to the internet in your home? Do you get to use the internet to surf the web or talk to your family and friends on-line? If no, why not?	*Tag #1A50.1*			
14) Do you have a job? If no, are you interested in a job? Do you like your job? If no, why not?	*Tag #1A50.1*			
15) Is there anything else you want to tell me?	*Tag #1A50.1*			