

Minnesota Quality Assurance Panel
Proposed Outcome Indicators for the Survey of Program Participants
January 3, 2007

Origin of Indicator	Original Populations			Outcome Indicators Generated							
	DD	A/D	MI								
Area 1: Participation Access											
NCI	?			The proportion of service recipients who report they are informed about existing and potential resources (including information services, choices and supports, and available public benefits), in a way that is easy to understand.							
NCI	?			The proportion of people reporting they get the services they need.							
MLS	?			The proportion of people who report that they did not have to wait too long before receiving services.							
AREA 2: PARTICIPANT-CENTERED SERVICE PLANNING AND DELIVERY											
NCI	?			The proportion of people reporting that their case managers/ service coordinators help them get what they need.							
NCI	?			The proportion of individuals who report they direct their own services.							
NCI	?			The proportion of people who report that services they needed were not available to them.							
NCI	?			The proportion of families reporting that their support plan includes or reflects things that are important to them.							
Maine		?		Proportion of people reporting that people explained what they can do if they disagree with or want to change their plan of care/service plan. (rev)							
MHSIP			?	Proportion of people agreeing [strongly agree or agree] that, "I would recommend [service provider(s)] to a friend or family member."							
MHSIP			?	Proportion of people agreeing that I and people I choose, not staff, decide about my goals.							
MLS	?			Proportion of people reporting that they participate in _____ activities in the past week in which they like to participate with people other than staff.							
				Type of Activity	Like to Do			Times in Past Week	With Whom		
					Yes	No	So-So			Alone	Staff
				Went grocery shopping							
				Went to game or sport activity							
				Went to a health club, gym or swimming							
				Went out to eat or get a drink							
				Went to a movie, play or concert							
				Went shopping for clothes or other things							

Origin of Indicator	Original Populations			Outcome Indicators Generated							
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				Went to a club or group meeting							
				Went to a religious service meeting							
				Went to a walk or to a park							
				Went some place to do volunteer work							
				Went to a class							
				Went somewhere else I didn't mention							
MLS	?			Proportion of people reporting that they participate in _____ activities in the past week in which they like to participate with people other than staff.							

Origin of Indicator	Original Populations			Outcome Indicators Generated
	DD	A/D	MI	
AREA 3: PROVIDER CAPACITY AND CAPABILITIES				
NCI	?			The proportion of people who report having adequate transportation when they want to go somewhere
MEDSTAT	?			Proportion of people that cannot name their case manager/ support coordinator.
Maine		?		Proportion of people reporting that in the past year they found it difficult to keep support staff. (rev)
Maine		?		Proportion of people reporting that in the past year they have ever been unhappy with how their direct support staff did their jobs (rev)- Followed by, in what way?
CHSRA/ CMS	?			Proportion reporting that their direct support staff...
				a) listen to you when you are upset
				b) help find ways to fix problems
				c) listen to what you want
				d) treat you nicely
				e) get so angry that you are afraid
				f) ask you before using your things
				g) treat you with respect
AREA 4: PARTICIPANT SAFEGUARDS				
NCI	?			The proportion of people who report that they feel safe in their home.
MEDSTAT	?			Proportion of people who say other people sometimes hit or hurt their body (further inquiry).
MEDSTAT	?	?		Proportion saying they have gone without medicine when they need it because no one is there to help them (2 items).

Origin of Indicator	Original Populations			Outcome Indicators Generated
	DD	A/D	MI	
MEDSTAT	?	?		Proportion saying they have been unable to get to the bathroom when they need to because no one is there to help them (2 items)
MEDSTAT	?	?		Proportion saying they have gone without eating when they need to because no one was there to help them (2 items).
CHSRA/ CMS	?			Proportion saying yes or sometimes to the question is there anything new you would like to learn who say that their staff people help them learn these things
AREA 5: PARTICIPANT RIGHTS AND RESPONSIBILITIES				
MEDSTAT	?			Proportion reporting that they did not pick where they live.
MEDSTAT	?	?		Proportion reporting they did not help pick their staff, but would like to (2 items).
Maine		?		Proportion of program participants who know where to complain about services.
MHSIP			?	Proportion of people agreeing [strongly agreeing or agreeing] that they were given information about their rights
AREA 6: PARTICIPANT OUTCOMES AND SATISFACTION				
NCI	?			The proportion of people who have friends other than support staff and family members.
NCI	?			The proportion of people who decided how to spend their free time when not working or in a day program.
NCI	?			The proportion of families who feel that services and supports have helped them to better care for their family member living at home.
BU-HC		?		Proportion of people reporting that my case manager is rude to me.
BU-HC		?		Proportion of people reporting the person/ people who help me at home is assigned enough time to do all the jobs I need to have done. (rev)
AREA 7: SYSTEM PERFORMANCE				
DHS/CES		?		Proportion of people saying that help you have received [in the past year] has made their life better/worse.
MHSIP			?	Proportion of people agreeing that because of the services I receive I am getting better at (rev.)...
				1. Dealing effectively with daily problems
				2. Taking control of my own life
				3. Dealing with a crisis
				4. Getting along with my family and friends
				5. Participating with others in social situations
				6. Doing a good job at work (or my day program)
				7. Enjoying the place where I am living
INTERVIEWER DEBRIEF SUMMARY				
DHS/CES				Proportion of interviewers reporting that there is something in the participant's physical environment that could compromise his/her health or safety? Follow-up, what? _____

DEMOGRAPHIC, DIAGNOSTIC, FUNCTIONAL AND SERVICE DESCRIPTORS

DEMOGRAPHICS

Gender

- ☐ Male
☐ Female

Age at Last Birthday

_____ Years

Race

- ☐ White
☐ Black
☐ Asian/Pacific Islander
☐ American Indian/Alaskan Native
☐ Other/mixed _____

Hispanic

- ☐ YES
☐ No

Primary language understood

- ☐ English
☐ Spanish
☐ Other _____

Primary means of expression

- ☐ Speaks
☐ Signs
☐ Communication board/wallet
☐ Electronic Device
☐ Gestures
☐ Other _____
☐ None

Interview appropriate?

- ☐ Language
☐ Means of communication _____

PAID SERVICES AND SUPPORTS

Service	Number of Days per Week	Provider
☐ Homemaker/Companion	_____	
☐ Personal Care Attendant	_____	
☐ Visiting nurse services	_____	
☐ Adult Day Health	_____	
☐ Meals on Wheels	_____	
☐ Supported living	_____	
☐ Specialized support	_____	
☐ Support Services for Veterans	_____	
☐ Group adult foster care	_____	
☐ Employment services	_____	
☐ Transportation	_____	

- ☐ Home health/skilled nursing _____
- ☐ Private duty nursing _____
- ☐ Mental health/substance abuse services _____
- ☐ Personal emergency response services _____
- ☐ Outpatient psychotherapy _____
- ☐ Psychiatric day treatment _____
- ☐ Psychotherapy treatment _____
- ☐ OT/PT/SPT/RECT _____
- ☐ ARMS _____
- ☐ Case management _____
- ☐ Semi-Independent Living (SILS) _____
- ☐ Other _____

Living Arrangements/Environmental Screening

Where are you currently living?

- ☐ Private home/apartment
- ☐ Group home
- ☐ Assisted living facility
- ☐ Nursing home
- ☐ Intermediate care facility for developmentally disabled (ICF-DD)
- ☐ Regional treatment center
- ☐ Shelter
- ☐ Homeless (no established residence)
- ☐ Other _____

Who are you currently living with?

- ☐ Live alone
- ☐ Live with spouse or domestic partner
- ☐ Live with spouse and others
- ☐ Live with child (not spouse)
- ☐ Family foster care
- ☐ Corporate foster care
- ☐ Live with other(s) (not spouse or children)
- ☐ Live in group setting with non-relative(s) (e.g. nursing home, intermediate care facility, group home, assisted living)
- ☐ Live with parent(s)
- ☐ Live with other relatives

Counting yourself, how many people who receive assistance live in this home (facility)? _____

Vocational	
Current Employment or Volunteer/Educational Activities	Hours/week
☐ Competitive — without job support	_____
☐ Competitive — with job support	_____
☐ Micro-business or other self employment — without job support	_____
☐ Micro-business or other self employment — with job support	_____
☐ Supported work with enclave/group/crew setting	_____
☐ Center-based sheltered employment/activity	_____

- ☐ Volunteer activity
- ☐ Educational program
- ☐ Other
- ☐ None
- ☐ None — retired

Diagnoses/Conditions

Functional Memory and Cognition (Thinking)

- ☐ Alzheimer's
- ☐ Dementia (not Alzheimer's)
- ☐ TRAUMATIC BRAIN INJURY
- ☐ Organic mental disorders (memory, disorientation)

Mental retardation

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Profound
- ☐ Unknown

Behavioral/Emotional/Mood

- ☐ Anxiety disorder
- ☐ Autism spectrum disorders
- ☐ Bipolar disorder
- ☐ Depression
- ☐ Manic syndrome
- ☐ Personality disorder
- ☐ Post traumatic stress disorder
- ☐ Schizophrenia/paranoid/psychotic disorder
- ☐ Chemical dependency
- ☐ Organic mental disorders (memory, disorientation)
- ☐ Other _____

Musculoskeletal

- ☐ ALS
- ☐ Arthritic/Osteoarthritic
- ☐ Arthritis/Rheumatoid
- ☐ Post polio syndrome
- ☐ Osteoporosis
- ☐ Muscular dystrophy
- ☐ Contractures
- ☐ Other _____

Neurological

- ☐ Stroke-Cerebrovascular accident
- ☐ Cerebral palsy
- ☐ Impairment/central nervous system
- ☐ Multiple sclerosis
- ☐ Neuropathy
- ☐ Hemiplegia
- ☐ Paraplegia
- ☐ Quadriplegia
- ☐ Parkinson's disease

- ☐ Polio
- ☐ Spina Bifida
- ☐ Spinal cord injury
- ☐ Problems with organization, memory, & planning
- ☐ Other _____

Autoimmune/Infections

- ☐ HIV/AIDS
- ☐ Other _____

Legal Guardian Status

Is the individual (18 years of age or older)?

- ☐ Yes
- ☐ No

Appropriate legal guardian status

- ☐ Is competent
- ☐ The capacity to give informed consent is in question
- ☐ Has one of more of the following
 - ☐ A private guardian or conservator
 - ☐ A public guardian or conservator
 - ☐ A General Power of Attorney
 - ☐ A Durable Power of Attorney/Financial
 - ☐ A Durable Power of Attorney/Healthcare
 - ☐ A Representative/Protective Payee
- ☐ Has a commitment for mental health reasons
- ☐ Other

Is the individual a minor (age 17 years or younger)?

Minor's guardianship status

- ☐ Parent(s) are legal representative
- ☐ Child Protection Order in place- county has legal custody, parent may retain parental rights
- ☐ Has a court appointed Guardian Ad/Litem (GAL)
- ☐ Has a commitment for mental health reasons
- ☐ Is an emancipated minor