

**New Mexico Department of Health / Division of Health Improvement
Community Living and Community Inclusion
Direct Service Personnel (DSP) Interview**

Agency/Region:

Service (Circle):

[Supported Living](#)

[Family Living](#)

[Independent Living](#)

[Adult Habilitation](#)

[Supported Employment](#)

[Community Access](#)

Individual(s) Name:

Please check once topic has been discussed thoroughly

COMMUNITY LIVING TOPICS	Surveyor:
DSP Name and title:	Date/Time:
<input type="checkbox"/> Attend annual or other IDT meetings:	
<input type="checkbox"/> If unable to attend annual or other IDT meetings are you able to give input?	
<input type="checkbox"/> On-call procedure:	
<input type="checkbox"/> Availability of a nurse / receive appro. healthcare	
<input type="checkbox"/> Adaptive Equipment	
<input type="checkbox"/> What to do you do if you suspect Abuse, Neglect and/or Exploitation? (What state agencies to report to) (1A28)	
<input type="checkbox"/> Ability to communicate with Individual(s)	
<input type="checkbox"/> Safety related needs not addressed	
<input type="checkbox"/> Health related needs not addressed	
<input type="checkbox"/> Do you ever have to physically restrain the individual?	
<input type="checkbox"/> If you do, have you received training in MANDT / CPI /Handle with Care	
<input type="checkbox"/> Have you received transportation training / w/c tie-downs / van lift safety (1A11)	
<input type="checkbox"/> Typical staffing pattern / Can individual ever left alone	
<input type="checkbox"/> Familiarity with evacuation procedures	
<input type="checkbox"/> Have you received Training on the Individual's ISP : (1A22) What did you learn about the person?	
<input type="checkbox"/> Have you received Training on the Individual's PBP : (1A22) What behaviors are addressed?	
<input type="checkbox"/> Have you received Training on the Individual's Occupational Therapy Plan : (1A22) What does the plan cover?	
<input type="checkbox"/> Have you received Training on the Individual's Physical Therapy Plan : (1A22) What does the plan cover?	
<input type="checkbox"/> Have you received Training on the Individual's Speech Therapy Plan : (1A22) What does the plan cover?	
COMMUNITY INCLUSION TOPICS	Surveyor:
DSP Name and title:	Date/Time:
<input type="checkbox"/> Attend annual or other IDT meetings:	
<input type="checkbox"/> If unable to attend annual or other IDT meetings are you able to give input?	
<input type="checkbox"/> On-call procedure:	
<input type="checkbox"/> Availability of a nurse / receive appro. healthcare	
<input type="checkbox"/> Adaptive Equipment	
<input type="checkbox"/> What to do you do if you suspect A, N and E? (What state agencies to report to) (1A28)	
<input type="checkbox"/> Ability to communicate with Individual(s)	
<input type="checkbox"/> Do you ever have to physically restrain the individual?	
<input type="checkbox"/> If you do, have you received training in MANDT / CPI /Handle with Care	
<input type="checkbox"/> Have you received transportation training / w/c tie-downs / van lift safety	
<input type="checkbox"/> Familiarity with evacuation procedures	

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<input type="checkbox"/> Have you received Training on the Individual's Physical Therapy Plan : (1A22) What does the plan cover?
<input type="checkbox"/> Have you received Training on the Individual's Speech Therapy Plan : (1A22) What does the plan cover?
<input type="checkbox"/> Maintain confidentiality
<input type="checkbox"/> Know the Individual (likes/dislikes) (1A22)
<input type="checkbox"/> Supported Employment
<input type="checkbox"/> Meaningful Day
<input type="checkbox"/> How staff facilitate development of new skills

All other tag numbers will be located in the guidebooks due to space issues. ISP Implementation= 1A32 (CoP) Ability to follow ISP (staff competence) = 1A22

Additional Notes: