



## New Mexico Developmental Disabilities Supports Division

### **Provider Selection Guide** Provider Interview Questions

These interview questions are provided in order to assist you to make informed decisions when selecting an agency to provide services and supports. These are suggestions- please use the additional room to add your own specific questions. The questions are divided up into several sections: Agency, Staff, Communication, Service Specific and Health and Safety.

**Date:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Agency staff being interviewed:** \_\_\_\_\_

#### **AGENCY QUESTIONS:**

1. How long has your agency been providing DD Waiver services?
2. What recognition and awards has your agency received in your community?
3. What feedback do you receive from individuals/families/guardians, and can you provide me with references whom I may contact?
4. What can I expect from your agency with regard to my own growth?
  - Learning to do things for myself vs. always doing things for me
  - Increasing my independence
  - Balancing my support needs while giving me the opportunity to learn new skills and experience new activities.
  - Helping me make connections in my community
5. Describe how your agency will safeguard my personal finances:

Other Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **OTHER AGENCY CONSIDERATIONS:**

- *If applicable, consider selecting an agency that is conveniently located on the way to your home or workplace, or close to family/friends to support visits.*
- *Visit agencies and “shop” until you find one that fits your needs*
- *Ask the agency if they have experience or specialize in specific needs that you may have. These can be medical, social, behavioral or training supports.*
- *Does the agency offer any special programs such as health or arts programs?*
- *What is their staff retention rate, specifically- during the past couple years and/or currently?*

**AGENCY INTEGRITY QUESTIONS:**

1. Has your agency ever been placed on state mandated moratorium (been prohibited from accepting new clients)? If yes, please explain.
2. Have any actions, (i.e. fine, sanction, etc.) ever been imposed on your agency license, contracts, or other certification or accreditation mechanisms by the DOH, HSD, the Attorney General or any other state or law enforcement agency? Please describe.
3. Has your agency ever been sued for inadequate care or other care related issue? If yes, what was the outcome of the lawsuit?
4. Has your agency ever been investigated or fined by DOH, HSD, the AG or any other state or law enforcement agency for issues related to fraud, misuse or other inappropriate or inadequate processes related to client or agency funds? If yes, please explain.

**STAFFING QUESTIONS**

1. Can you describe how your staff will help to meet my needs?
2. How will you ensure that the staff who work with me are a good match?
3. How do you ensure that the staff who work with me are trained and have background checks?
4. What is my role in determining who will work with me?
5. Are training records for the staff who work with me available for review?
6. How do you ensure that the staff who work with me will respect my rights?

Other Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION QUESTIONS**

1. How will we communicate with each other?
  - a. How will my family know what's going on (positive or negative)?
  - b. Can my family and friends stop by any time?
  - c. Will I have access to everything written about me, (my son or daughter)?

Other Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICE SPECIFIC QUESTIONS: Living Supports**

*“Living Supports include residential instruction that is intended to increase and promote independence and to support individuals to live as independently as possible in the community in a setting of their own choice.”*

- 1. In my home, how will you respect my individual needs with regard to the following:
  - a. Handling my money?
  - b. Transportation?
  - c. Medication?
  - d. Feeling comfortable and a part of my neighborhood?

Other Questions: \_\_\_\_\_  
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**SERVICE SPECIFIC QUESTIONS: Community Supports**

*Community Supports provide access to and participation in all aspects of typical community activities and functions of community life that are used by the general population and that are meaningful to the individual.*

- 1. How will you support me to participate in my community with regard to the following?
  - a. What I want to do?
  - b. Where and when I participate in my community?
  - c. My choice of who I want to participate in activities with?
  - d. Providing transportation to my individualized activities?
- 2. If I want to work, how will you help me find a job I want, and be successful at work?

Other Questions: \_\_\_\_\_  
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**SERVICE SPECIFIC: Case Management**

*“The Case Manager serves as an advocate for the individual, and is responsible for the development of the Individual Service Plan (ISP) and the ongoing monitoring of the provision of services included in the ISP.”*

- 1. How will you help me complete all necessary DD Waiver requirements?
  - a. Eligibility/ Assessment paperwork

Case Management Continued.....

- b. Service Planning
  - c. Coordination of services
  - d. Helping me reach my desired outcomes?
  - e. Assisting me with transitions, (For example- when I change agencies)?
2. How will we communicate with each other?
  3. How often can I expect to see you?
  4. How will you ensure that my ISP is complete, current and being followed?

Other Questions: \_\_\_\_\_  
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**SERVICE SPECIFIC: Therapies**

*The role of the therapist is to design and train supportive/adaptive strategies through direct collaboration with the individual, their direct staff and other members of the individual's team.*

1. Tell me how your services will help me be more independent in my daily life:
2. Describe how you communicate with and train direct care staff to implement the service plan and help me achieve my desired outcomes.

**MEDICAL:**

1. Residential: Will staff help me make doctors, dental and other appointments and take me to them?
2. Do you have adequate nursing services at your agency? Please describe your agency nursing coverage:

**HEALTH AND SAFETY:**

1. How do you ensure that I am protected from abuse, neglect and exploitation?
2. What are the policies and procedures within your agency for implementing corrective action following a substantiation for abuse, neglect or exploitation?
3. How do you ensure that staff receive the necessary training to address my specific needs, including the following, (Mention those that apply to you):

Question 3 continued...

- a) aspiration
- b) mobility (i.e. transfers and gait belts)
- c) dietary restrictions
- d) medication administration
- e) other concerns: \_\_\_\_\_

4. How do you ensure that my staff receive the necessary training to support my particular emotional/behavioral needs including: (mention those that apply to you)?

- a) agitation and anxiety
- b) elopement
- c) depression and emotional health concerns
- d) Individual behavioral concerns
- e) Other concerns: \_\_\_\_\_

**ADDITIONAL QUESTIONS:**

- 1. \_\_\_\_\_  
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- 2. \_\_\_\_\_  
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