

## LEVEL 1 – INDIVIDUAL INTERVIEW TOOL

1	What is the individual's ID number from the sample key?				
	<b>Answer Key</b>	<b>YES</b>	<b>NO</b>	<b>NOT APPLICABLE (NOT IMPORTANT TO OR FOR)</b>	<b>ACTION TAKEN (REQUIRED FOR NEGATIVE OUTCOMES)</b>
2	Is the individual able to make choices about their lives?				
3	Is the individual participating in person centered planning?				
4	Is the service delivery focused on the desired outcomes that are important to or for the individual?				
5	Is the person competitively employed (e.g. same or similar benefits and wage as non-disabled co-workers) in an integrated community job?				
6	Is the individual given opportunities for meaningful and productive activities in the community with individuals with and without disabilities (e.g. shopping, religious services, vacations, dating)?				
7	Is the individual involved in relationships with individuals outside of service delivery?				
8	Did the individual indicate being mistreated by anyone (e.g., being yelled at or treated disrespectfully)?				
9	Did the individual indicate being hit or hurt by anyone?				
10	Did you know you can change your provider/support staff if you want?				
11	Is the individual satisfied with services (e.g. what is working for the individual and what is not working)?				
<b>The following questions are for CMS data collection only and will come from the records review. (Data is being kept per person.)</b>					
	<b>Answer Key</b>	<b>YES</b>	<b>NO</b>	<b>Not Applicable</b>	
12	<b>Does the service plan address the individual's assessed needs, including health and safety risk factors, and personal goals?</b>				
13	<b>Does the ISP specify the provider type, frequency, and funding source for each service and activity?</b>				
14	<b>Was the individual's PLOC/LOC reviewed at least annually and/or based on changes in the individual's needs?</b>				

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15	Does the waiver service delivery documentation for all waiver codes include the type of service?				
16	Does the waiver service delivery documentation for all waiver billing codes include scope?				
17	Does the waiver service delivery documentation for all waiver billing codes include the number of units (amount) provided?				
18	Does the waiver service delivery documentation for all waiver billing codes include frequency?				
19	Does the waiver service delivery documentation for all waiver billing codes include duration?				
20	Was the service plan reviewed annually?				
21	Was the service plan revised based on the changes in the individuals needs/wants?				
22	Was the "Freedom of Choice" form for this individual reviewed on an annual basis?				
23	Did the county board comply with Free Choice of Provider requirements?				
24	<p>If the staff person administers medication does the person have the appropriate certification for:</p> <ul style="list-style-type: none"> <li>• Oral or topical medications (Category 1)</li> <li>• G-tube/J-tube (Category 2)</li> <li>• Insulin injections (Category 3)</li> </ul>				
25	If there was an assessed need for Medication Administration, did the individual receive the service as specified in the ISP?				