

**PIEDMONT BEHAVIORAL HEALTHCARE –LME**  
**ON-SITE MONITORING –RESIDENTIAL CLIENT/FAMILY INTERVIEW**

**Directions:** The reviewer should interview clients or family members away from staff and other clients. Each section contains sub-sections. Unless otherwise indicated at beginning of the sections, please ask the client/family member a minimum of one question from each of the sub-sections and write the answers. Only provide the minimal assistance to clients to obtain answers. Please complete the rating scales at the end of the sub-section based on answers provided by clients.

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider Agency: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Client Rights:**

**Knowledge of Client Rights:**

1. Has anyone spoken to you about your rights? If yes, who spoke to you and when did they speak to you about your rights?
  
2. Name 3 rights you have? What are your responsibilities in regards to these rights? (What do you have to do to respect the rights of others?)
  
3. Has anyone told you how and to whom you would make a complaint? Do you feel comfortable reporting problems with staff to their supervisor?

**Please score Knowledge of Client Rights**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Exercising Client Rights:**

1. Please ask one of the following scenarios:

- a. What would you do if staff hit you?
- b. Is it okay for staff to ask you to purchase an item from them? **OR** Is it okay for staff to ask you to purchase an item for them? What would you do if this happened?

2. Are you able to exercise your rights as much as possible? If not, does staff provide you with an explanation as to why?

3. Are your friends/family able to join you for leisure activities in the home or community?

**Please score Exercising Client Rights**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Agency/Staff Respect of Client Rights:**

1. How does staff help promote your rights? How do staff help you make decisions and support your rights?

2. Is there a schedule of activities at the home? If yes, how is the schedule developed?

3. Do you feel you are treated with courtesy, respect and enthusiasm?

**Please score Agency/Staff Respect of Client Rights**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Client Choice/Empowerment/Self Determination:**

**Knowledge of Client Choice/Empowerment/Self Determination:**

1. How did you participate in developing your treatment plan?
2. Are you involved as much as you want to be in decisions about your services/placement? If not, have you told someone?
3. Do you have an identification card? Do you carry your identification card with you in case of an emergency?

**Please score Knowledge of Client Choice/Empowerment/Self Determination**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Client Control/Input/Involvement in Decisions:**

1. Does your service plan reflect your strengths and things that are most important to you? Tell me a little about your strengths and things that are important to you?
2. Does your service plan have goals that focus on areas you want to improve/work on or dreams you have for your future? Tell me a little about these areas?
3. How were your services/placement coordinated? Did you choose your service/placement or have input into the service/placement choice? Did you tour the home and meet staff prior to a placement decision?

**Please score Client Control/Input/Involvement in Decisions**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Agency Support/Implementation of Client Choice/Empowerment:**

1. In what way are you involved in hiring and evaluating staff who work with you?
2. How does staff provide you with assistance, support and education in understanding and accessing your services?
3. Are you asked whether your supports/services are working for you?

**Please score Agency Support/Implementation of Client Choice/Empowerment**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Self Advocacy/Empowerment:**

**Knowledge/Input of Self Advocacy/Empowerment:**

1. How are you encouraged to make suggestions to improve or make changes at your group home? Are there scheduled house meeting or other committee meetings where you can express concerns, make suggestions or make decisions about group home activities, etc.?
2. Are you able to discuss your feelings of dissatisfaction with staff or provider agency personnel without being afraid of retaliation?
3. How was your medical provider chosen? Did you choose your medical provider or were you given a choice? Who choose your medical provider?
4. What input do you have regarding medication changes or medical treatments?

**Please score Self Advocacy/Empowerment**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Agency Support/Implementation of Self Advocacy/Empowerment:**

1. How often has the staff or agency asked you to complete a satisfaction survey? Have you been asked to provide suggestions on how to improve services?
2. Name 1 thing/activity/group, etc. staff have encouraged you to get involved in at the group home or in the community?
3. Have you ever attended a self-advocacy conference, convention or meeting? If not, have staff ever asked you if you were interested in attending a self-advocacy conference, convention or meeting?

**Please score Agency Support/Implementation of Self Advocacy/Empowerment**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Confidentiality:**

**Knowledge of Confidentiality:**

1. Are you able to receive mail without staff opening and reading your mail? If staff opened and read your mail, what would you do?
2. Are you able to review your medical record information? What would you do if you wanted to review your medical record information?
3. Is it okay for staff to share your treatment information with other clients/peers/group members? What would you do if this happened?

**Please score Knowledge of Confidentiality**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Agency/Staff Respect of Confidentiality:**

1. How does staff assure you have privacy?

2. Does staff knock on your bedroom door before entering? If staff entered your room without your permission/without knocking, what would you do?

3. Can staff listen to your phone conversations without permission? What would you do if staff listened to your phone conversation?

**Please score Agency/Staff Respect of Confidentiality**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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**Relationships/Social Belonging/Inclusion:\*(Please ask a minimum of two questions from this section.)**

1. Are you able to pick and choose your friends? If not, are you given an explanation?

2. Does the staff assist and encourage you in maintaining friendships outside of the group home?

3. Are you able to spend time with your friends or engage in leisure activities with your friends outside of the group home? If so, how often are you able to do things in the community? Does the agency/staff assist you with transportation or other planning activities to enable you to maintain friendships or complete leisure activities?  
If not, are you given an explanation?

4. Are you involved in any community groups/associations? If not, is there an activity or community group/association you would like to be involved with in the community?

5. Does group home staff respect your cultural beliefs, religious beliefs and/or other interest/hobbies? How does staff help you to maintain these cultural beliefs, religious beliefs and/or other interest/hobbies?

6. Who are the most important people in your life? Do you spend as much time with them as you would like? If not, why?

7. How often do you have a chance to meet new people?

**Please score Relationships/Social Belonging/Inclusion**

1-Poor 2-Needs Improvement 3-Average 4-Above Average 5-Exceeds Expectations

Please list any additional comments here:

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