



**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, Arranging for Goods and Services and Health and Safety.

**DATE:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

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

**AGENCY QUESTIONS:**

1. How long has your agency been providing Waiver services?
2. How does your agency get to know me and my needs as an individual?
3. What recognition and awards has your agency received in your community?
4. What feedback do you receive from individuals/families/guardians, and can you provide me with references whom I may contact?
5. How will the agency support my needs and what is important to me?
  - 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
6. Describe how your agency will protect my personal finances:

Other Questions:

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**OTHER Things to Think About:**

- Consider the agency's location. Is it 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?
- How long does your staff stay at the agency on average?
- What social events are sponsored by your agency (e.g. holiday celebrations)?

**AGENCY PERFORMANCE QUESTIONS:**

1. Has your agency ever been placed on state mandated moratorium, (not been allowed to accept 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?  
If so, 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?

**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. How do you support me to choose 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?
7. Are your staff able to earn paid time off or sick time?

Other Questions:

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## 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?
  - d. If I use communication device or other assistive technology, how will staff support me?

Other Questions:

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## SERVICE SPECIFIC QUESTIONS: Services provided in my home

1. In my home, how will you respect my individual needs about the following:
  - a. Handling my money?
  - b. Are utilities, including Wi Fi, included in my lease/rental agreement?
  - c. Transportation?
  - d. Medication and medical appointments?
  - e. Non-Medical appointments?
  - f. Feeling comfortable and a part of my neighborhood?
  - f. My space and privacy?

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 about the following?
  - a. What I want to do?
  - b. Where and when I want to participate in my community?

**Community Supports continued**

- c. My choice of who I want to participate in activities with?
- d. Providing transportation for my individualized activities?

2. If I want to work, how will you help me find a job I want, and be successful at work?

- a. Who will help me with coordinating transportation to/ from work, if I need it?
- b. Will the agency help me with volunteering in the community?

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

**SERVICE SPECIFIC: Case Management (CM) /Community Support Coordinator (CSC) /Consultant:**

*The CM/CSC/Consultant serves as an advocate for the individual and is responsible for the development of the Individual Service Plan and the ongoing monitoring of the provision of services included in the service plan.*

1. How will you help me complete all necessary waiver requirements?

- a. Eligibility/ Assessment paperwork
- b. Service Planning
- c. Coordination of services
- d. Helping me reach my desired outcomes and visions?
- e. Assisting me with transitions, (For example- when I change agencies)?

2. How will we communicate with each other?

3. If we cannot communicate in person how will we communicate remotely?

4. How will you help me be successful in a participant directed program like Mi Via or Supports Waiver?

5. How will you ensure that my Service Plan reflects my choices, is approved and is 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.
3. If you are unable to meet with me and my staff in person how will we meet remotely?
4. How will you support me to reach my goals?

## HEALTH AND SAFETY:

1. How do you ensure that I am protected from abuse, neglect and exploitation?
2. How would you respond if your agency staff was substantiated abuse, neglect or exploitation?
3. How will you support me during public health orders?
4. How does your agency support/develop emergency back up plans?

## HEALTH AND SAFETY continued

5. How do you ensure that staff receive the necessary training to address my specific needs, including the following, (Mention those that apply to you)?

- a) aspiration (choking)
- b) mobility (i.e. transfers and gait belts)
- c) nutrition needs
- d) specific help with personal care, hygiene, toileting
- e) medication administration
- f) other concerns: \_\_\_\_\_

6. How do you ensure that my staff receive the necessary training to support my emotional/ behavioral needs including those noted in my ISP/SSP: (mention those that apply to you)?

- g) agitation and anxiety
- h) emotional health concerns
- i) Individual behavioral concerns
- j) Other concerns: \_\_\_\_\_

## 7. Arranging for Goods:

When arranging for a provider to provide an approved good such as Assistive Technology it is helpful to consider both the good you are receiving and the services associated with the good.

1. Am I getting the best price for the good that is available?
2. What services does your company offer to support me?
3. What are my options if what I purchase does not work for me or if it stops working?

### **ADDITIONAL QUESTIONS:**

1.

2.

3.

4.

5.