

TDD – INDIVIDUAL INTERVIEW TOOL

1	What is the individual's ID number from the sample key?				
	Answer Key	YES	NO	NOT APPLICABLE (NOT IMPORTANT TO OR FOR)	ACTION TAKEN (REQUIRED FOR NEGATIVE OUTCOMES)
2	Are you able to make choices about your life?				
3	Did you participate in developing your person-centered service plan?				
4	Are you receiving services from your provider that are important to or for you?				
5	Are you competitively employed (e.g. same or similar benefits and wage as non-disabled co-workers) in an integrated community job?				
6	Do you get to participate in activities in the community with individuals with and without disabilities (e.g. shopping, religious services, vacations and dating)?				
7	Do you have friends that you spend time with who don't live with you, work with you, or provide you services?				
8	Have you ever been yelled at or treated mean by anyone?				
9	Have you ever been hit or hurt by anyone?				
10	Did you know you can select your day program/ provider/support staff and change them if you want?				
11	If you are not satisfied with services do you know what to do/who to contact? (i.e. who to contact, how to initiate changes/advocate for themselves)?				
12	Do you feel healthy and know what to do or who to talk to if you don't feel well or want to go to the doctor?				
13	Do you have your own bedroom or do you have a roommate? If you have a roommate, did you get to decide who to share your room with?				
14	Are you able to get around your home and go in all the rooms? (If individual answers No, but restrictions are approved and in the plan, this would be marked YES).				
15	Are you able to eat/have a snack whenever you want? (If individual answers No, but restrictions are approved and in the plan, this would be marked YES).				
<p>The following questions are for CMS data collection only and will come from the records review. Non-compliance in these answers should be reflected as non-compliance in the provider review tool. (Data is being kept per person.)</p>					

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	Answer Key	YES	NO	N/A	
16	<p>Using person centered planning, has the plan been developed based on the results of the assessment as it relates to:</p> <ul style="list-style-type: none"> • Ensure health and welfare, • Assist the individual to engage in meaningful activities • Support community connections • Assist in improving self-advocacy skills • Ensure achievement of outcomes • Identify risks include supports to prevent or minimize risks • Are employment services consistent with the individual's identified employment outcome? 				State PM D1: Number and percent of participants whose service plans address their assessed needs, including health and safety risk factors, and personal goals.
17	Does the ISP specify the provider type, frequency and funding source for each service and activity?				State PM D2: Number and percent of service plans that were developed according to policies and procedures as described in the approved waiver.
18	Was the service plan reviewed annually?				State PM D3: Number and percent of service plans reviewed that were updated at least annually.
19	Was the service plan revised based on the changes in the individuals needs/wants?				State PM D4: Number and percent of service plans reviewed that were updated when the participant's needs changed.
20	Does the waiver service delivery documentation for all waiver billing codes include scope?				State PM D5: Number and percent of participants reviewed who received services in the type, scope , amount, duration and frequency specified in the service plan.
21	Does the waiver service delivery documentation for all waiver codes include the type of service?				State PM D5: Number and percent of participants reviewed who received services in the type , scope, amount, duration and frequency specified in the service plan.
22	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?				State PM D5: Number and percent of participants reviewed who received services in the type, scope, amount , duration and frequency specified in the service plan.
23	Does the waiver service delivery documentation for all waiver billing codes include frequency?				State PM D5: Number and percent of participants reviewed who received services in the type, scope, amount, duration and frequency specified in the service plan.
24	Does the waiver service delivery documentation for all waiver billing codes include duration?				State PM D5: Number and percent of participants reviewed who received services

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		in the type, scope, amount, duration and frequency specified in the service plan.
25	Did the county board comply with Free Choice of Provider requirements?	State PM D6: Number and percent of participants notified of their rights to choose among waiver services and/or providers
26	Was the “Freedom of Choice” form for this individual reviewed on an annual basis?	State PM D7: Number and percent of participants with a signed freedom of choice form that indicates choice was offered between waiver services and institutional care.
27	<p>Did the TDD provider meet all training requirements for the services provided including the following?</p> <ul style="list-style-type: none"> • Initial and annual rights training - All • Initial and annual MUI training - All • Training on individual’s ISP services - All • First Aid – ADHC, drivers, PCAs, out of home respite providers • Task based instruction to provide ADL and IADL - ADHC • 12 hours annual training – ADHC, PCA • 8 hours annual training - Out of Home Respite 	State PM C4: Number and percent of providers as a result of provider compliance review were determined to have met training requirements.
28	If the individual’s assessment indicates that they are unable to self-administer their medication, does the service plan address their medication administration needs?	State PM G7: Number and percent of participants reviewed with an identified need for medication administration whose service plan includes a plan for medication administration.
29	Was the individual’s PLOC/LOC reviewed at least annually and/or based on changes in the individual’s needs?	