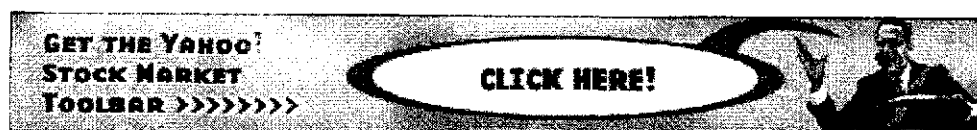


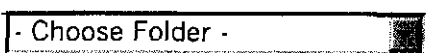
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From: "Mustonen, Theresa" <Theresa.Mustonen@state.mn.us> | [Block address](#)

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To: arcmn115@yahoo.com

CC: "Dablow, Lori" <Lori.Dablow@state.mn.us>

Subject: Locations of Remaining CIP Consumer Interviews

Date: Thu, 13 Jul 2000 16:02:58 -0500

Bob,

This is the list of counties where the consumers selected for the consumer interviews live. Hennepin County's pre-interview forms are still trickling in, so there could be a few more who live in Hennepin. I'm also waiting on Wright County's forms.

Anoka	0	(this could increase to 5 depending on the ability of our staff to complete all the interviews they've volunteered to do)
Beltrami	4	
Blue Earth	2	
Brown	4	
Carlton	3	
Carver	5	
Chippewa	1	
Clearwater	1	
Cottonwood	3	
Dakota	6	(this could increase to 16 depending on the ability of our staff to complete all the interviews they've volunteered to do)
Douglas	4	
Hennepin	76	
Isanti	1	
Kandiyohi	13	
Lac qui Parle	1	
Lake	2	(Two Harbors)
McLeod	5	
Martin	7	
Mower	7	
Murray	1	
Nobles	5	
Olmsted	6	
Pipestone	2	
Polk	4	
Ramsey	44	
St. Louis	10	(all Duluth)
Scott	5	
Sherburne	3	
Sibley	1	

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Stearns	10
Waseca 9	
Winona	5
Wright	9 (estimate)
Yellow Med.	2
Total	261

My understanding from our conversation is that you plan to forward this information to your local chapters to ask if they are interested in taking on this project. I have asked my secretary to send you a copy of the CIP June 2000 Consumer Survey so that you can compare what Arc was asked to collect last year to what we will ask you to do this year. I believe you will find this year's survey tool considerably streamlined from what the U of M asked you to do. We would be able to provide you with pre-interview sheets for each person selected that contain information on who to call to schedule the interview, as well as where each person lives, his/her phone number, and a screening document for each person. (There are a few items on the screening document that need to be transferred to the Background Information Section.) After you have reviewed the information you receive from my secretary, please call me. Lori and I would like to arrange to meet with you to discuss a compensation amount per completed interview.

Please let me know as soon as possible if any of your chapters are interested, and in which counties they would be willing to undertake interviewing.

Thank you.

DHS-core indicators interviews

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MN HCBS Evaluation

Parameters

Timelines – began in April 99 – deadline of November 99 – extension granted in December for April 00 deadline
Integration with the Core Indicators Project

Exciting aspects

Face to face interviews with individual recipients – very high response rate
Ability to match together many perspectives by recipient
Match outcomes with costs
DSP perspective
Family perspective
Case manager perspective

Sample

Consumer pre-interview & consent form – 470/608 = 77%; refused to consent 212/820 = 26%

Initially requested by DHS to have 700 in sample
Replacements – continued to replace through October
Refuse to consent – significant patterns
* Did not replace or follow up general case manager surveys

Advisory committee

Assist in figuring out what to ask of various people who would be surveyed
Edit/review and provide feedback for surveys
Assist in understanding results and formulating recommendations

Face-to-face interviews with individuals who receive HCBS – 377/405 = 93%

Three parts: I) background information – personal, health, residence, other supports; II) direct interview – work/day program, friends/family, home, services/support coordination; III) person receiving services or proxy – community inclusion, choices, rights, access

Mailed surveys

Family in and out-of-home – 174/365 = 48% (overview/background, in-home services, out-of-home residential, employment/day services, county case management, transportation, specialized therapies, education, respite, crisis behavioral supports, home and environmental adaptations/assistive technology)

Residential provider – 182/309 = 59% (respondent characteristics, agency/organization characteristics, home information, transportation, health & safety, staffing patterns, pay, paid leave and benefits, staff recruitment &

retention. training practices, relationships with county and state, general opinions)

Vocational provider – $80/163 = 49\%$ (respondent characteristics, agency/organization characteristics, home information, transportation, health & safety, staffing patterns, pay, paid leave and benefits, staff recruitment & retention. training practices, relationships with county and state, general opinions)

Other provider – $8/75 = 11\%$ (respondent characteristics, agency/organization characteristics, home information, transportation, health & safety, staffing patterns, pay, paid leave and benefits, staff recruitment & retention. training practices, relationships with county and state, general opinions)

Individual case manager - $485/608 = 80\%$ (relationship with recipient, background about services, opinions about services, case management provided, quality)

General case manager – $52/75 = 69\%$ (characteristics of people on caseloads, case manager experience/training, criteria for receiving waiver services, access and quality of services, limitations & barriers, staffing issues, quality assurance systems)

Vocational DSP – $71/326 = 22\%$ (background info, job characteristics, service quality, job outcomes, training experiences, employment experiences)

Residential DSP – $157/618 = 25\%$ (background info, job characteristics, service quality, job outcomes, training experiences, employment experiences)

Other DSP – $10/150 = 7\%$ (background info, job characteristics, service quality, job outcomes, training experiences, employment experiences)

Extant data sets

Screening documents for all individuals with DD in MN who have been screened (e.g. demographics and characteristics of the people, needs, types of services)

Health Care Financing Administration (HCFA) 372 reports (cost comparison with ICF/MR expenditures and other related Medicaid services for people with MR/RC – includes acute care and long term care cost information for FY 94, 95, 96, 97, 98)

MMIS payment files

- Total costs of Waiver services by county FY 97 & 98
- Costs by procedure code for waiver recipient (e.g. DT &H full or part time, SLS, adaptive equipment) FY 97 & 98

- Provider summary tables – indicates how much money was authorized and how much was paid FY 97 & 98
- Total cost per individual waiver recipient – includes conversion, diversion; status of allocation (re-use, original or supplemental) and ; resource allocation (1-4 or base) FY 97 & 98
- Total cost per recipient by provider code and procedures FY 97 & 98

Maltreatment data

- 1995 –98 investigations unit of the licensing division of DHS
- Other summary tables related to maltreatment provided by the investigation & disqualification units of the DHS licensing division

Methods added that were not in original proposal:

- Telephone interviews with DD Waiver Coordinators within the 21/24 counties - (program enrollment, provision of services, financing & reimbursement, training and outreach, quality assurance, monitoring & evaluation, consumer choice, general opinions and future direction
- DSP surveys
- Maltreatment data conversion and analysis
- Key stakeholder interviews (MHC, ARRM, MNDACA, Legal Aid, DHS, Arc)
- Core Indicators project assistance with surveys and provision of HCBS data in a manner that was consistent with their needs

CORE INDICATOR PROJECT OVERVIEW

Community Supports for Minnesotans with Disabilities
Theresa Mustonen, ph# 651/582-1936
Lori K. Dablow, ph# 651/582-1905

Background

- 700,000 persons with developmental disabilities nationwide receive services and supports through public funding
- \$25 billion dollars are spent in federal, state, and local tax dollars to fund these services and supports
- Increasing demands by policymakers and stakeholders to measure and improve performance
- "Buy outcomes rather than programs"
- January 1997 NASDDDS launched this unprecedented multi-collaborative effort to jointly assess and improve performance in partnership with the HSRI

Project Goals

- Develop a solid approach to performance and outcome measurement
 - Develop nationally-recognized performance and outcome indicators
 - Benchmark service system performance against all levels achieved in other states
 - Track service system performance and outcomes from year to year
 - Provide states reliable and meaningful information about service utilization and expenditures
- Improve the delivery of services and supports for persons with developmental disabilities
 - Gauge system access and responsiveness
 - Monitor consumer health and personal security
 - Promote the implementation of person-centered support principles
 - Monitor systems overall financial health
- "Whole person funding"
 - Traditional "financial profiles" of state DD systems are based on programs
 - Data collection will provide "whole person funding" levels that permit valid and accurate comparisons of the total costs of serving individuals
 - Locate/track all consumer service costs by living arrangement
 - Spread program/categorical expenditure data by living arrangement

Project Parameters

- First and Second year data restricted to persons age 18 and older
- Year 2000 will add children for most surveys
- Persons with developmental disabilities
- Persons receiving at least one public funded support or service
- Operate in tandem with existing efforts and other performance tracking monitoring systems

Creating a Performance Monitoring System

- Identify common "indicators" - 61 "candidate indicators"
- Indicators categorized among five areas of "domains"
 - Consumer Outcomes - self determination, inclusion, independence
 - Utilization and Expenditures
 - System Response, Service Availability and Access
 - Health, Welfare and Rights
 - Provider Financial Indicators
- Identify data states need to obtain for the measures associated with each indicator
- Develop measure of uniformity in terms of accounting for expenditures
 - Each state has different program categories and definitions
 - "Apples to Apples"
 - "Span of Control"
 - "Risk Adjusting"
- Design and "field test" of the consumer and family survey instruments
- Data collection tools/instruments
 - Consumer Interview Survey
 - Family Survey - by mail or telephone
 - Provider Survey
 - Data from Information Systems
- Evaluation and sharing of results
- Refine indicators, revise data collection protocols

Consumer Survey

- 400 persons per state minimum, random selection
- Persons in all types of living arrangements
- 32-55 minutes average for interview
- Pre-survey form completed prior to interview
- Surveyor feedback form:
 - Length of interview
 - Problematic questions
 - Track number of refusals and reason(s)

Family Survey

- 1000 per state minimum for each of the two surveys, random selection
- Required survey: person resides in the family home
- Optional survey: person resides outside the family home - variety of living arrangements

Provider Survey

- Random selection of providers or all providers selected to complete survey
- Questions will primarily focus on provider stability:
 - Staff turnover
 - Financial stability
 - Additional questions regarding "board composition"

Project Timelines

- April: National Steering Committee Mtg
- June - November: Data collection
- November - January: Data entry
- December - January : Data submission

MHCBW Evaluation Consumer Survey

Arc Interviewer name: _____

phone: _____ phone eve: _____ fax: _____

Address: _____
street

city state zip

Arc Chapter: _____

Consumer name: _____

I. BACKGROUND INFORMATION (This section should be completed by talking to the residential contact person as identified in the pre-survey form item PS-1). We suggest that you obtain this information at the same time you call to schedule the consumer interview(s).

Name of respondent for this section: _____

A. PERSONAL

1. Does this person have a payee or someone else who manages his/her money? (mark one)

_____ 0. No
 _____ 1. Yes
 _____ 9. Unknown

2. Marital status: (mark one)

_____ 0. Never married
 _____ 1. Married now
 _____ 2. Married in past, single now

B. HEALTH

3. How many days in the past month (4 weeks) has this person's normal routine been interrupted because he/she was sick? (i.e., *person did not go to work, school, day program or other scheduled activity outside the home due to being sick*)

_____ Number of days

4. Does this person currently take medications for... (mark one)

a. Mood, Anxiety, or Behavior problems?

_____ 0. Yes _____ 1. No

b. Epilepsy or Seizures?

_____ 0. Yes _____ 1. No

c. Other health problems?

_____ 0. Yes _____ 1. No

5. When was his/her last physical exam? (mark one)

_____ 2. Within the past year
 _____ 1. Over one year ago
 _____ 9. Don't know

6. If female, when was her last OB/GYN exam? (mark one)

_____ 2. Within the past year
 _____ 1. Over one year ago
 _____ 0. Has never had an OB/GYN exam
 _____ 9. Don't know
 _____ 8. N/A male

7. When was his/her last dental visit? (mark one)

_____ 1. Within the last six months
 _____ 0. Over six months ago
 _____ 9. Don't know

C. RESIDENCE

8. How many different places has this person lived within the past year? (*The person's present home counts as "one." Do not include moves within the same facility location.*)

_____ Total # of places

9. Who owns or leases the place where this person lives? (mark one)

_____ 1. Family, guardian, or friend
 _____ 2. Private agency
 _____ 3. State or County agency
 _____ 4. Person rents home (name is on the lease)
 _____ 5. Person owns/is buying home (name is on the title)
 _____ 9. Don't know
 _____ 6. Other _____

10. How many people live in the person's current residence? (indicate a number by each a, b, c)

_____ a. # of people with developmental disabilities (include the person receiving services)
_____ b. # of people without developmental disabilities (include family but not paid caregivers)
_____ c. # of paid caregivers who live in residence

11. Does the person seem to like the people with whom s/he lives? (NEW) (mark one)

_____ 8. Not applicable lives alone
_____ 2. yes
_____ 1. in-between
_____ 0. no
_____ 9. Don't know

12. What amount of staff support does this person receive at home? (mark one)

_____ 1. 24-hour on-site support or supervision
_____ 2. Daily on-site support for a limited number of hours/day
_____ 3. Less frequent than daily support
_____ 4. None of the above

13. Location of residence: (mark one)

_____ 1. Physically remote - not within walking distance to city or town
_____ 2. Within walking distance to city or town
_____ 3. Centrally located within city or town

D. OTHER SUPPORTS AND SERVICES

14. What other services and supports does this person currently receive? (*check one for each*):

a. County Case Management
_____ 0.yes _____ 1.no _____ 9.don't know
b. Vocational – supported employment
_____ 0.yes _____ 1.no _____ 9.don't know

c. Vocational – group employment (enclave, mobile crews)
_____ 0.yes _____ 1.no _____ 9.don't know

d. Vocational – facility based (sheltered workshops, work activity centers)
_____ 0.yes _____ 1.no _____ 9.don't know

e. Non-vocational day service – facility based (day habilitation, day treatment, adult day care, seniors programs)
_____ 0.yes _____ 1.no _____ 9.don't know

f. Community participation/accessibility connections (supports used to get people into the community)
_____ 0.yes _____ 1.no _____ 9.don't know

g. Assistive technology (supports to facilitate the use of adaptive equipment) (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

h. Clinical services (therapies, behavior management, psychological services, etc.) (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

i. Transportation (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

j. Respite (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

k. Family support/contact (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

l. Home and environmental modifications (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

m. Crisis services or 24 hour emergency support (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

n. Public/private school (NEW)
_____ 0.yes _____ 1.no _____ 9.don't know

SECTION II: Direct Interview with Person Receiving Services and Supports

Instructions to the Interviewers:

Section II may only be completed by **direct interview with the person receiving services and supports**.

1. Do not use responses from any other person to complete this section.
2. Consumers may skip any question.
3. If the person receiving services does not respond to a question or gives an unclear response, code the question as "9."
4. Do not leave any questions blank.
5. If possible, the interview should be conducted in private. Parents or guardians may be present if they insist. Others may be present if the consumer requests it, or if another person is needed for interpretation purposes. If staff or family members believe that a private interview may pose risks to interviewers, then staff or family members should be present. If others are providing assistance, interviewers should emphasize that we are trying to find out the consumer's perspective.
6. Help the person with any words that are not understood. You may repeat or rephrase questions to improve understanding. Some questions have suggested rephrasing in italics - you do not need to limit yourself to these suggestions.
7. Prior to the interview, interviewers should use the information obtained in the pre-survey (PS) form to fill in the blanks throughout the survey. Using familiar names and terms during the interview will help ensure that the person understands the questions.
8. Record notes beside questions as necessary. Please be sure to fill out the Interviewer Feedback Sheet after each interview.

9. Take a few minutes to introduce yourself and make the person feel comfortable. Read or paraphrase the following introduction. Pause after each statement, making sure the respondent understands.

"Hi, my name is _____. I'm from the Arc and the University of Minnesota, and I'm here to ask you some questions about where you live, where you work, your friends and family, and the people who help you. By answering these questions, you are helping us figure out how people in Minnesota are doing, and how to make supports and services better.

This is not a test, and there are no right or wrong answers to these questions. If you don't understand a question, let me know and I'll try to explain it. It's okay if you don't know how to answer.

You don't have to answer any questions that you don't want to. Just tell me if you don't want to answer.

I'd like to know your opinions, how you feel about things. Whatever you tell me will be kept private, so you can be honest."

If the consumer has invited a staff person, family member, or advocate you might add this statement:

"I see that you have invited _____ to be with you during this interview. That is ok, however, I do want you to remember that I want only your feelings, ideas, and opinions for this interview."

A. WORK -- DAY PROGRAMS

Key:

A block around a set of words are instructions or notes for the interviewer.

Bolded words are the questions that the interviewer asks.

Words/questions in italics are suggested ways to rephrase a question or statement.

() refer to information obtained from the pre-survey form

Note to Interviewer: "Work -- Day Programs" include any vocational/employment activities that are located in a *facility*, rather than in the community. This includes sheltered workshops where people may be paid on a contract or piece-work basis. If the person attends a day program part-time and/or community job part-time this section should be completed regarding the part-time day program.

1. **First, I'm going to ask you about what you do during the day. Where do you work or go during the day?**

Verify with PS-1.

ASK QUESTIONS 2-10 ONLY IF THE PERSON ATTENDS A DAY PROGRAM. Otherwise, code these questions as "NOT APPLICABLE" (NA) and continue with Question 11. Also code these questions NA if the person attends school.

2. **Do you like it there? (mark one)**

_____ 8. NOT APPLICABLE -- no day program
_____ 2. Yes
_____ 1. In-between
_____ 0. No
_____ 9. No response, unclear response

3. **Is this a good place to go or a bad place to go?**

[Consistency question - do not rephrase. You may repeat.] (mark one)

_____ 8. NOT APPLICABLE -- no day program
_____ 2. Yes - a good place to go
_____ 1. In-between
_____ 0. No - a bad place to go
_____ 9. No response, unclear response

4. **The staff there - are most of them nice and polite to you? (mark one)**

(Refer to names listed in PS-1.)

_____ 8. NOT APPLICABLE -- no day program
_____ 2. Yes -they are nice and polite
_____ 1. In-between
_____ 0. No - they are not nice and polite
_____ 9. No response, unclear response

5. **Is this a bad place to go or a good place to go? (mark one)**

[Consistency question - do not rephrase. You may repeat.]

_____ 8. NOT APPLICABLE -- no day program
_____ 2. Yes - a good place to go
_____ 1. In-between
_____ 0. No - a bad place to go
_____ 9. No response, unclear response

6. **If you have a problem at your day program, do the staff try to fix the problem? (NEW)**

_____ 8. NOT APPLICABLE -- no day program
_____ 2. Yes - they try to fix problem
_____ 1. In-between
_____ 0. No - they do not try to fix problem
_____ 9. No response, unclear response

7. Do you get paid for going to work?
(NEW)

_____ 8. NOT APPLICABLE – no day
program
_____ 2. Yes-I get paid
_____ 1. In-between
_____ 0. No-I don't get paid
_____ 9. No response

8. Who gets your paycheck?

_____ 8. NOT APPLICABLE – no day
program
_____ 1. I do
_____ 2. Someone else does
_____ 9. No response, unclear response

9. What is working really well for you at
your day program? (NEW)
(What do you really like about it?)

10. Is there anything you don't like about

(insert PS-1 here)?

What is it? (NEW)

B. WORK -- COMMUNITY BASED EMPLOYMENT

Ask questions 11-17 only if the person has a competitive community based job(s) (e.g., supported employment, enclave, competitive employment). Otherwise, code these questions as "NOT APPLICABLE" and continue with Question 18. Also code these questions as NA if the person attends school.

11. Now I'm going to ask about your job. Do
you like your job?

If person has more than one job, ask how
he/she feels overall - most days, most of the
time. (mark one)

_____ 8. NOT APPLICABLE – no
community jobs
_____ 2. Yes - I like it
_____ 1. In-between
_____ 0. No - I don't like it
_____ 9. No response, unclear response

12. Is this a good place to work or a bad place
to work?

[Consistency question - do not rephrase.
You may repeat.] (mark one)

_____ 8. NOT APPLICABLE – no
community jobs
_____ 2. Good
_____ 1. In-between
_____ 0. Bad
_____ 9. No response, unclear response

13. Do you have staff who help you at your
job?

(Refer to names listed in PS-1.)

(Do you have a job coach?)

If yes, ask: **The staff there - are most of
them nice and polite to you?** (mark one)

_____ 8. NOT APPLICABLE – no
community jobs
_____ 2. Yes - most nice and polite
_____ 1. In-between
_____ 0. No - most not nice and polite
_____ 9. No response, unclear response

14. Do you work enough hours or would you
like to work more? (mark one)

_____ 8. NOT APPLICABLE – no
community jobs
_____ 2. Yes - work enough hours
_____ 1. In-between
_____ 0. No - want to work more hours
_____ 9. No response, unclear response

15. Is this a bad place to work or a good place to work?

[Consistency question - do not rephrase. You may repeat.] (mark one)

- _____ 8. NOT APPLICABLE - no community jobs
_____ 2. Good
_____ 1. In-between
_____ 0. Bad
_____ 9. No response, unclear response

16. What is working really well for you at your community job? What do you really like about it? (NEW) _____

17. Is there anything you don't like about your community job? If so what is it? (NEW)

C. FRIENDS AND FAMILY

18. Now I'm going to ask you about your friends. Do you have friends you like to talk to or do things with? (mark one)

Interviewer - If he/she answers "yes," ask who the friends are and try to determine if they are family, staff, roommates, co-workers, etc. You can use prompts such as: Can you tell me their names? Are these friends, staff or your family? Can you think of other friends you could tell me about?

- _____ 2. Yes - has friends who are not staff or family
_____ 1. Yes - all friends are staff or family, or cannot determine who they are
_____ 0. No-has no friends
_____ 9. No response, unclear response

IF THE PERSON RESPONDS "NO" TO QUESTION 18, code Questions 19-21 as "NOT APPLICABLE" and continue with Question 22.

19. Do you have any best friends? (mark one)
(Is there someone you can talk to about personal things?)

Interviewer - It doesn't matter if they are family or staff here.

- _____ 8. NOT APPLICABLE - does not have any friends
_____ 2. Yes - have a best friend
_____ 0. No - no best friend
_____ 9. No response, unclear response

20. Can you see your friends when you want to see them? (mark one)
(Can you make plans with friends as often as you want to, or are there times when you are not allowed to see them?)

Interviewer - we are trying to determine if there are restrictions on when he/she can see friends. Try to factor out situations where the friends themselves are not available - this is not the issue.

- _____ 8. NOT APPLICABLE - does not have any friends
_____ 2. Yes - can always see friends
_____ 1. Sometimes
_____ 0. No - cannot see friends
_____ 9. No response, unclear response

21. How important is it to you that you have friends that you can see when you want to? (NEW)

- _____ 8. NOT APPLICABLE - does not have any friends
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

22. On most days, are you usually happy or sad?

[Consistency question - do not rephrase. You may repeat.] (mark one)

- _____ 2. Happy
_____ 0. Sad
_____ 9. No response, unclear response

23. Do you ever feel lonely, like you don't have anyone to talk to? (mark one)

Interviewer – if he/she responds “yes,” probe to determine how often he/she feels lonely.

- _____ 2. Never feels lonely
_____ 1. Sometimes feels lonely
_____ 0. Always or often feels lonely
_____ 9. No response, unclear response

24. Do you have family that you see? (mark one)

- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear response

- 24a. Can you see your family when you want to? (mark one)

(Can you pick the times you see them? Does someone help you make plans to see them?)

Interviewer: If the person has family but does not want to see them, code Question 24a as “2” and do not read the question. If family is not available or if person lives with family, code the question as “NOT APPLICABLE.”

- _____ 8. NOT APPLICABLE – family not available, or person lives with family
_____ 2. Yes -- sees family whenever they want to, or chooses not to see family
_____ 1. Sometimes
_____ 0. No - not able/allowed to see family when wants to
_____ 9. No response, unclear response

25. On most days, are you usually sad or happy?

[Consistency question - do not rephrase. You may repeat.]

- _____ 2. Happy
_____ 0. Sad
_____ 9. No response, unclear response

D. HOME

26. Now I'm going to ask you about where you live. Do you like where you live? (mark one)

(Do you like living here?)

- _____ 2. Yes - I like it
_____ 1. In-between
_____ 0. No - I don't like it
_____ 9. No response, unclear response

27. Is this a good place to live or a bad place to live? (mark one)

[Consistency question - do not rephrase. You may repeat.]

- _____ 2. Good
_____ 1. In-between
_____ 0. Bad
_____ 9. No response, unclear response

28. Can you be by yourself as much as you want to? (mark one)

(Do you have enough time to yourself, enough private time?)

Interviewer: Here we are looking at personal time and space (e.g. going in room and closing the door), not the person's need for supervision (e.g. staying home alone).

- _____ 8. NOT APPLICABLE - lives alone
_____ 2. Yes - has enough time alone
_____ 0. No - would like more time alone
_____ 9. No response, unclear response

29. Do you feel safe and comfortable where you live? (mark one)

(Do you ever feel scared at home?)

- _____ 2. Yes - feels safe there
_____ 1. In-between
_____ 0. No - does not feel safe
_____ 9. No response, unclear response

30. When you go outside your home, do you ever feel scared or do you always feel safe? (mark one)
(Do you feel safe in your neighborhood? Do you ever feel afraid to go outside for a walk?)

_____ 2. Feel safe
_____ 1. In-between
_____ 0. Feel scared
_____ 9. No response, unclear response

31. Is this a bad place to live or a good place to live? (mark one)

[Consistency question - do not rephrase.
You may repeat.]

_____ 2. Good
_____ 1. In-between
_____ 0. Bad
_____ 9. No response, unclear response

32. Do you have staff who help you where you live? (mark one)

(Refer to names listed in PS-1.)

_____ 2. yes
_____ 0. no

- 32a. If yes, ask: The staff there - are most of them nice and polite to you? (mark one)

_____ 8. NOT APPLICABLE, no home support staff
_____ 2. Yes - most staff are nice
_____ 1. Some staff are nice
_____ 0. No - most staff are not nice
_____ 9. No response, unclear response

33. Do you wish you had more time by yourself?

[Consistency question - do not rephrase.]
(mark one)

_____ 8. NOT APPLICABLE - lives alone
_____ 2. No - has enough time alone
_____ 0. Yes - would like more time alone
_____ 9. No response, unclear response

34. Does anybody where you live hurt you? (mark one) (NEW)

_____ 2. Yes
_____ 0. No
_____ 9. No response

- 34a. If yes, who hurts you? (check all that apply) (NEW)

_____ 1. Roommate
_____ 2. Staff
_____ 3. Family member
_____ 4. Someone else (specify) _____
_____ 9. Don't know/unclear

E. SERVICES/SUPPORTS COORDINATION

If the person does not know the county case manager, code these questions as "0."

35. Can you talk to _____
(your county case manger) whenever you want to? (mark one)

(Verify name of county case manager or social worker from PS-I.)

_____ 8. NOT APPLICABLE
_____ 2. Yes - either independently or with assistance
_____ 1. Sometimes
_____ 0. No, or does not know case manager
_____ 9. No response, unclear response

36. How important is it to you to be able to talk to your county case manager/social worker whenever you want to? (NEW)

_____ 8. NOT APPLICABLE - no case manager
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

37. When you want to talk to _____,
is it easy to get in touch with him/her?

[Consistency question - do not rephrase.
You may repeat.] (mark one)

- _____ 8. NOT APPLICABLE - no case
manager
_____ 2. Yes - it's easy to get in touch
_____ 0. No, or does not know case
manager
_____ 9. No response, unclear response

38. When you ask _____
for help, does he/she get you what you
need? (mark one)

- _____ 8. NOT APPLICABLE - no case
manager
_____ 2. Yes
_____ 0. No, or does not know case
manager
_____ 9. No response, unclear response

39. When you want to talk to _____,
is it hard to get in touch with him/her?
(mark one)

[Consistency question - do not rephrase.
You may repeat.]

- _____ 8. NOT APPLICABLE - no case
manager
_____ 2. Yes - not hard to get in touch
_____ 0. No, or does not know case
manager
_____ 9. No response, unclear response

40. Do you have an advocate or a guardian,
someone who speaks up for you and helps
you make decisions? (mark one)

*(Someone who helps you if you have a
problem?)*

- _____ 2. Yes
_____ 1. Maybe, not sure
_____ 0. No
_____ 9. No response, unclear response

- 40a. If yes, ask: What is that person's
name?

(Verify name of advocate with PS-5.)

41. Did you have a _____
meeting this year? (mark one)

(Insert PS-4.)

- _____ 2. Yes
_____ 0. No, or not sure
_____ 9. No response, unclear response

ASK QUESTIONS 42-45 ONLY IF THE
PERSON HAD A PLANNING MEETING.
Otherwise, code these questions as "NOT
APPLICABLE" and continue with Question
46. If no code N/A.

42. Did you go to the meeting? (mark one)
If yes, ask: At the meeting, did people
listen to what you had to say?

*(Did you get a chance to say what you
wanted at the meeting?)*

- _____ 8. NOT APPLICABLE - no annual
meeting, or did not attend the
meeting
_____ 2. Yes - people listened
_____ 1. Sometimes
_____ 0. No - people did not listen
_____ 9. No response, unclear response

43. How important is it to you to attend your
meeting? (NEW)

- _____ 8. NOT APPLICABLE - no annual
meeting
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

44. Did you pick who was invited to your
meeting? (NEW)

- _____ 8. NOT APPLICABLE - no annual
meetings or didn't attend
_____ 2. Yes - I picked all
_____ 1. Yes - I picked some
_____ 0. No - I did not pick
_____ 9. No response

45. Did you choose the things that are in your _____?

(Insert PS-4) (mark one)

(Did you get what you wanted in the plan?)

- _____ 8. NOT APPLICABLE - no service plan
_____ 2. Yes - I picked
_____ 1. Some, a few
_____ 0. No - I didn't pick
_____ 9. No response, unclear response

46. Did anyone help you learn to do something new this year? (mark one)
(Did anyone help you learn to do something more independently this year?)

- _____ 1. Had help to learn new things
_____ 0. Did not have help to learn new things
_____ 9. No response, unclear response

INTERVIEWER QUESTIONS ONLY. DO NOT ASK CONSUMER THESE QUESTIONS.

47. Could Section II be completed? (mark one)

- _____ 1. Yes - the person receiving services answered independently
_____ 2. Yes - the person receiving services answered the questions, but with some assistance
_____ 3. No - person could not communicate sufficiently to complete this section
_____ 4. No - person was unwilling to participate
_____ 5 No - other reason, explain:

48. In your opinion, did the individual understand most of the questions or not? (mark one)

- _____ 2. Yes, understood most questions (even if prompted) and could give an opinion
_____ 1. Not sure
_____ 0. No, very little understanding or no comprehension

Interviewer - If you answered "yes," the consumer understood most of the questions, then determine now if he/she is willing to answer more questions.

If the consumer is not willing to continue, or if you believe he/she has not understood most of the questions to this point, then say:
"Thank you for your help. It's been very nice talking to you. You've been very helpful."

SECTION III: Interview with the Person Receiving Services or with Other Respondents

Interview the person receiving services if possible. If you are unable to interview the person, other respondents may be interviewed (family, advocate, staff) if they are knowledgeable in the areas below. If the person receiving services has completed Section II, but has become tired or does not wish to continue with this section, you may interview other persons. Use alternative wording when questioning other respondents. Also, check the appropriate box to indicate who is responding.

Ask the person if he/she wishes to continue with the questions, or if he/she would like to take a short break.

A. COMMUNITY INCLUSION

Interviewer - In this section, we are trying to find out if the person participates in integrated activities. Try to rule out non-integrated activities, for example, Special Olympics.

Use examples to clarify questions if needed.

If the person answers "yes" to any one of the examples given, code that question as "yes."

If the person answers "yes," you may ask him/her to provide an example to verify that the person understood the question.

1. Do you [does this person] go shopping? (mark one)
(What do you go shopping for? If necessary, give examples: for groceries, clothing, housewares, tapes/CDs.)
- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear, don't know

1a. Indicate respondent: () 1. consumer () 0. other

2. How important is going shopping to you [this person]? (NEW)
- _____ 8. NOT APPLICABLE
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

2a. Indicate respondent: () 1. consumer () 0. other

3. Do you [does this person] go out on errands or appointments? (mark one)
(Where do you go? If necessary, give examples: doctor, dentist, bank, post office, hair dressers/barber.)
- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear, don't know

3a. Indicate respondent: () 1. consumer () 0. other

4. Do you [does this person] go out to exercise or play sports? (mark one)
(What kind of sports? If necessary, give examples: walking, hiking, jogging, skating, biking, fishing, bowling, golfing, swimming.

Note to interviewer – please be sensitive to person's level of mobility when listing these items.)

- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear, don't know

4a. Indicate respondent: () 1. consumer () 0. other

5. Do you [does this person] go out for entertainment? (mark one)
(What kind of entertainment? If necessary, give examples: movies, library, plays, concerts, museums, art galleries.)
- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear, don't know

5a. Indicate respondent: () 1. consumer () 0. other

6. How important is going out for entertainment to you [this person]? (NEW)

- _____ 8. NOT APPLICABLE
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

7. Do you [does this person] always eat at home, or do you [this person] sometimes go out to eat? (mark one)
(What restaurants do you go to?)

- _____ 2. Sometimes goes out to eat
_____ 0. Always eats at home
_____ 9. No response, unclear, don't know

7a. Indicate respondent: () 1. consumer () 0. other

8. Do you [does this person] go to religious services or events? (mark one)
(Where do you go? If necessary, give examples: church, synagogue.)

- _____ 2. Yes
_____ 0. No
_____ 9. No response, unclear, don't know

8a. Indicate respondent: () 1. consumer () 0. other

9. How important is going to religious services or events to you [this person]? (NEW)

- _____ 8. NOT APPLICABLE
_____ 2. Really important
_____ 1. Somewhat important
_____ 0. Not important
_____ 9. No response

10. Have you [has this person] ever participated in a self-advocacy group meeting, conference, or event? (mark one)

(Insert PS-8 here.)

- ____ 2. Yes
____ 0. No
____ 9. No response, unclear, don't know

10a. Indicate respondent: () 1. consumer () 0. other

B. CHOICES

Interviewer - These questions will be used to determine if persons receiving services are given choices and involved in decision-making.

In this section, code "yes" only if you can convince yourself that this person made a REAL choice.

If you are unsure whether to code "assisted" or "unassisted," follow up with the question, "Did someone help you or did you choose by yourself?"

Choices made with spouses/partners are considered "unassisted."

Do not overuse the "NOT APPLICABLE" code here. It is not appropriate to use "8" to indicate NOT ALLOWED or NOT CAPABLE of making decisions in this area. There is a code for indicating that someone else made the decision.

Read one of the following introductions to the respondent(s):

For Consumers:

"I'm going to ask you questions about some decisions you may have made or helped make. For each question, I'd like you to tell me if you made the choice by yourself, if someone helped you decide, or if someone else decided for you."

For Other Respondents:

"I'm going to read a list of areas in which [this person] may have made some decisions or assisted in making a decision. For each question, please indicate if he/she made the decision independently, if he/she had some input in making the decision, or if someone else made the decision for him/her."

Interviewer:

IF THE PERSON LIVES WITH HIS/HER PARENTS OR FAMILY, code Questions 11-12 as "NOT APPLICABLE."

11. Did you choose or pick the place where you live? (mark one)
(Did you look at other places before moving here?)
(Other respondent – Did this person choose the place where he/she lives? Did he/she have any input in making the decision?)

_____ 8. NOT APPLICABLE - lives at home w/family
 _____ 2. Yes - unassisted
 _____ 1. Yes - with assistance
 _____ 0. No - someone else chose for me
 _____ 9. No response, unclear response, can't remember – too long ago

11a. Indicate respondent: () 1. consumer () 0. other

Interviewer:
 IF THE PERSON LIVES ALONE or WITH PARTNER, SPOUSE, CHILDREN, OR FAMILY MEMBERS code Question 12 as "NOT APPLICABLE".

12. Did you choose or pick the people you live with? (mark one)
(Did anyone ask you who you'd like to live with? Were you given choices, did you get to interview people?)
(Other respondent – Did this person choose any of the people he/she lives with?)

Interviewer: If you need to, you can use the names of their roommates here from PS-7 _____.

_____ 8. NOT APPLICABLE – lives at home w/family, lives alone, or lives with partner/spouse/children
 _____ 2. Yes, unassisted
 _____ 1. Yes, with assistance or some of the roommates
 _____ 0. No, someone else chose the people I live with
 _____ 9. No response, unclear response

12a. Indicate respondent: () 1. consumer () 0. other

13. Who decides what time you have dinner, or what time you go to bed...? (mark one)
(Do you choose the times? Does someone else pick your schedule for you?)
(Other respondent – Does this person choose his/her daily schedule, such as when to eat, what time to go to bed, etc.? Does someone else set the schedule?)

_____ 2. Yes, unassisted
 _____ 1. Yes, with assistance
 _____ 0. No, someone else chooses for me
 _____ 9. No response, unclear response

13a. Indicate respondent: () 1. consumer () 0. other

14. Do you choose or pick the things you do for fun? (mark one)
(Do you choose how you spend your weekends or time off? Who chooses the activities you do? Examples: Whether to take a walk, play a game, watch TV, select what's on TV, etc.)
(Other respondent – Does this person choose the things he/she does for fun?)

_____ 2. Yes, unassisted
 _____ 1. Yes, with assistance
 _____ 0. No, someone else chooses for me
 _____ 9. No response, unclear response

14a. Indicate respondent: () 1. consumer () 0. other

ASK QUESTION 15 ONLY IF PERSON ATTENDS A DAY PROGRAM.
 Otherwise, code as "NOT APPLICABLE."

15. Did you choose to go to _____
 (Reference day program from PS-1)
(Did you look at more than one day program?) (mark one)
[Other respondent – Did this person choose his/her day program?]

_____ 8. NOT APPLICABLE - no day program
 _____ 2. Yes, unassisted
 _____ 1. Yes, with assistance
 _____ 0. No, someone else chose for me
 _____ 9. No response, unclear response

15a. Indicate respondent: () 1. consumer () 0. other

ASK QUESTION 16 ONLY IF PERSON HAS
A COMMUNITY JOB. Otherwise code as NOT
APPLICABLE.

16. Did you choose to work at _____?
(Reference community job from PS-1)

(Did you look at more than one community
job?) (mark one)

(Other respondent – Did this person choose
his/her job?)

- _____ 8. NOT APPLICABLE - no
community job
_____ 2. Yes, unassisted
_____ 1. Yes, with assistance
_____ 0. No, someone else chose for me
_____ 9. No response, unclear response

16a. Indicate respondent: () 1. consumer () 0. other

For Questions 17-19, determine whether the
consumer had input in choosing his/her
support staff (home and work) or county
case manager. Ask "Did you get to
interview them? Were they assigned to you?
Did anyone ask your opinion?"

17. Now I'm going to ask about who picked
the people who help you.
Did you choose or pick who helps you at
home? (mark one)

(Reference home staff from PS-1)

(Other respondent – Did this person choose
his/her home staff?)

- _____ 8. NOT APPLICABLE - no support
staff in the home
_____ 2. Yes, unassisted
_____ 1. Yes, with assistance, or chose
some of the staff
_____ 0. No, someone else chose for me
_____ 9. No response, unclear response

17a. Indicate respondent: () 1. consumer () 0. other

18. Did you choose or pick who helps you at
your job? (mark one)

(Reference job staff from PS-1)

(Other respondent – Did this person choose
his/her job staff?)

- _____ 8. NOT APPLICABLE, no job, or
no job staff
_____ 2. Yes, unassisted
_____ 1. Yes, with assistance
_____ 0. No, someone else chose for me
_____ 9. No response, unclear response

18a. Indicate respondent: () 1. consumer () 0. other

19. Did you choose or pick your case
manager/social worker? (mark one)

(Reference county case manager from PS-I.)

(Other respondent – Did this person choose
his/her case manager?)

- _____ 8. NOT APPLICABLE - no case
manager
_____ 2. Yes - unassisted
_____ 1. Yes - with assistance
_____ 0. No - someone else chose for me
_____ 9. No response, unclear response

19a. Indicate respondent: () 1. consumer () 0. other

20. Do you have someone who helps you with your money? If yes, ask: Can you get your money whenever you want it? (mark one)

(Does someone help you get it?)

(Other respondent – Can this person have his/her own money whenever he/she wants it?)

Interviewer – we are trying to determine if this person accesses his/her money at will, or if they have to get someone else's permission to get their spending money. We are not looking at this person's skill level.

If no, code Question 20 as "NOT APPLICABLE."

- _____ 8. NOT APPLICABLE - has independent access to money
- _____ 2. Yes - can get money whenever he/she wants it
- _____ 1. Yes - can get money, but with some restrictions (such as specific weekly allowance)
- _____ 0. No - always needs permission to get money (regardless of reason, such as does not understand concept of money)
- _____ 9. No response, unclear response

20a. Indicate respondent: () 1. consumer () 0. other

21. Do you choose the things you buy with your spending money? (mark one)

Interviewer: Give examples, Do you pick how to spend your money on things that are important to you, like games, clothes, music, movies, etc.? We are asking about spending money only; do not include groceries/food shopping.

(Other respondent – Does this person choose the things he/she wants to buy, or does someone else choose what he/she buys? Are there limits on which purchases he/she can choose?)

- _____ 2. Yes - makes most purchases unassisted
- _____ 1. Yes - makes purchases with assistance, or has set limits (such as can buy small items, but not big items)
- _____ 0. No - someone else decides what to buy
- _____ 9. No response, unclear response

21a. Indicate respondent: () 1. consumer () 0. other

C. RIGHTS

22. When you get mail, who opens it? (mark one)

(Do you open letters or birthday cards? Do you open bills?)

(Other respondent – Does anyone ever open this person's mail without permission?)

Interviewer: Probe to find out if this person opens all mail addressed directly to him/her.

If someone other than this person opens his/her mail, ask: Did you tell that person it was okay to open your mail?

- _____ 2. No - his/her mail is not opened without permission
- _____ 1. Yes - some mail is opened without permission
- _____ 0. Yes - always opened without permission
- _____ 9. No response, unclear response

22a. Indicate respondent: () 1. consumer () 0. other

23. When you have guests over, can you be alone with them, or does someone have to be with you? (mark one)

(Other respondent – can this person have privacy to be alone with guests when he/she wants to, or does someone else have to be present? Can he/she have overnight guests?)

- _____ 2. Can have privacy with guests
- _____ 1. Not always - there are some restrictions (e.g. can't have overnight guests)
- _____ 0. Can not be alone with guests - must always have someone present
- _____ 9. No response, unclear response

23a. Indicate respondent: () 1. consumer () 0. other

24. Does anyone come into your home without asking? (mark one)

(Excluding other people who also live in the home. We are talking about staff, case managers, landlords, etc. Do they ring the doorbell or knock first and wait for you to answer?)

(Other respondent – Does anyone enter this person's home without permission?)

- _____ 2. No - no one enters the house without permission
- _____ 0. Yes - people not living there do enter the house without permission (this includes staff)
- _____ 9. No response, unclear response

24a. Indicate respondent: () 1. consumer () 0. other

25. Does anyone come into your bedroom without asking? (mark one)

(Other respondent – Does anyone enter this person's bedroom without permission?)

- _____ 2. No - no one enters bedroom without permission
- _____ 0. Yes - people not living there do enter bedroom without permission (this excludes roommates)
- _____ 9. No response, unclear response

25a. Indicate respondent: () 1. consumer () 0. other

26. Are you allowed to use the phone when you want to? Are there restrictions on when you can use the phone? (mark one)

(Other respondent – are there any restrictions on his/her use of the telephone?)

Interviewer: We are trying to determine if there are restrictions on phone use.

- _____ 8. NOT APPLICABLE - doesn't have phone or unable to use phone
- _____ 2. No - there are no restrictions, can use anytime, either independently or with assistance
- _____ 0. Yes - there are some restrictions, or person is not allowed to use or have a phone
- _____ 9. No response, unclear response

26a. Indicate respondent: () 1. consumer () 0. other

D. ACCESS

27. Can you think of anything you asked for help with but didn't get? (mark one)

Interviewer: We are only looking for services and supports here, such as transportation, job coaching, taking a class, getting medical care, etc.

(Other respondent – Are there services or supports that this person needed that he/she couldn't get in the past year?)

- _____ 2. No
_____ 0. Yes
_____ 9. No response, unclear response

If yes, what was it? _____

27a. Indicate respondent: () 1. consumer () 0. other

28. When you want to go somewhere, do you always have a way to get there? (mark one)

(Other respondent – When this person wants to go somewhere, does he/she have a way to get there?)

- _____ 2. Almost always
_____ 1. Sometimes
_____ 0. Almost never
_____ 9. No response, unclear response

28a. Indicate respondent: () 1. consumer () 0. other

INTERVIEWER ONLY

29. Please indicate who completed this section (check all that apply)

- _____ 1. Person receiving services
_____ 2. Advocate, Parent, Guardian, Personal Representative, Relative
_____ 3. Staff who provides supports where person lives
_____ 4. Staff who provides supports at a day or other service location
_____ 5. Case Manager, service coordinator, social worker, resource coordinator
_____ 6. Other, Specify _____

E. SITE SURVEY INFORMATION

Name of the person with whom you left the site survey:

Address: _____
street

city

state

zip

Phone: _____

Phone evening: _____

Fax: _____

E-mail: _____

Date you left survey: _____

INTERVIEWER FEEDBACK SHEET

Instructions to interviewers:

Please take a few minutes to complete a feedback sheet after each interview you complete.

Interviewer's Initials or Code: _____

- 1. How long did it take to complete the direct interview(s) (Sections II and III only)?
_____ **Minutes**
- 2. How long did it take to complete the entire form, including phone-calls to arrange the interview, collecting background information, conducting the interviews, completing feedback sheet, etc.?
_____ **Total number of hours**
- 3. Were there any questions that were problematic?
___ **Yes** ___ **No**

If yes, indicate the question number(s) below and describe the problem.

QUESTION # (one # per line)	Problems/Suggestions:

Minnesota Waiver Evaluation - Site Survey (Other)

Name: _____ Site Name: _____
Phone: _____ Street Address: _____
Fax: _____
Email: _____ City/State/Zip: _____
Agency Name: _____ Date: _____

A. Respondent Characteristics

1. Which of the following categories best describes your role? (mark one)
 - ___ 1. Direct support worker (At least 50% of your time is spent in direct care)
 - ___ 2. Front line supervisor (May do direct care but primary role is to supervise direct support workers)
 - ___ 3. Other supervisor/manager (Supervise front line supervisors or other staff)
 - ___ 4. Administrator (Provide overall direction and oversight for all workers)
 - ___ 5. Trainer (Primary role is to provide training to other agency staff)
 - ___ 6. Degreed professional (psychologist, behavior analyst, social worker, nurse)
 - ___ 7. Other (specify) _____
2. What is your gender? (mark one)
 - ___ 0. male
 - ___ 1. female
3. Please check each task that is part of your job. (mark all that apply)
 - ___ a. Advertising job openings
 - ___ b. Responding to inquiries about openings
 - ___ c. Screening applications
 - ___ d. Interviewing applicants
 - ___ e. Hiring new employees
 - ___ f. Agency orientation
 - ___ g. House orientation
 - ___ h. Ongoing training
 - ___ i. Performance evaluation
 - ___ j. Firing employees
 - ___ k. Other (specify) _____

B. Agency/Organization Characteristics

For this section please report information for this entire agency/organization. If this agency/organization provides support to more than one state please include information only for Minnesota.

4. Which of the following best describes this agency/organization? (mark only one)
 - ___ 1. State agency/organization
 - ___ 2. County agency/organization
 - ___ 3. Private for profit corporation
 - ___ 4. Private non-profit corporation
 - ___ 5. Individual or family home owner
 - ___ 6. Other (specify): _____
5. Does this agency/organization provide community services in a state other than the one you work? (mark only one)
 - ___ 0. no
 - ___ 1. yes

5a. If yes, how many different states?

 - ___ a. # of states
 - ___ b. Don't know

6. How many people in the following groups serve on agency/organization boards or advisory committees? (Note a number for each item)

- ___ a. Total number of people on boards or committees (e.g., human rights, quality enhancement, board of directors)
___ b. # of board/committee members who have MR/DD and receive service from this agency/organization

- ___ c. # of board/committee members who have MR/DD but do not receive services from this agency/organization
___ d. # of parents or guardians of persons with MR/DD
___ e. # of direct support staff members (people who spend 50% or more of their total hours providing direct support to individuals with MR/DD)
___ f. Don't know about agency/organization boards or committees

Please answer the remaining questions about the services and supports provided to persons with mental retardation or developmental disabilities at this site (e.g., services provided by staff who have offices in or who work out of this address).

C. Site Information

7. How many people with mental retardation or developmental disabilities does this site serve?

- ___ Total # of people with MR/DD (these are the consumers you should consider as you answer the rest of this survey)

8. How many people served by this site have the following levels of mental retardation? (note a number for each item)

- ___ a. normal (IQ 86+)
___ b. borderline (IQ 71-85)
___ c. mild (IQ 56-70)
___ d. moderate (IQ 41-55)
___ e. severe (IQ 26-40)
___ f. profound (IQ 25 or less)

9. How many of the people in this site have the following characteristics? (note a number for each item)

- ___ a. have a specific planned intervention for challenging behavior (e.g., aggression or self-injurious behavior)
___ b. have a formal diagnosis of mental illness
___ c. walk without assistance
___ d. eat without assistance
___ e. dress without assistance
___ f. communicate by talking
___ g. have less than 1 toileting accident per month
___ h. take medications administered by this site

10. How many new consumers began receiving supports from this site in the last 12 months?

- ___ # of new consumers served

11. What year did this site begin providing community services to persons with MRDD?

19___

12. How many people with MR/DD stopped receiving services from this site for the following reasons during the last 12 months? (note a number for each item)

- ___ a. Chose a different agency/organization for the same type of service.
___ b. Chose a different agency/organization for a different service (e.g., moved from Waiver funded residential services to an ICF-MR program)
___ c. Moved to a different site within the same agency/organization
___ d. Left the state or service area
___ e. Death
___ f. Other (specify: _____)
___ g. Total number who left

13. What types of supports do staff from this site offer to people with MR/DD? (Mark all that apply)

- ☐ a. Intermediate Care Site-Mental Retardation (ICF-MR)
- ☐ b. Corporate foster care (HCBS Waiver funded)
- ☐ c. Family foster care (HCBS Waiver funded)
- ☐ d. Semi-Independent Living Services
- ☐ e. In-home family/individual supports (e.g., parental home, PCA's)
- ☐ f. Homemaker/chore services
- ☐ g. Respite care out-of-home
- ☐ h. Crisis supports
- ☐ i. 24 hour emergency assistance
- ☐ j. Center-based work program
- ☐ k. Center based non-work day program
- ☐ l. Supported or competitive employment
- ☐ m. Therapeutic (counseling, OTA, etc.)
- ☐ n. Case management (not from the county)
- ☐ o. Modifications to the home or vehicle
- ☐ p. Housing access coordination
- ☐ q. Assistive technology (e.g., augmentative communication device, wheelchairs)
- ☐ r. Transportation
- ☐ s. Caregiver training and education
- ☐ t. Consumer training and education
- ☐ u. Consumer-directed community supports
- ☐ v. Other (specify): _____

D. Transportation

14. Roughly what proportion of the transportation needs of people with MR/DD served by this site are met by the following modes of transportation? (Provide a percentage for each item with the total percentage summing to 100%)

- ☐ % a. Site vehicle
- ☐ % b. Staff vehicle
- ☐ % c. Door-to-door public transportation (e.g., Metro Mobility)
- ☐ % d. Door-to-door private transportation (e.g., taxi)
- ☐ % e. Fixed route public transportation (e.g., bus)
- ☐ % f. Other (specify: _____)
- 100% Total
- ☐ g. Not Applicable

15. If staff from this site provide transportation to people with MR/DD in agency/organization owned vehicles please provide the following information: (Note a number for each item)

- ☐ a. # of different vehicles designated for use by this site
- ☐ b. Total passenger capacity of all vehicles designated for use by this site
- ☐ c. Total number of people with MR/DD who depend on agency/organization vehicles for transportation
- ☐ d. Not applicable

16. Which of the following factors restrict community activities requested by consumers served by this site. (Mark all that apply)

- ☐ a. Lack of transportation
- ☐ b. Not enough staff scheduled
- ☐ c. Position vacancies
- ☐ d. Staff schedules (e.g., breaks)
- ☐ e. Lack of program money to pay for activities
- ☐ f. Lack of personal money
- ☐ g. Behavioral needs
- ☐ h. Medical needs
- ☐ i. Lack of interest of consumers
- ☐ j. Other (specify: _____)

E. Health and Safety

17. How many injuries requiring professional medical treatment occurred to people with MR/DD while under the care of staff from this site during the last 12 months?

- ☐ a. Total number of serious injuries in the last 12 months
- ☐ b. Number of serious injuries caused by another person with MR/DD
- ☐ c. Number of serious injuries caused by program staff
- ☐ d. Number of serious injuries caused by self-abusive behavior
- ☐ e. Number of serious injuries with other causes (accidents, medical problems, site maintenance problems, etc.)

18. How many individuals served by this site receive psychotropic medications (e.g., Mellaril, Haldol, Lithium, Prozac, Buspar)?

☐ # of people receiving psychotropic medications

19. How serious of a problem is consumer to consumer violence or abuse for people served by this site?

- ☐ 0. Not a problem
- ☐ 1. A mild problem
- ☐ 2. A moderate problem
- ☐ 3. A severe problem

20. How many times did staff from this site use each of the following crisis intervention strategies during the last 12 months. (Note a number for each item)

- ☐ a. Consultation from a crisis team.
- ☐ b. On-site intervention by crisis team members.
- ☐ c. Person sent to off-site crisis program or service.
- ☐ d. Police called to assist with behavioral crisis.
- ☐ e. Ambulance or police transport to hospital psychiatric ward.
- ☐ f. Overnight stay in a hospital psychiatric ward
- ☐ g. Suspension or demission from the program
- ☐ h. Temporary placement in an RTC

21. How many different people served by this site experienced the following Rule 40 controlled interventions in this site during June 1999? (Provide a number for each item)

- ☐ a. Planned use of physical (manual) restraint
- ☐ b. Emergency use of physical (manual) restraint
- ☐ c. Planned use of other Rule 40 controlled procedure
- ☐ d. Emergency use of other Rule 40 controlled procedure

22. For each person who experienced one or more of these controlled procedures, how many times was the procedure used by staff from this site during June 1999? (Copy the table and attach to the survey if more than 20 people in this site experienced one or more of these interventions during June 1999).

Person	Planned Physical Restraint	Emergency Physical Restraint	Planned other Rule 40	Emergency other Rule 40
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
Total				

23. Please describe the process this agency/organization uses to determine when and if a vulnerable adult report will be submitted. If you have written agency/organization policy for this, please enclose a copy.

24. Please describe the process this agency/organization uses to determine when and if a behavioral incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

25. Please describe the process this agency/organization uses to determine when and if a medical incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

26. Please complete the following chart for all deaths among persons with MR/DD while being supported by staff from this site during the last five years (or from the date this site began supporting people with MR/DD. Note this date _____)
- N = Natural causes of death (e.g., disease or degenerative process). ML = Medical Legal (e.g., suicide, homicide, accidents). Level of Mental Retardation (Mild, Moderate, Severe, Profound, DD - no MR)

Person	Year of Death	Age at death	Level of MR	Type of Death (circle one)		Cause of death according to death certificate
1				N	ML	
2				N	ML	
3				N	ML	
4				N	ML	
5				N	ML	
6				N	ML	
7				N	ML	
8				N	ML	
9				N	ML	
10				N	ML	

27. How many people with MR/DD were victims of the following crimes (reported to a law enforcement agency) during the last 12 months which occurred while the person was under the care of staff from this site? (Provide a number for each)

_____ a.

Forcible Rape (rape and attempts to commit forcible rape)

_____ b.

Criminal sexual assault

_____ c.

Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)

_____ d.

Simple assault (including assault by another person with MR/DD or staff member in the program)

_____ e.

Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)

_____ f.

Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)

_____ g.

Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession or constructive possession of another person, except for motor vehicles)

_____ h.

Arson

_____ i.

Other (specify _____)

28. How many people with MR/DD committed or engaged in (whether charged or not; and whether legally liable or not) each of the following crimes during the last 12 months while the person was under the care of staff from this site? (Provide a number for each item)

_____ a.

Forcible Rape (rape and attempts to commit forcible rape)

_____ b.

Criminal sexual conduct other than rape

_____ c.

Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)

_____ d.

Simple assault (including assault of another person with MR/DD or staff member in the program)

_____ e.

Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)

_____ f.

Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)

_____ g.

Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession of another person, except for motor vehicles)

_____ h.

Arson

_____ i.

Other (specify _____)

F. Staffing Patterns

Definitions:

Direct Support Staff (DSS) - people whose primary job responsibility is to provide support, training, supervision, and personal assistance to people supported by this site. DSS include PCA's and CNA's and Home Health Aides for the purpose of this survey. At least 50% of a DSS's hours are spent in direct support tasks. DSS's may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct support work. Do not include staff whose position is only "on-call."

Front Line Supervisors (FLS) - people whose primary responsibility is the supervision of direct support staff. While these individuals may perform direct support tasks, they spend less than 50% of their hours in direct support roles.

29. How many staff members does this site employ altogether? (not including "on-call" staff) (provide a number for each group)
- ☐ a. # of direct support staff
 - ☐ b. # of front line supervisors
 - ☐ c. # of support staff (clerical, maintenance, cooks, etc.)
 - ☐ d. # of professional staff (e.g., RN, Behavior Analyst, Psychologist, speech)
 - ☐ e. # of managers and administrators
 - ☐ f. # of other staff members
30. How many direct service staff in this site have the following characteristics?
- ☐ a. # of women
 - ☐ b. # whose primary language is something other than English
 - ☐ c. # who immigrated or migrated from another country
31. How many hours per week must DSS work to be considered full-time?
- ☐ # of hours per week for full-time status
32. How many DDS are considered to be full-time?
- ☐ # of DSS considered full-time (do not include on-call or temporary DSS)
33. Using your agency/organization's definition for full and part time, how many part-time, on-call and temporary direct service staff are employed by this site? (provide a number for each group)
- ☐ a. # of **part-time** DSS employees
 - ☐ b. # of **on-call** DSS employees hired and paid by your agency/organization
 - ☐ c. # of **temporary agency employees** (do not include on-call or temporary employees in the remaining questions)
34. How many direct support staff members in this site are in each of the following racial/ethnic groups? (provide a number for each group)
- ☐ a. Asian/Pacific Islander
 - ☐ b. Black Non-hispanic
 - ☐ c. Black Hispanic
 - ☐ d. Native Indian/Alaskan Native
 - ☐ e. White Non-hispanic
 - ☐ f. White Hispanic
 - ☐ g. Other (specify _____)
 - ☐ h. Unknown
35. How many of this current DSS employees have been employed at this site for each of the following intervals? (Provide a number for each item. Do not include temporary or on-call employees)
- ☐ a. # 0 to 6 months
 - ☐ b. # 7 to 12 months
 - ☐ c. # 13 to 24 months
 - ☐ d. # 25 to 48 months
 - ☐ e. # 49 or more months
36. Which of the following describes the average reading level of the last 5 DSS hired by this site? (mark one)
- ☐ a. 4th grade level
 - ☐ b. 8th grade level
 - ☐ c. 12th grade level
 - ☐ c. College level or higher
37. Approximately what percentage of DSS have the following levels of education? (Note a percentage for each item summing to 100%)
- ☐ % a. less than GED/High School
 - ☐ % b. High school or GED
 - ☐ % c. 2 year degree
 - ☐ % d. 4 year degree
 - 100% Total

38. Of the last 10 DSS you hired, how many had experience in human service work prior to working for this site?

_____ # with previous human service experience

G. Pay, Paid Leave and Benefits

39. Please indicate the current beginning and average wage for direct support staff in this site.

a. \$____/hr ave starting wage for awake DSS

b. \$____/hr average wage for all awake DSS

c. \$____/hr highest wage for awake DSS

40. Please indicate the current beginning and average wage for first line supervisors (people who are directly supervise the work of direct support staff and who spend at least 50% of their hours in supervisory roles) in this site.

a. \$_____ beginning annual salary

b. \$_____ average annual salary

c. \$_____ highest annual salary

H. Staff Recruitment and Retention

45. Please complete the following chart for DSS with regularly scheduled shifts (not on-call) who **left** this site **and** the agency/organization during the last 12 months (terminations or resignations include people you hired who never showed up for work or who came for one day and then quit). Do not include transfers within the agency.

Direct Support Staff Number	Hire Date	Termination Date	Gender	Was person fired?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

41. How many hours per week must a DSS work to be eligible for paid leave time (e.g., sick, holiday, or personal leave)?

_____ a. # of hours per week for full-time DSS

_____ b. # hours per week for part-time DSS

42. How many DSS are eligible for paid time-off (e.g., vacation, personal leave, sick time, PTO)?

_____ # of DSS eligible for PTO

43. How many hours per week must DSS work to be eligible for benefits (e.g., health or dental insurance)?

_____ a. # of hours per week for full-time DSS

_____ b. # hours per week for part-time DSS

44. How many DSS are eligible for benefits (e.g., health or dental insurance)?

_____ # of DSS eligible for benefits (e.g., health or dental insurance)

46. How many DSS hours did this site use during June 1999?

- ☐ a. Total scheduled DSS hours (including shifts that were not filled at all)
- ☐ b. Total paid DSS hours (including overtime)
- ☐ c. Total DSS hours of overtime

46a. How many dollars were spent on overtime worked by DSS's during June 1999?

- ☐ a. \$ spent on DSS overtime in June 1999
- ☐ b. Don't know

47. How many total dollars did this site spend on advertising (e.g., newspaper) to solicit applicants for open direct support positions during June 1999? (Note the total number for this site).

- \$ ☐ a. spent on advertising in June 1999
- ☐ b. N/A or don't know

48. About how many applicants did you have the last time you advertised a DSS opening?

- ☐ a. # of applicants
- ☐ b. Don't know

49. How many direct support staff positions (including both part-time and full-time) at this site are currently funded but unfilled?

- ☐ a. # of DSS positions unfilled
- ☐ b. # of full-time equivalents (1 FTE = 40 hrs) unfilled

50. During June 1999, did this site use staff from a temporary agency/organization to fill vacant direct support staff shifts? (mark one)

- ☐ 0. No
- ☐ 1. Yes

50a. If yes, how many hours of temporary service direct support staff did this site purchase during June 1999? (note one number)

☐ # hours of temp site services

50b. What does this site pay per hour for temporary site services for direct support positions (on average)?

\$ ☐ Average hourly cost for temporary site services during June 1999

51. How many hours were scheduled to be worked by DSS from this site in the last 7 days?

☐ Number of hours scheduled in last 7 days

52. How many scheduled direct support hours contracted for by this site during the last 7 days were not filled at all because the scheduled DSS did not show up for work, or because the position was vacant?

- ☐ a. # of hours unfilled due to an absent DSS
- ☐ b. # of hours unfilled due to a vacant DSS position

53. How many different DSS worked one or more shifts for this site in June 1999 (include on-call and temporary staff for this question)?

☐ Number of different DSS working one or more shift (including on-call and temporary DSS)

54. For the last three direct support staff you hired, how many weeks was the position vacant before the replacement person actually started working? (write 0 only if the new person started within 3 days after the old person left)

- ☐ a. # weeks - person 1
- ☐ b. # weeks - person 2
- ☐ c. # weeks - person 3

55. How many front line supervisor positions are currently funded but unfilled?

- ☐ a. # of front line supervisor positions vacant
- ☐ b. # full-time equivalent (1 FTE = 40 hrs) front line supervisors positions vacant

56. For the last 3 front line supervisors this site hired or promoted, how many weeks was the position vacant before the person who took the position actually started working? (write 0 only if the new person started within 3 days after the old person left)

- ☐ a. # weeks - person 1
- ☐ b. # weeks - person 2
- ☐ c. # weeks - person 3

57. Which of the following are major problems for this site? (mark all that apply)

- ☐ a. finding qualified direct support staff
- ☐ b. direct support staff turnover
- ☐ c. staff training and development
- ☐ d. staff motivation

I. Training Practices

58. Describe the training you provide for direct support staff in each of the following categories (how soon after hire (number of weeks), total number of hours in first year , when are refreshers or advanced training is offered)

Topic		Number of weeks after hire first offered (1)	Total hours per year provided for DSS (2)	Refresher or advanced training offered after how many months (on average) (3)
A	Respecting people with disabilities			
B	Rights of people with disabilities			
C	Consumer Safety (e.g., safe environments)			
D	Health			
E	Medication Administration			
F	Assessing medical conditions			
G	CPR			
H	First Aid			
I	Blood-borne pathogens			
J	Empowerment and self-determination			
K	Communication (with staff, consumers and family members)			
L	Teamwork			
M	Formal and informal assessment of needs, desires and interests of participants			
N	Community services and networking (accessing formal and informal community supports; facilitating friendships)			
O	Facilitation of services (person centered plan development and implementation; program planning and implementation)			
P	Community living skills and support (Daily living skills, self-care)			
Q	Education, training and self development for DSS (self-improvement for staff)			
R	Advocating for people with disabilities			
S	Vocational, educational and career support for consumers			
T	Crisis intervention and positive behavioral supports			
U	Organizational participation (quality assurance, budgets, committees)			
V	Documentation			
W	Agency policy and procedure			
X	Other			

59. How many of the direct support staff in this site have demonstrated competence in administering medications?

____ Number of DSS competent at passing medications

60. How many hours of training are **required** prior to administering medications in this site?

____ Number of hours of training required to pass medications

61. Do you provide tuition support for DSS?

____ 0. no
____ 1. yes

61a. If yes, what is the average annual value of the tuition support given to participating DSS? (mark one)

____ 1. Less than \$250
____ 2. Between \$250 and \$500
____ 3. Between \$501 and \$750
____ 4. Between \$751 and \$1000
____ 5. More than \$1000

62. How do you measure competence prior to allowing a direct support worker to pass medications?

63. Describe the strategies you use to promote career development for direct support staff at this site.

J. Relationships with the County and the State of Minnesota

64. How would you rate the overall quality of case management services offered to consumers served by your site? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent

65. How would you rate the overall quality of the interactions between staff at this site and the county staff (e.g., case managers, licensers)? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent

66. Overall how would you rate the county licensing process for HCBS Waiver funded family or corporate foster care services? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent
____ 5. N/A this is not a family or corporate foster care setting
____ 6. Don't know

67. Overall, how would you rate the state licensing process for HCBS Waiver funded services? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent
____ 5. Don't know/no opinion

68. How would you rate the state licensing process for HCBS Waiver funded services in terms of the relevance of the standards used to assess services by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

69. How would you rate the state licensing process for HCBS Waiver funded services in terms of the helpfulness of licensing reviews to improving the quality of services and supports offered by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

70. How would you rate the state licensing process for HCBS Waiver funded services in terms of clearly detailing the expectations this site must meet? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

71. How would you rate the state licensing process for HCBS Waiver funded services in terms of measuring quality according to the outcomes desired by consumers with MR/DD served by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

72. How would you rate the state licensing process for HCBS Waiver funded services in terms of providing technical assistance to this site to improve quality? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

73. How would you rate the state licensing process for HCBS Waiver funded services in terms of identifying health and safety problems for consumers served by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

74. How would you rate the state licensing process for HCBS Waiver funded services in using reviewers who understand the types of services provided by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

75. When you experience conflict between this site and a county agency/organization, how satisfied are you with the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

76. When you experience a conflict between this site and a state agency/organization, how satisfactory are the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

77. When you or your staff identify a creative way to provide higher quality or otherwise superior services or supports, how supportive are the following groups? (Circle one number for each group)

P = Poor, F = Fair, G = Good, E = Excellent

	P	F	G	E
a. This agency/organization	1	2	3	4
b. Parents/guardians	1	2	3	4
c. County case manager	1	2	3	4
d. Other county staff	1	2	3	4
e. State agency staff	1	2	3	4

K. Service Quality

78. How would you rate this agency/organization's general maintenance and upkeep for the equipment and physical plant at this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent

79. If you were a parent or guardian of a person with MR/DD served by this site how would you rate the overall quality of the services and supports provided by staff from this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent

80. How often does this agency/organization conduct consumer/ family satisfaction surveys? (mark only one)

- ☐ 1. Never
- ☐ 2. Less than once per 5 years
- ☐ 3. Once every 2 -4 years
- ☐ 4. Once a year or more
- ☐ 5. Don't know

81. What, if anything, does this site need to do to improve the quality of services provided to people with MR/DD?

- a. _____
- _____
- b. _____
- _____

82. What does this site do exceptionally well to provide high quality services and support to people with MR/DD?

- a. _____
- _____
- b. _____
- _____
- c. _____
- _____

M. Financial Information

Please provide the following information for this site for your most recent fiscal year.

92. What are the beginning and ending dates for your most recent fiscal year?

a. Beginning date _____ b. Ending date _____

93. Please provide the following financial information for this site for the most recent fiscal year

a. Current Assets:	\$ _____	g. Total revenues:	\$ _____
b. Total Assets:	\$ _____	h. Total expenditures:	\$ _____
c. Current Liabilities:	\$ _____	i. Total salaries and wages:	\$ _____
d. Total Liabilities:	\$ _____	j. Total expenditures - staff training:	\$ _____
e. Net Worth:	\$ _____	k. Total expenditure personnel	\$ _____
f. Revenues from private sources:	\$ _____	l. Accumulated depreciation:	\$ _____

N. General Opinions about the Medicaid HCBS Waiver Program

94. In your opinion, what is the best thing about Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

95. What are the biggest barriers this site faces in providing high quality supports and services to people receiving funding through Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

96. In your opinion, what should be changed about Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

a. _____

b. _____

97. Please describe the best experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was the person's life made better, and why is this the best experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

98. Please describe the worst experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was a person's life made worse, and why is this the worst experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

99. Can we contact you for more detailed information about these situations? ☐ Yes ☐ No

If you have questions, you can contact Sherri Larson at (612) 624-6024. When you have completed the survey, please return it to the following address at the University of Minnesota in the envelope provided.

John Sauer, Institute on Community Integration
204 Pattee Hall, 150 Pillsbury Dr. SE
Minneapolis MN 55455-0223

Minnesota Waiver Evaluation – Residential Survey

Name: _____ **Home Name:** _____
Phone: _____ **Street Address:** _____
Fax: _____
Email: _____ **City/State/Zip** _____
Agency Name: _____ **Date:** _____

A. Respondent Characteristics

1. Which of the following categories best describes your role in this home? (mark one)
 - ___ 1. Direct support worker (At least 50% of your time is spent in direct care)
 - ___ 2. Front line supervisor (May do direct care but primary role is to supervise direct support workers)
 - ___ 3. Other supervisor/manager (Supervise front line supervisors or other staff)
 - ___ 4. Administrator (Provide overall direction and oversight for all workers)
 - ___ 5. Trainer (Primary role is to provide training to other agency staff)
 - ___ 6. Degreed professional (psychologist, behavior analyst, social worker, nurse)
 - ___ 7. Other (specify) _____
2. What is your gender? (mark one)
 - ___ 0. male
 - ___ 1. female
3. Please check each task that is part of your job (mark all that apply)
 - ___ a. Advertising job openings
 - ___ b. Responding to inquiries about openings
 - ___ c. Screening applications
 - ___ d. Interviewing applicants
 - ___ e. Hiring new employees
 - ___ f. Agency orientation
 - ___ g. House orientation
 - ___ h. Ongoing training
 - ___ i. Performance evaluation
 - ___ j. Firing employees
 - ___ k. Other (specify) _____

B. Agency/Organization Characteristics

For this section please report information for this entire agency/organization. If this agency/organization provides support to more than one state please include information only for Minnesota.

4. Which of the following best describes this agency/organization? (mark only one)
 - ___ 1. State agency/organization
 - ___ 2. County agency/organization
 - ___ 3. Private for profit corporation
 - ___ 4. Private non-profit corporation
 - ___ 5. Individual or family home owner
 - ___ 6. Other (specify): _____
5. Does this agency/organization provide community services in a state other than the one you work? (mark only one)
 - ___ 0. no
 - ___ 1. yes

5a. If yes, how many different states?

 - ___ a. # of states
 - ___ b. Don't know

6. How many people in the following groups serve on agency/organization boards or advisory committees? (Note a number for each item)

- ___ a. Total number of people on boards or committees (e.g., human rights, quality enhancement, board of directors)
- ___ b. # of board/committee members who have MR/DD and receive service from this agency/organization

- ___ c. # of board/committee members who have MR/DD but do not receive services from this agency/organization
- ___ d. # of parents or guardians of persons with MR/DD
- ___ e. # of direct support staff members (people who spend 50% or more of their total hours providing direct support to individuals with MR/DD)
- ___ f. Don't know about agency/organization boards or committees

Please answer the remaining questions about the services and supports provided to persons with mental retardation or developmental disabilities at this home (e.g., this home or address).

C. Home Information

7. How many people with mental retardation or developmental disabilities does this home serve?

- ___ Total # of people with MR/DD (these are the consumers you should consider as you answer the rest of this survey)

8. How many people in this home have the following levels of mental retardation? (note a number for each item)

- ___ a. normal (IQ 86+)
- ___ b. borderline (IQ 71-85)
- ___ c. mild (IQ 56-70)
- ___ d. moderate (IQ 41-55)
- ___ e. severe (IQ 26-40)
- ___ f. profound (IQ 25 or less)

9. How many of the people in this home have the following characteristics? (note a number for each item)

- ___ a. have a specific planned intervention for challenging behavior (e.g., aggression or self-injurious behavior)
- ___ b. have a formal diagnosis of mental illness
- ___ c. walk without assistance
- ___ d. eat without assistance
- ___ e. dress without assistance
- ___ f. communicate by talking
- ___ g. have less than 1 toileting accident per month
- ___ h. take medications administered by this home

10. How many new consumers began receiving supports from this home in the last 12 months?

- ___ # of new consumers served

11. What year did this home begin providing community services to persons with MR/DD?

19___

12. How many people with MR/DD left this home for the following reasons during the last 12 months? (note a number for each item)

- ___ a. Chose a different agency/organization for the same type of service.
- ___ b. Chose a different agency/organization for a different service (e.g., moved from Waiver funded residential services to an ICF-MR program)
- ___ c. Moved to a different home within the same agency/organization
- ___ d. Left the state or service area
- ___ e. Death
- ___ f. Other (specify: _____)
- ___ g. Total number who left

13. Question omitted

D. Transportation

14. Roughly what proportion of the transportation needs of people with MR/DD at this home are met by the following modes of transportation? (Provide a percentage for each item with the total percentage summing to 100%)

- ___ % a. Home vehicle
- ___ % b. Staff vehicle
- ___ % c. Door-to-door public transportation (e.g., Metro Mobility)
- ___ % d. Door-to-door private transportation (e.g., taxi)
- ___ % e. Fixed route public transportation (e.g., bus)
- ___ % f. Other (specify _____)
- 100% Total

15. If staff at this home provide transportation in agency/organization owned vehicles please provide the following information: (Note a number for each item)

- ___ a. # of different vehicles designated for use by this home
- ___ b. Total passenger capacity of all vehicles designated for use by this home
- ___ c. Total number of people with MR/DD who depend on agency/organization vehicles for transportation
- ___ d. Not applicable

16. Which of the following factors restrict community activities requested by consumers of this home. (Mark all that apply)

- ___ a. Lack of transportation
- ___ b. Not enough staff scheduled
- ___ c. Position vacancies
- ___ d. Staff schedules (e.g., breaks)
- ___ e. Lack of program money to pay for activities
- ___ f. Lack of personal money
- ___ g. Behavioral needs
- ___ h. Medical needs
- ___ i. Lack of interest of consumers
- ___ j. Other (specify: _____)

E. Health and Safety

17. How many injuries **requiring** professional medical treatment occurred to people with MR/DD while under the care of this home during the last 12 months?

- ___ a. Total number of serious injuries in the last 12 months
- ___ b. Number of serious injuries caused by another person with MR/DD
- ___ c. Number of serious injuries caused by program staff
- ___ d. Number of serious injuries caused by self-abusive behavior
- ___ e. Number of serious injuries with other causes (accidents, medical problems, home maintenance problems, etc.)

18. How many individuals in this home receive psychotropic medications (e.g., Mellaril, Haldol, Lithium, Prozac, Buspar)?

___ # of people receiving psychotropic medications

19. How serious of a problem is consumer to consumer violence or abuse in this home?

- ___ 0. Not a problem
- ___ 1. A mild problem
- ___ 2. A moderate problem
- ___ 3. A severe problem

20. How many times did you use each of the following crisis intervention strategies during the last 12 months. (Note a number for each item)

- ___ a. Consultation from a crisis team.
- ___ b. On-home intervention by crisis team members.
- ___ c. Person sent to off-home crisis program or service.
- ___ d. Police called to assist with behavioral crisis.
- ___ e. Ambulance or police transport to hospital psychiatric ward.
- ___ f. Overnight stay in a hospital psychiatric ward
- ___ g. Suspension or demission from the program
- ___ h. Temporary placement in an RTC

21. How many different people experienced the following Rule 40 controlled interventions in this home during June 1999? (Provide a number for each item)

- ___ a. Planned use of physical (manual) restraint
- ___ b. Emergency use of physical (manual) restraint
- ___ e. Planned use of other Rule 40 controlled procedure
- ___ f. Emergency use of other Rule 40 controlled procedure

22. For each person who experienced one or more of these controlled procedures, how many times was the procedure used during June 1999? (Copy the table and attach to the survey if more than 20 people in this home experienced one or more of these interventions during June 1999).

Person	Planned Physical Restraint	Emergency Physical Restraint	Planned other Rule 40	Emergency other Rule 40
1				
2				
3				
4				
5				
6				
Total				

23. Please describe the process this agency/organization uses to determine when and if a vulnerable adult report will be submitted. If you have written agency/organization policy for this, please enclose a copy.

24. Please describe the process this agency/organization uses to determine when and if a behavioral incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

25. Please describe the process this agency/organization uses to determine when and if a medical incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

26. Please complete the following chart for all deaths among persons with MR/DD in this home during the last five years (or from the date this home began supporting people with MR/DD. Note this date _____)
 N = Natural causes of death (e.g., disease or degenerative process). ML = Medical Legal (e.g., suicide, homicide, accidents). Level of Mental Retardation (Mild, Moderate, Severe, Profound, DD - no MR)

Person	Year of Death	Age at death	Level of MR	Type of Death (circle one)	Cause of death according to death certificate
1				N ML	
2				N ML	
3				N ML	
4				N ML	
5				N ML	
6				N ML	
7				N ML	
8				N ML	
9				N ML	
10				N ML	

27. How many people with MR/DD were victims of the following crimes (reported to a law enforcement agency) during the last 12 months which occurred while the person was under the care of this home? (Provide a number for each)
- ___ a. Forcible Rape (rape and attempts to commit forcible rape)
 - ___ b. Criminal sexual assault
 - ___ c. Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)
 - ___ d. Simple assault (including assault by another person with MR/DD or staff member in the program)
 - ___ e. Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)
 - ___ f. Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)
 - ___ g. Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession or constructive possession of another person, except for motor vehicles)
 - ___ h. Arson
 - ___ i. Other (specify _____)

28. How many people with MR/DD committed or engaged in (whether charged or not; and whether legally liable or not) each of the following crimes during the last 12 months while the person was under the care of this home? (Provide a number for each item)
- ___ a. Forcible Rape (rape and attempts to commit forcible rape)
 - ___ b. Criminal sexual conduct other than rape
 - ___ c. Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)
 - ___ d. Simple assault (including assault of another person with MR/DD or staff member in the program)
 - ___ e. Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)
 - ___ f. Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)
 - ___ g. Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession of another person, except for motor vehicles)
 - ___ h. Arson
 - ___ i. Other (specify _____)

F. Staffing Patterns

Definitions:

Direct Support Staff (DSS) - people whose primary job responsibility is to provide support, training, supervision, and personal assistance to people supported by this home. At least 50% of a DSS's hours are spent in direct support tasks. DSS's may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct support work. Do not include staff whose position is only "on-call."

Front Line Supervisors (FLS) - people whose primary responsibility is the supervision of direct support staff. While these individuals may perform direct support tasks, they spend less than 50% of their hours in direct support roles.

29. How many staff members does this home employ altogether? (not including "on-call" staff) (provide a number for each group)
- ☐ a. # of direct support staff
 - ☐ b. # of front line supervisors
 - ☐ c. # of support staff (clerical, maintenance, cooks, etc.)
 - ☐ d. # of professional staff (e.g., RN, Behavior Analyst, Psychologist, speech)
 - ☐ e. # of managers and administrators
 - ☐ f. # of other staff members
30. How many direct service staff in this home have the following characteristics?
- ☐ a. # of women
 - ☐ b. # whose primary language is something other than English
 - ☐ c. # who immigrated or migrated from another country
31. How many hours per week must DSS work to be considered full-time?
- ☐ # of hours per week for full-time status
32. How many DDS are considered to be full-time?
- ☐ # of DSS considered full-time (do not include on-call or temporary DSS)
33. Using your agency/organization's definition for full and part time, how many part-time, on-call and temporary direct service staff are employed by this home? (provide a number for each group)
- ☐ a. # of **part-time** DSS employees
 - ☐ b. # of **on-call** DSS employees hired and paid by your agency/organization
 - ☐ c. # of **temporary agency employees** (do not include on-call or temporary employees in the remaining questions)
34. How many direct support staff members in this home are in each of the following racial/ethnic groups? (provide a number for each group)
- ☐ a. Asian/Pacific Islander
 - ☐ b. Black Non-hispanic
 - ☐ c. Black Hispanic
 - ☐ d. Native Indian/Alaskan Native
 - ☐ e. White Non-hispanic
 - ☐ f. White Hispanic
 - ☐ g. Other (specify _____)
 - ☐ h. Unknown
35. How many of this current DSS employees have been employed at this home for each of the following intervals? (Provide a number for each item. Do not include temporary or on-call employees)
- ☐ a. # 0 to 6 months
 - ☐ b. # 7 to 12 months
 - ☐ c. # 13 to 24 months
 - ☐ d. # 25 to 48 months
 - ☐ e. # 49 or more months
36. Which of the following describes the average reading level of the last 5 DSS hired by this home? (mark one)
- ☐ a. 4th grade level
 - ☐ b. 8th grade level
 - ☐ c. 12th grade level
 - ☐ d. College level or higher
37. Approximately what percentage of DSS have the following levels of education? (Note a percentage for each item summing to 100%)
- ☐ % a. less than GED/High School
 - ☐ % b. High school or GED
 - ☐ % c. 2 year degree
 - ☐ % d. 4 year degree
 - 100% Total

38. Of the last 10 DSS you hired, how many had experience in human service work prior to working for this home?
_____ # with previous human service experience

G. Pay, Paid Leave and Benefits

39. Please indicate the current beginning and average wage for direct support staff in this home.

a. \$____/hr ave starting wage for awake DSS
b. \$____/hr average wage for all awake DSS
c. \$____/hr highest wage for awake DSS

40. Please indicate the current beginning and average wage for first line supervisors (people who are directly supervise the work of direct support staff and who spend at least 50% of their hours in supervisory roles) in this home.

a. \$_____ beginning annual salary
b. \$_____ average annual salary
c. \$_____ highest annual salary

H. Staff Recruitment and Retention

45. Please complete the following chart for DSS with regularly scheduled shifts (not on-call) who left this home and the agency/organization during the last 12 months (terminations or resignations include people you hired who never showed up for work or who came for one day and then quit). Do not include transfers within the agency.

Direct Support Staff Number	Hire Date	Termination Date	Gender	Was person fired?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

41. How many hours per week must a DSS work to be eligible for paid leave time (e.g., sick, holiday, or personal leave)?
____ a. # of hours per week for full-time DSS
____ b. # hours per week for part-time DSS

42. How many DSS are eligible for paid time-off (e.g., vacation, personal leave, sick time, PTO)?
____ # of DSS eligible for PTO

43. How many hours per week must DSS work to be eligible for benefits (e.g., health or dental insurance)?
____ a. # of hours per week for full-time DSS
____ b. # hours per week for part-time DSS

44. How many DSS are eligible for benefits (e.g., health or dental insurance)?
____ # of DSS eligible for benefits (e.g., health or dental insurance)

46. How many DSS hours did this home use during June 1999?

- ☐ a. Total scheduled DSS hours (including shifts that were not filled at all)
- ☐ b. Total paid DSS hours (including overtime)
- ☐ c. Total DSS hours of overtime

46a. How many dollars were spent on hours of overtime worked by DSS's during June 1999?

- ☐ a. \$ spent on DSS overtime in June 1999
- ☐ b. Don't know

47. How many total dollars did this home spend on advertising (e.g., newspaper) to solicit applicants for open direct support positions during June 1999? (Note the total number for this home).

- \$ ☐ a. spent on advertising in June 1999
- ☐ b. N/A or don't know

48. About how many applicants did you have the last time you advertised a DSS opening?

- ☐ a. # of applicants
- ☐ b. Don't know

49. How many direct support staff positions (including both part-time and full-time) in this home are currently funded but unfilled?

- ☐ a. # of DSS positions unfilled
- ☐ b. # of full-time equivalents (1 FTE = 40 hrs) unfilled

50. During June 1999, did this home use staff from a temporary agency/organization to fill vacant direct support staff shifts? (mark one)

- ☐ 0. No
- ☐ 1. Yes

50a. If yes, how many hours of temporary service direct support staff did this home purchase during June 1999? (note one number)

☐ # hours of temp home services

50b. What does this home pay per hour for temporary home services for direct support positions (on average)?

\$ ☐ Average hourly cost for temporary home services during June 1999

51. How many hours were scheduled to be worked by DSS in this home in the last 7 days?

☐ Number of hours scheduled in last 7 days

52. How many scheduled direct support hours at this home during the last 7 days were not filled at all because the scheduled DSS did not show up for work, or because the position was vacant?

- ☐ a. # of hours unfilled due to an absent DSS
- ☐ b. # of hours unfilled due to a vacant DSS position

53. How many different DSS worked one or more shifts at this home in June 1999 (include on-call and temporary staff for this question)?

☐ Number of different DSS working one or more shift (including on-call and temporary DSS)

54. For the last three direct support staff you hired, how many weeks was the position vacant before the replacement person actually started working? (write 0 only if the new person started within 3 days after the old person left)

- ☐ a. # weeks - person 1
- ☐ b. # weeks - person 2
- ☐ c. # weeks - person 3

55. How many front line supervisor positions are currently funded but unfilled?

- ☐ a. # of front line supervisor positions vacant
- ☐ b. # full-time equivalent (1 FTE = 40 hrs) front line supervisors positions vacant

56. For the last 3 front line supervisors this home hired or promoted, how many weeks was the position vacant before the person who took the position actually started working? (write 0 only if the new person started within 3 days after the old person left)

- ___ a. # weeks - person 1
- ___ b. # weeks - person 2
- ___ c. # weeks - person 3

57. Which of the following are major problems for this home? (mark all that apply)

- ___ a. finding qualified direct support staff
- ___ b. direct support staff turnover
- ___ c. staff training and development
- ___ d. staff motivation

I. Training Practices

58. Describe the training you provide for direct support staff in each of the following categories (how soon after hire (number of weeks), total number of hours in first year , when are refreshers or advanced training is offered)

Topic		Number of weeks after hire first offered (1)	Total hours per year provided for DSS (2)	Refresher or advanced training offered after how many months (on average) (3)
A	Respecting people with disabilities			
B	Rights of people with disabilities			
C	Consumer Safety (e.g., safe environments)			
D	Health			
E	Medication Administration			
F	Assessing medical conditions			
G	CPR			
H	First Aid			
I	Blood-borne pathogens			
J	Empowerment and self-determination			
K	Communication (with staff, consumers and family members)			
L	Teamwork			
M	Formal and informal assessment of needs, desires and interests of participants			
N	Community services and networking (accessing formal and informal community supports; facilitating friendships)			
O	Facilitation of services (person centered plan development and implementation; program planning and implementation)			
P	Community living skills and support (Daily living skills, self-care)			
Q	Education, training and self development for DSS (self-improvement for staff)			
R	Advocating for people with disabilities			
S	Vocational, educational and career support for consumers			
T	Crisis intervention and positive behavioral supports			
U	Organizational participation (quality assurance, budgets, committees)			
V	Documentation			
W	Agency policy and procedure			
X	Other			

59. How many of the direct support staff in this home have demonstrated competence in administering medications?

_____ Number of DSS competent at passing medications

60. How many hours of training are **required** prior to administering medications in this home?

_____ Number of hours of training required to pass medications

61. Do you provide tuition support for DSS?

___ 0. no
___ 1. yes

61a. If yes, what is the average annual value of the tuition support given to participating DSS? (mark one)

___ 1. Less than \$250
___ 2. Between \$250 and \$500
___ 3. Between \$501 and \$750
___ 4. Between \$751 and \$1000
___ 5. More than \$1000

62. How do you measure competence prior to allowing a direct support worker to pass medications?

63. Describe the strategies you use to promote career development for direct support staff at this home.

J. Relationships with the County and the State of Minnesota

64. How would you rate the overall quality of case management services offered to consumers at your home? (mark only one)

___ 1. Poor
___ 2. Fair
___ 3. Good
___ 4. Excellent

65. How would you rate the overall quality of the interactions between this home and the county staff (e.g., case managers, licensers)? (mark only one)

___ 1. Poor
___ 2. Fair
___ 3. Good
___ 4. Excellent

66. Overall how would you rate the county licensing process for HCBS Waiver funded family or corporate foster care services? (mark only one)

___ 1. Poor
___ 2. Fair
___ 3. Good
___ 4. Excellent
___ 5. N/A this is not a family or corporate foster care setting
___ 6. Don't know

67. Overall, how would you rate the state licensing process for HCBS Waiver funded services? (mark only one)

___ 1. Poor
___ 2. Fair
___ 3. Good
___ 4. Excellent
___ 5. Don't know/no opinion

68. How would you rate the state licensing process for HCBS Waiver funded services in terms of the relevance of the standards used to assess services by this home? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

69. How would you rate the state licensing process for HCBS Waiver funded services in terms of the helpfulness of licensing reviews to improving the quality of services and supports offered by this home? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

70. How would you rate the state licensing process for HCBS Waiver funded services in terms of clearly detailing the expectations this home must meet? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

71. How would you rate the state licensing process for HCBS Waiver funded services in terms of measuring quality according to the outcomes desired by consumers with MR/DD in this home? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

72. How would you rate the state licensing process for HCBS Waiver funded services in terms of providing technical assistance to this home to improve quality? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

73. How would you rate the state licensing process for HCBS Waiver funded services in terms of identifying health and safety problems that exist in this home? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

74. How would you rate the state licensing process for HCBS Waiver funded services in using reviewers who understand the types of services provided by this home? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

75. When you experience conflict between this home and a county agency/organization, how satisfied are you with the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

76. When you experience a conflict between this home and a state agency/organization, how satisfactory are the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

77. When you or your staff identify a creative way to provide higher quality or otherwise superior services or supports, how supportive are the following groups? (Circle one number for each group)

P = Poor, F = Fair, G = Good, E = Excellent

	P	F	G	E
a. This agency/organization	1	2	3	4
b. Parents/guardians	1	2	3	4
c. County case manager	1	2	3	4
d. Other county staff	1	2	3	4
e. State agency staff	1	2	3	4

K. Service Quality

78. How would you rate this agency/organization's general maintenance and upkeep for the equipment and physical plant at this home? (mark only one)

☐ 1. Poor
☐ 2. Fair
☐ 3. Good
☐ 4. Excellent

81. What, if anything, does this home need to do to improve the quality of services provided to people with MR/DD?

a. _____

b. _____

82. What does this home do exceptionally well to provide high quality services and support to people with MR/DD?

a. _____

b. _____

c. _____

79. If you were a parent or guardian of a person with MR/DD in this home how would you rate the overall quality of the services and supports at this home? (mark only one)

☐ 1. Poor
☐ 2. Fair
☐ 3. Good
☐ 4. Excellent

80. How often does this agency/organization conduct consumer/ family satisfaction surveys? (mark only one)

☐ 1. Never
☐ 2. Less than once per 5 years
☐ 3. Once every 2 –4 years
☐ 4. Once a year or more
☐ 5. Don't know

L. Vocational Supports –Section omitted

M. Financial Information – Section Omitted

N. General Opinions about the Medicaid HCBS Waiver Program

94. In your opinion, what is the best thing about Minnesota’s Home and Community Based Waiver Program for persons with MR/DD?

95. What are the biggest barriers this home faces in providing high quality supports and services to people receiving funding through Minnesota’s Home and Community Based Waiver Program for persons with MR/DD?

96. In your opinion, what should be changed about Minnesota’s Home and Community Based Waiver Program for persons with MR/DD?

- a. _____

- b. _____

97. Please describe the best experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was the person’s life made better, and why is this the best experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

98. Please describe the worst experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was a person's life made worse, and why is this the worst experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

99. Can we contact you for more detailed information about these situations? ____ Yes ____ No

If you have questions, you can contact Sherri Larson at (612) 624-6024. When you have completed the survey, please return it to the following address at the University of Minnesota in the envelope provided.

John Sauer, Institute on Community Integration
204 Pattee Hall, 150 Pillsbury Dr. SE
Minneapolis MN 55455-0223

MN Waiver Evaluation Direct Support Staff Survey

Date: _____ Facility Name: _____
Staff ID: _____ Facility Address: _____
Name: _____
County: _____ Supervisor Name: _____

Instructions: Please answer each question as accurately as possible. Your answers to these questions will be kept confidential and will not affect your status as an employee at this agency. When you have completed this survey please return it in the envelope provided. If you have questions, contact John Sauer (612) 626-0535.

A. Background information

1. Gender (mark one)

_____ 0. male
_____ 1. female

2. When were you born?

_____ month _____ year

3. How would you describe your ethnic background? (mark one)

_____ 1. White
_____ 2. Black
_____ 3. Hispanic
_____ 4. Black and Hispanic
_____ 5. Asian, Pacific Islander
_____ 6. American Indian, Alaskan Native
_____ 7. other _____

4. How many years of paid employment experience do you have working with people with developmental disabilities?

_____ years _____ months

5. When did you start working in your current position?

_____ month _____ year

6. How long have you worked for this agency in total?

_____ years _____ months

7. How many different positions have you had at this agency since you were hired? (If you are still in the same position you were first hired for write 1)

_____ number of different positions

8. How many years of school have you finished? (circle one)

10 11 12 (HS/GED)
13 14 (AA or 2 year degree)
15 16 (Four year degree)
17 18 (Master's degree)
19 20 21 (Doctoral degree)

9. Are you currently enrolled in vocational/ technical school or college? (mark one)

_____ 0. no
_____ 1. yes

- 9a. If yes, do you intend to continue working in your present position when you have completed your education? (mark one)

_____ 0. no
_____ 1. yes

10. Did you take any courses on mental retardation or on working with people who have disabilities in school (e.g., in college or technical school)? (mark one)

_____ 0. no
_____ 1. yes

B. Job Characteristics

11. How many people with MR/DD do you provide supports to?

_____ Number of people with MR/DD

12. How many hours are you scheduled to work per week for this agency?

_____ Hours

13. What is your current salary?

\$_____ per hour

14. How many years do you plan to continue to work in your current position? (make your best estimate if you are not sure).

_____ years

15. Are you eligible to receive tuition benefits from your employer? (mark one)

_____ 0. no
_____ 1. yes

- 15a. If yes, have you received tuition benefits during the last 12 months from this employer? (mark one)

_____ 0. no
_____ 1. yes

- 15b. If you are eligible, but have not received tuition benefits within the last year, which of the following reasons best describes why? (Mark all that apply)

- _____ a. I am not interested in taking any more classes.
_____ b. I do not know how to find and enroll in relevant courses.
_____ c. There is no advantage (salary or promotion wise) to taking more classes.
_____ d. Family or personal needs prevent me from taking courses right now.
_____ e. I can't get off work at the time the courses are offered
_____ f. Other (specify) _____

16. Are you currently eligible for paid time off (PTO) from this agency? (mark one)

_____ 0. No
_____ 1. Yes

17. Are you currently eligible for the this agency benefits package (health, dental, retirement)? (mark one)

_____ 0. No
_____ 1. Yes

18. What types of supports do you personally provide to people with MR/DD at this home/site/unit? (Mark all that apply)

- _____ a. Corporate foster care (SLS)
_____ b. Semi-Independent Living Services
_____ c. In-home family/individual supports (e.g., parental home, PCA's)
_____ d. Homemaker/chore services
_____ e. Respite care out-of-home
_____ f. Crisis supports
_____ g. Center-based work program (e.g., DTH)
_____ h. Center based non-work day program
_____ i. Supported or competitive employment
_____ j. Transportation
_____ k. Consumer training and education
_____ l. Consumer-directed community supports

C. Service Quality

19. When you or your coworkers identify a creative way to provide high quality services or supports to people with disabilities, how much support do you get from the following groups to implement the idea? (Circle one number for each item)

P = Poor, F = Fair, G = Good, E = Excellent
P F G E

- | | | | | |
|----------------------------|---|---|---|---|
| a. My direct supervisor | 1 | 2 | 3 | 4 |
| b. Managers/Administrators | 1 | 2 | 3 | 4 |
| c. Parents/guardians | 1 | 2 | 3 | 4 |
| d. County case manager | 1 | 2 | 3 | 4 |

20. How would you rate this agency/organization's general maintenance and upkeep for the equipment and physical plant at this site? (mark only one)

_____ 1. Poor
_____ 2. Fair
_____ 3. Good
_____ 4. Excellent

21. If you were a parent or guardian of a person with MR/DD receiving supports from this home/site/unit how would you rate the overall quality of those services and supports? (mark only one)

- ☐ 1. Poor
☐ 2. Fair
☐ 3. Good
☐ 4. Excellent

22. How often does your agency/organization conduct consumer/ family satisfaction surveys? (mark only one)

- ☐ 1. Never
☐ 2. Less than once per 5 years
☐ 3. Once every 2 -4 years
☐ 4. Once a year or more
☐ 5. Don't know

23. How often does this agency/organization survey staff members about their satisfaction and recommendations for change? (mark one)

- ☐ 1. Never
☐ 2. Less than once per 5 years
☐ 3. Once every 2 -4 years
☐ 4. Once a year or more
☐ 5. Don't know

24. How serious of a problem is consumer to consumer violence or abuse supported by this home/site/unit? (mark one)

- ☐ 0. Not a problem
☐ 1. A mild problem
☐ 2. A moderate problem
☐ 3. A severe problem

25. Are you afraid you will loose your job if someone files a Vulnerable Adult/Child report against you whether or not the report is true or substantiated? (mark one)

- ☐ 0. No
☐ 1. Yes

26. In your opinion, how fair is the process your agency uses for evaluating alleged abuse, neglect or staff misconduct? (mark one)

- ☐ 1. Definitely not fair
☐ 2. Mostly unfair
☐ 3. Mostly fair
☐ 4. Definitely fair
☐ 5. Don't know

27. Do you know who you are supposed to report suspected abuse or neglect to? (mark one)

- ☐ 0. No
☐ 1. Yes

28. Have you ever observed another staff person doing something you thought could be abuse or neglect of a person with MR/DD? (mark one)

- ☐ 0. No
☐ 1. Yes

28a. If Yes, were you discouraged or prevented from reporting the incident? (mark one)

- ☐ 0. No
☐ 1. Yes - by my coworkers
☐ 2. Yes - by a supervisor or other manager or administrator

29. For the last abuse or neglect report you filed, did you receive any feedback on what was done in response to the report?

- ☐ 0. No
☐ 1. Yes
☐ 2. N/A - I have never submitted a report

30. Have you ever been discouraged from or prevented from filing a report about the following other issues? (Circle one response for each item)

	1	0	2
NA = have not observed this at this home/site/unit			
A. Client to client violence	Yes	No	NA
E. Client to client sexual acting out	Yes	No	NA
B. An injury to someone you support	Yes	No	NA
C. An injury to you at work	Yes	No	NA
D. A medication error	Yes	No	NA
F. Theft of client belongings	Yes	No	NA
G. Theft of agency belongings	Yes	No	NA
H. Other staff misconduct	Yes	No	NA

The mission of Minnesota's community support services is to design, implement and evaluate community support services that help people live as valued, contributing and self-determined members of their community.

Several potential barriers to achieving the above mission have been identified. To what extent do you agree that these are barriers to providing high quality supports to people with MR/DD served by this home/site/unit?

1 = Strongly Disagree 7 = Strongly Agree

Potential Barrier	Level of agreement						
	SD						SA
31. Systemic and Regulator Barriers							
a. Rules and regulations prevent creativity, risk taking and choice making.	1	2	3	4	5	6	7
b. Direct support workers who know individuals best are have no input into licensing and other quality assurance reviews.	1	2	3	4	5	6	7
32. Agency Barriers							
a. Supervisors are spread too thin and have too many programs for which they are responsible. Thus very little support is available to direct support staff.	1	2	3	4	5	6	7
b. Vocational support agencies do not have enough work or do not support people in desired jobs.	1	2	3	4	5	6	7
c. There is so much paperwork required that staff have limited time to be out connecting people to their communities.	1	2	3	4	5	6	7
d. Agencies do not support choice making or risk taking and creativity because they fear retaliation and liability if something goes wrong.	1	2	3	4	5	6	7
e. Creativity is not rewarded or valued by agencies.	1	2	3	4	5	6	7
f. Programs and supports are developed by people who know the individual least (e.g., nurses, dieticians, designated coordinators) without involving direct support personnel.	1	2	3	4	5	6	7
g. The agency is growing so fast that it cannot attend to the needs (e.g., staff, training, support) of existing programs.	1	2	3	4	5	6	7
h. Agency or licensing rules limit choices for consumers (e.g., agencies requiring a supervisor to pre-approve all "community outings")	1	2	3	4	5	6	7
i. Reactionary policy-making is used (e.g., one person makes a mistake and a new policy is put into place for everyone).	1	2	3	4	5	6	7
33. Resource Barriers							
a. People with MR/DD have extremely limited income which reduces opportunities to participate in many preferred community events or activities.	1	2	3	4	5	6	7
b. Direct support staff are not reimbursed for costs associated with participating in community events or activities with individuals to whom they provide supports.	1	2	3	4	5	6	7
c. There is not enough program money to support new individual treatment or support program plans, or to make modification to existing plans.	1	2	3	4	5	6	7
d. Transportation is not available for community events and activities.	1	2	3	4	5	6	7
e. Too few staff members are scheduled to provide needed supports.	1	2	3	4	5	6	7
34. Staffing Barriers							
a. No (or too few) rewards or incentives are provided to exemplary direct support staff.	1	2	3	4	5	6	7
b. Staff training is unavailable or difficult to access, especially on how to support community inclusion.	1	2	3	4	5	6	7
c. There are not enough qualified and interested new direct support staff.	1	2	3	4	5	6	7
d. There are many staff vacancies.	1	2	3	4	5	6	7
e. Turnover is high for direct support staff and for supervisors.	1	2	3	4	5	6	7
f. Staff are unhappy, disgruntled or burned-out.	1	2	3	4	5	6	7
g. Direct support staff do not earn livable wages and some live below the poverty line.	1	2	3	4	5	6	7
h. Lack of full-time positions and benefits make it difficult to recruit and keep staff.	1	2	3	4	5	6	7

Potential Barrier	Level of agreement						
	SD						SA
i. Direct support personnel do not take initiative to try new things.	1	2	3	4	5	6	7
j. Staff do not know how to work as team players leading to unresolved conflicts.	1	2	3	4	5	6	7
k. Staff try to control consumers and situations.	1	2	3	4	5	6	7
l. Staff refuse to honor the requests of consumers (e.g., going out to eat, attending a certain church) because they are afraid, ashamed, embarrassed, unmotivated, do not have the necessary skills or prefer not to.	1	2	3	4	5	6	7
35. Training							
a. Direct support staff do not understand their basic job duties but are asked to work alone and make decisions without direction and support from others.	1	2	3	4	5	6	7
b. The orientation provided to staff is ineffective in teaching people how to do their job.	1	2	3	4	5	6	7
c. Supervisors are not trained to be supervisors (e.g., communication, coaching) nor do they have prior experience.	1	2	3	4	5	6	7
d. Staff members do not know about available community resources.	1	2	3	4	5	6	7
36. Community Barriers							
a. People with MR/DD are not valued and accepted by our communities.	1	2	3	4	5	6	7
b. Media reports focus on negative situations and issues regarding community supports.	1	2	3	4	5	6	7
c. Needed support services are unavailable (e.g., psychiatric, dental, health).	1	2	3	4	5	6	7
d. Community resources are not physically accessible (e.g., curb cuts, ramps).	1	2	3	4	5	6	7
e. Community members are not connected with consumers because of their fear, ignorance or lack of opportunity.	1	2	3	4	5	6	7
37. Family or Team Barriers							
a. Legal guardians or conservators place unnecessary restrictions on choices made by consumers.	1	2	3	4	5	6	7
b. There is a lack of trust between family members and provider agencies.	1	2	3	4	5	6	7
c. Vocational and residential providers approach providing supports inconsistently.	1	2	3	4	5	6	7
d. Parent or guardian wishes often conflict with those of the individual with MR/DD.	1	2	3	4	5	6	7
38. Individual Consumer Barriers							
a. It is difficult to figure out what activities or events are of interest to some consumers, especially consumers who do not communicate verbally.	1	2	3	4	5	6	7
b. Some individuals have significant challenging behavior and pose a real risk to community members.	1	2	3	4	5	6	7
c. Differences in consumer support needs make it difficult to honor everyone's requests and desires.	1	2	3	4	5	6	7
d. If one person is having a bad day, no one else gets to go anywhere due to limited staff availability.	2	3	4	5	6	7	

D. Job Outcomes

39. Have your job responsibilities and working conditions have turned out to be what you expected when you took this job? (mark one)

- ☐ 1. definitely yes
☐ 2. somewhat yes
☐ 3. neither yes or no
☐ 4. somewhat no
☐ 5. definitely no

40. Overall, does this job meet your original expectations? (mark one)

- ☐ 1. definitely yes
☐ 2. somewhat yes
☐ 3. neither yes or no
☐ 4. somewhat no
☐ 5. definitely no

E. Training Experiences

41. Please answer the following questions about the training you have received for your direct support position and the skills you have. Use the definitions below to rate your knowledge and skill:

- 1 = Introductory: I have little or no knowledge about this topic.
2 = Practice: I have some knowledge about this topic. The strategies I use may not be the most effective but they do not harm the people I support.
3 = Proficient: I have good knowledge about this topic. I usually use skills effectively with participants at this site but may not know how or be able to use them with participants at other sites or in other situations.
4 = Advanced: I have superior knowledge of this topic. I always or almost always use this skill effectively with participants at this site and I could use this skill effectively with other participants at other sites or in other situations.

N/A = Not Applicable: I do not have opportunities or a need to use skills of this type in my job.

Topic		Have you received any training on this topic from this company?		How much knowledge and skill do you have about this topic?					
A	Respecting people with disabilities	Yes	No	1	2	3	4	N/A	
B	Respecting and protecting the rights of people with disabilities	Yes	No	1	2	3	4	N/A	
C	Consumer safety (e.g., safe environments)	Yes	No	1	2	3	4	N/A	
D	Health	Yes	No	1	2	3	4	N/A	
E	Medication administration	Yes	No	1	2	3	4	N/A	
F	Assessing medical conditions	Yes	No	1	2	3	4	N/A	
G	CPR	Yes	No	1	2	3	4	N/A	
H	First aid	Yes	No	1	2	3	4	N/A	
I	Blood-borne pathogens	Yes	No	1	2	3	4	N/A	
J	Empowerment and self-determination	Yes	No	1	2	3	4	N/A	
K	Communication (with staff, consumers and family members)	Yes	No	1	2	3	4	N/A	
L	Teamwork	Yes	No	1	2	3	4	N/A	
M	Formal and informal assessment of needs, desires and interests of participants	Yes	No	1	2	3	4	N/A	
N	Community services and networking (using formal and informal community supports; facilitating friendships)	Yes	No	1	2	3	4	N/A	
O	Facilitation of services (person centered plan development and implementation; program planning and implementation)	Yes	No	1	2	3	4	N/A	
P	Community living skills and support (e.g., daily living skills)	Yes	No	1	2	3	4	N/A	
Q	Education, training and self development for DSS (self-improvement for staff)	Yes	No	1	2	3	4	N/A	
R	Advocating for people with disabilities	Yes	No	1	2	3	4	N/A	
S	Vocational, educational and career support for consumers	Yes	No	1	2	3	4	N/A	
T	Crisis intervention and positive behavioral supports	Yes	No	1	2	3	4	N/A	
U	Organizational participation (quality assurance, budgets, committees)	Yes	No	1	2	3	4	N/A	
V	Documentation	Yes	No	1	2	3	4	N/A	
W	Agency policy and procedures	Yes	No	1	2	3	4	N/A	
X	Abuse and neglect (Vulnerable Adults/Maltreatment of Minors)	Yes	No	1	2	3	4	N/A	

Please answer these questions about the training you have received from this agency. Circle the number that most accurately reflects your opinion.

	1 = Strongly Disagree	2 = Disagree	3 = Undecided	4 = Agree	5 = Strongly Agree
Training and Orientation Characteristics	SD				SA
42. The orientation and training I have received so far has:					
a. Prepared me to complete most of my specific job responsibilities.	1	2	3	4	5
b. Assisted me to develop my interaction skills with the people I support.	1	2	3	4	5
c. Helped me to improve quality of life for the people I support.	1	2	3	4	5
d. Missed important information I need to perform my job.	1	2	3	4	5
e. Been worthwhile.	1	2	3	4	5
f. Not sparked my interest.	1	2	3	4	5
<u>Recommendations and Overall Ratings</u>					
43. I would recommend the training I have received to new employees of this agency.	1	2	3	4	5
44. This agency should develop a new training program.	1	2	3	4	5
45. This agency should improve its current training program.	1	2	3	4	5
46. Overall, this organization's orientation and training program for direct support staff is excellent.	1	2	3	4	5

F. Employment Experiences

Please rate your employment experience at this agency in relation to the following matters. For each item, circle the number under the word that most closely describes your overall opinion of each item.

	1 = Poor	2 = Fair	3 = Good	4 = Excellent	0 = No opinion/Not Applicable
Employment Experience	P	F	G	E	NO/NA
<u>Orientation and Training</u>					
47. Availability of a clear job description for your position.	1	2	3	4	5
48. Communication of expectations about your job performance	1	2	3	4	5
49. Completeness and timeliness of orientation about this agency and about your workplace.	1	2	3	4	5
50. Sufficient training materials and training opportunities to enable you to perform your job.	1	2	3	4	5
<u>Supervision</u>					
51. Availability of a supervisor to answer your questions and to assist you to carry out your duties.	1	2	3	4	5
52. Feedback and evaluation regarding your performance.	1	2	3	4	5
53. Recognition by your supervisor for your accomplishments.	1	2	3	4	5
54. Fairness in supervision and employment opportunities.	1	2	3	4	5
<u>Compensation and Benefits</u>					
55. Your rate of pay for your work.	1	2	3	4	5
56. Paid time off you receive - (e.g., PTO, sick, vacation, holiday).	1	2	3	4	5
57. Policy regarding eligibility for paid time off.	1	2	3	4	5
58. Benefits you receive - (e.g., Health and dental insurance, retirement).	1	2	3	4	5
59. Policy regarding eligibility for benefits.	1	2	3	4	5
<u>Other Aspects of Your Experience</u>					
60. Opportunities to share your ideas about improving the service being provided.	1	2	3	4	5
61. Your schedule/ flexibility.	1	2	3	4	5

Employment Experience	P	F	G	E	NO/NA
62. Access to internal job postings.	1	2	3	4	5
63. Opportunities for ongoing development.	1	2	3	4	5
64. Degree to which your skills are used.	1	2	3	4	5
65. Morale in your office or program	1	2	3	4	5
66. Relationship with your co-workers.	1	2	3	4	5
67. Relationship with your supervisors manager.	1	2	3	4	5
68. Attitude of your customers toward this agency.	1	2	3	4	5
<u>Level of Support Provided</u>					
69. Support provided by your supervisor.	1	2	3	4	5
70. Support provided by the administration/management.	1	2	3	4	5
71. Support provided by families of the people you work with.	1	2	3	4	5
72. Support provided by case managers.	1	2	3	4	5

73. Please describe the best experience you had while providing services to persons with MR/DD that were funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was a person's life made better, and why is this the best experience you have had)?

a. Situation:

b. What happened:

c. Outcome:

74. Please describe the worst experience you have had while providing services to persons with MR/DD that were funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was a person's life made worse, and why is this the worst experience you have had)?

a. Situation:

b. What happened:

c. Outcome:

When you have completed the survey, please return it in the envelope provided. Send the survey to John Sauer, ICI @ U of MN, 204 Pattee Hall, 150 Pillsbury Dr. SE. Minneapolis MN 55455-0223. Thank You.

Minnesota Waiver Evaluation - Site Survey (Vocational)

Name: _____	Site Name: _____
Phone: _____	Street Address: _____
Fax: _____	_____
Email: _____	City/State/Zip _____
Agency Name: _____	Date: _____

A. Respondent Characteristics

- | | |
|--|---|
| <p>1. Which of the following categories best describes your role in this home/site? (mark one)</p> <p>___ 1. Direct support worker (At least 50% of your time is spent in direct care)</p> <p>___ 2. Front line supervisor (May do direct care but primary role is to supervise direct support workers)</p> <p>___ 3. Other supervisor/manager (Supervise front line supervisors or other staff)</p> <p>___ 4. Administrator (Provide overall direction and oversight for all workers)</p> <p>___ 5. Trainer (Primary role is to provide training to other agency staff)</p> <p>___ 6. Degreed professional (psychologist, behavior analyst, social worker, nurse)</p> <p>___ 7. Other (specify) _____</p> | <p>2. What is your gender? (mark one)</p> <p>___ 0. male</p> <p>___ 1. female</p> <p>3. Please check each task that is part of your job (mark all that apply)</p> <p>___ a. Advertising job openings</p> <p>___ b. Responding to inquiries about openings</p> <p>___ c. Screening applications</p> <p>___ d. Interviewing applicants</p> <p>___ e. Hiring new employees</p> <p>___ f. Agency orientation</p> <p>___ g. House orientation</p> <p>___ h. Ongoing training</p> <p>___ i. Performance evaluation</p> <p>___ j. Firing employees</p> <p>___ k. Other (specify) _____</p> |
|--|---|

B. Agency/Organization Characteristics

For this section please report information for this entire agency/organization. If this agency/organization provides support to more than one state please include information only for Minnesota.

- | | |
|--|---|
| <p>4. Which of the following best describes this <u>agency/organization</u>? (mark only one)</p> <p>___ 1. State agency/organization</p> <p>___ 2. County agency/organization</p> <p>___ 3. Private for profit corporation</p> <p>___ 4. Private non-profit corporation</p> <p>___ 5. Individual or family home owner</p> <p>___ 6. Other (specify): _____</p> | <p>5. Does this <u>agency/organization</u> provide community services in a state other than the one you work? (mark only one)</p> <p>___ 0. no</p> <p>___ 1. yes</p> <p>5a. If yes, how many different states?</p> <p>___ a. # of states</p> <p>___ b. Don't know</p> |
|--|---|

6. How many people in the following groups serve on agency/organization boards or advisory committees? (Note a number for each item)

- ___ a. Total number of people on boards or committees (e.g., human rights, quality enhancement, board of directors)
- ___ b. # of board/committee members who have MR/DD and receive service from this agency/organization

- ___ c. # of board/committee members who have MR/DD but do not receive services from this agency/organization
- ___ d. # of parents or guardians of persons with MR/DD
- ___ e. # of direct support staff members (people who spend 50% or more of their total hours providing direct support to individuals with MR/DD)
- ___ f. Don't know about agency/organization boards or committees

Please answer the remaining questions about the services and supports provided to persons with mental retardation or developmental disabilities at this site (e.g., this home or address).

C. Site Information

7. How many people with mental retardation or developmental disabilities does this site serve?

- ___ Total # of people with MR/DD (these are the consumers you should consider as you answer the rest of this survey)

8. How many people in this site have the following levels of mental retardation? (note a number for each item)

- ___ a. normal (IQ 86+)
- ___ b. borderline (IQ 71-85)
- ___ c. mild (IQ 56-70)
- ___ d. moderate (IQ 41-55)
- ___ e. severe (IQ 26-40)
- ___ f. profound (IQ 25 or less)

9. How many of the people in this site have the following characteristics? (note a number for each item)

- ___ a. have a specific planned intervention for challenging behavior (e.g., aggression or self-injurious behavior)
- ___ b. have a formal diagnosis of mental illness
- ___ c. walk without assistance
- ___ d. eat without assistance
- ___ e. dress without assistance
- ___ f. communicate by talking
- ___ g. have less than 1 toileting accident per month
- ___ h. take medications administered by this site

10. How many new consumers began receiving supports from this site in the last 12 months?

- ___ # of new consumers served

11. What year did this site begin providing community services to persons with MRDD?

19___

12. How many people with MR/DD left this site for the following reasons during the last 12 months? (note a number for each item)

- ___ a. Chose a different agency/organization for the same type of service.
- ___ b. Chose a different agency/organization for a different service (e.g., moved from Waiver funded residential services to an ICF-MR program)
- ___ c. Moved to a different site within the same agency/organization
- ___ d. Left the state or service area
- ___ e. Death
- ___ f. Other (specify: _____)
- ___ g. Total number who left

13. What types of supports do staff from this site offer to people with MR/DD? (Mark all that apply)

- ☐ a. Intermediate Care Site-Mental Retardation (ICF-MR)
- ☐ b. Corporate foster care (HCBS Waiver funded)
- ☐ c. Family foster care (HCBS Waiver funded)
- ☐ d. Semi-Independent Living Services
- ☐ e. In-home family/individual supports (e.g., parental home, PCA's)
- ☐ f. Homemaker/chore services
- ☐ g. Respite care out-of-home
- ☐ h. Crisis supports
- ☐ i. 24 hour emergency assistance
- ☐ j. Center-based work program
- ☐ k. Center based non-work day program
- ☐ l. Supported or competitive employment
- ☐ m. Therapeutic (counseling, OTA, etc.)
- ☐ n. Case management (not from the county)
- ☐ o. Modifications to the home or vehicle
- ☐ p. Housing access coordination
- ☐ q. Assistive technology (e.g., augmentative communication device, wheelchairs)
- ☐ r. Transportation
- ☐ s. Caregiver training and education
- ☐ t. Consumer training and education
- ☐ u. Consumer-directed community supports
- ☐ v. Other (specify): _____

D. Transportation

14. Roughly what proportion of the transportation needs of people with MR/DD at this site are met by the following modes of transportation? (Provide a percentage for each item with the total percentage summing to 100%)

- ☐ % a. Site vehicle
- ☐ % b. Staff vehicle
- ☐ % c. Door-to-door public transportation (e.g., Metro Mobility)
- ☐ % d. Door-to-door private transportation (e.g., taxi)
- ☐ % e. Fixed route public transportation (e.g., bus)
- ☐ % f. Other (specify: _____)
- 100% Total

15. If staff at this site provide transportation in agency/organization owned vehicles please provide the following information: (Note a number for each item)

- ☐ a. # of different vehicles designated for use by this site
- ☐ b. Total passenger capacity of all vehicles designated for use by this site
- ☐ c. Total number of people with MR/DD who depend on agency/organization vehicles for transportation
- ☐ d. Not applicable

16. Which of the following factors restrict community activities requested by consumers of this site. (Mark all that apply)

- ☐ a. Lack of transportation
- ☐ b. Not enough staff scheduled
- ☐ c. Position vacancies
- ☐ d. Staff schedules (e.g., breaks)
- ☐ e. Lack of program money to pay for activities
- ☐ f. Lack of personal money
- ☐ g. Behavioral needs
- ☐ h. Medical needs
- ☐ i. Lack of interest of consumers
- ☐ j. Other (specify: _____)

E. Health and Safety

17. How many injuries requiring professional medical treatment occurred to people with MR/DD while under the care of this site during the last 12 months?

- ☐ a. Total number of serious injuries in the last 12 months
- ☐ b. Number of serious injuries caused by another person with MR/DD
- ☐ c. Number of serious injuries caused by program staff
- ☐ d. Number of serious injuries caused by self-abusive behavior
- ☐ e. Number of serious injuries with other causes (accidents, medical problems, site maintenance problems, etc.)

18. How many individuals in this site receive psychotropic medications (e.g., Mellaril, Haldol, Lithium, Prozac, Buspar)?

☐ # of people receiving psychotropic medications

19. How serious of a problem is consumer to consumer violence or abuse in this site?

- ☐ 0. Not a problem
- ☐ 1. A mild problem
- ☐ 2. A moderate problem
- ☐ 3. A severe problem

20. How many times did you use each of the following crisis intervention strategies during the last 12 months. (Note a number for each item)

- ☐ a. Consultation from a crisis team.
- ☐ b. On-site intervention by crisis team members.
- ☐ c. Person sent to off-site crisis program or service.
- ☐ d. Police called to assist with behavioral crisis.
- ☐ e. Ambulance or police transport to hospital psychiatric ward.
- ☐ f. Overnight stay in a hospital psychiatric ward
- ☐ g. Suspension or demission from the program
- ☐ h. Temporary placement in an RTC

21. How many different people experienced the following Rule 40 controlled interventions in this site during June 1999? (Provide a number for each item)

- ☐ a. Planned use of physical (manual) restraint
- ☐ b. Emergency use of physical (manual) restraint
- ☐ c. Planned use of other Rule 40 controlled procedure
- ☐ d. Emergency use of other Rule 40 controlled procedure

22. For each person who experienced one or more of these controlled procedures, how many times was the procedure used during June 1999? (Copy the table and attach to the survey if more than 20 people in this site experienced one or more of these interventions during June 1999).

Person	Planned Physical Restraint	Emergency Physical Restraint	Planned other Rule 40	Emergency other Rule 40
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
Total				

23. Please describe the process this agency/organization uses to determine when and if a vulnerable adult report will be submitted. If you have written agency/organization policy for this, please enclose a copy.

24. Please describe the process this agency/organization uses to determine when and if a behavioral incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

25. Please describe the process this agency/organization uses to determine when and if a medical incident report will be completed. If you have written agency/organization policy for this, please enclose a copy.

26. Please complete the following chart for all deaths among persons with MR/DD in this site during the last five years (or from the date this site began supporting people with MR/DD. Note this date _____)
N = Natural causes of death (e.g., disease or degenerative process). ML = Medical Legal (e.g., suicide, homicide, accidents). Level of Mental Retardation (Mild, Moderate, Severe, Profound, DD - no MR)

Person	Year of Death	Age at death	Level of MR	Type of Death (circle one)	Cause of death according to death certificate
1				N ML	
2				N ML	
3				N ML	
4				N ML	
5				N ML	
6				N ML	
7				N ML	
8				N ML	
9				N ML	
10				N ML	

27. How many people with MR/DD were victims of the following crimes (reported to a law enforcement agency) during the last 12 months which occurred while the person was under the care of this site? (Provide a number for each)

- ___ a. Forcible Rape (rape and attempts to commit forcible rape)
- ___ b. Criminal sexual assault
- ___ c. Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)
- ___ d. Simple assault (including assault by another person with MR/DD or staff member in the program)
- ___ e. Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)
- ___ f. Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)
- ___ g. Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession or constructive possession of another person, except for motor vehicles)
- ___ h. Arson
- ___ i. Other (specify _____)

28. How many people with MR/DD committed or engaged in (whether charged or not; and whether legally liable or not) each of the following crimes during the last 12 months while the person was under the care of this site? (Provide a number for each item)

- ___ a. Forcible Rape (rape and attempts to commit forcible rape)
- ___ b. Criminal sexual conduct other than rape
- ___ c. Aggravated assault (an unlawful attack on a victim using a firearm, knife or cutting instrument, other dangerous weapon, or hands, feet, fists)
- ___ d. Simple assault (including assault of another person with MR/DD or staff member in the program)
- ___ e. Personal robbery (theft using a firearm, knife, or cutting instrument; or other dangerous weapons; or strong-arm methods to force or threaten a victim)
- ___ f. Household burglary (forcible entry, unlawful non-forcible entry, and attempted forcible entry of a structure to commit a felony or theft)
- ___ g. Larceny Theft (unlawful taking, carrying, leading or riding away of property from the possession of another person, except for motor vehicles)
- ___ h. Arson
- ___ i. Other (specify _____)

F. Staffing Patterns

Definitions:

Direct Support Staff (DSS) - people whose primary job responsibility is to provide support, training, supervision, and personal assistance to people supported by this site. At least 50% of a DSS's hours are spent in direct support tasks. DSS's may do some supervisory tasks, but their primary job responsibility and more than 50% of their hours are spent doing direct support work. Do not include staff whose position is only "on-call."

Front Line Supervisors (FLS) - people whose primary responsibility is the supervision of direct support staff. While these individuals may perform direct support tasks, they spend less than 50% of their hours in direct support roles.

29. How many staff members does this site employ altogether? (not including "on-call" staff) (provide a number for each group)
- ☐ a. # of direct support staff
 - ☐ b. # of front line supervisors
 - ☐ c. # of support staff (clerical, maintenance, cooks, etc.)
 - ☐ d. # of professional staff (e.g., RN, Behavior Analyst, Psychologist, speech)
 - ☐ e. # of managers and administrators
 - ☐ f. # of other staff members
30. How many direct service staff in this site have the following characteristics?
- ☐ a. # of women
 - ☐ b. # whose primary language is something other than English
 - ☐ c. # who immigrated or migrated from another country
31. How many hours per week must DSS work to be considered full-time?
- ☐ # of hours per week for full-time status
32. How many DDS are considered to be full-time?
- ☐ # of DSS considered full-time (do not include on-call or temporary DSS)
33. Using your agency/organization's definition for full and part time, how many part-time, on-call and temporary direct service staff are employed by this site? (provide a number for each group)
- ☐ a. # of **part-time** DSS employees
 - ☐ b. # of **on-call** DSS employees hired and paid by your agency/organization
 - ☐ c. # of **temporary agency employees** (do not include on-call or temporary employees in the remaining questions)
34. How many direct support staff members in this site are in each of the following racial/ethnic groups? (provide a number for each group)
- ☐ a. Asian/Pacific Islander
 - ☐ b. Black Non-hispanic
 - ☐ c. Black Hispanic
 - ☐ d. Native Indian/Alaskan Native
 - ☐ e. White Non-hispanic
 - ☐ f. White Hispanic
 - ☐ g. Other (specify _____)
 - ☐ h. Unknown
35. How many of this current DSS employees have been employed at this site for each of the following intervals? (Provide a number for each item. Do not include temporary or on-call employees)
- ☐ a. # 0 to 6 months
 - ☐ b. # 7 to 12 months
 - ☐ c. # 13 to 24 months
 - ☐ d. # 25 to 48 months
 - ☐ e. # 49 or more months
36. Which of the following describes the average reading level of the last 5 DSS hired by this site? (mark one)
- ☐ a. 4th grade level
 - ☐ b. 8th grade level
 - ☐ c. 12th grade level
 - ☐ c. College level or higher
37. Approximately what percentage of DSS have the following levels of education? (Note a percentage for each item summing to 100%)
- ☐ % a. less than GED/High School
 - ☐ % b. High school or GED
 - ☐ % c. 2 year degree
 - ☐ % d. 4 year degree
 - 100% Total

38. Of the last 10 DSS you hired, how many had experience in human service work prior to working for this site?
- _____ # with previous human service experience

G. Pay, Paid Leave and Benefits

39. Please indicate the current beginning and average wage for direct support staff in this site.

- a. \$____/hr ave starting wage for awake DSS
b. \$____/hr average wage for all awake DSS
c. \$____/hr highest wage for awake DSS

40. Please indicate the current beginning and average wage for first line supervisors (people who are directly supervise the work of direct support staff and who spend at least 50% of their hours in supervisory roles) in this site.

- a. \$_____ beginning annual salary
b. \$_____ average annual salary
c. \$_____ highest annual salary

H. Staff Recruitment and Retention

45. Please complete the following chart for DSS with regularly scheduled shifts (not on-call) who **left** this site **and** the agency/organization during the last 12 months (terminations or resignations include people you hired who never showed up for work or who came for one day and then quit). Do not include transfers within the agency.

Direct Support Staff Number	Hire Date	Termination Date	Gender	Was person fired?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

41. How many hours per week must a DSS work to be eligible for paid leave time (e.g., sick, holiday, or personal leave)?

- _____ a. # of hours per week for full-time DSS
_____ b. # hours per week for part-time DSS

42. How many DSS are eligible for paid time-off (e.g., vacation, personal leave, sick time, PTO)?

_____ # of DSS eligible for PTO

43. How many hours per week must DSS work to be eligible for benefits (e.g., health or dental insurance)?

- _____ a. # of hours per week for full-time DSS
_____ b. # hours per week for part-time DSS

44. How many DSS are eligible for benefits (e.g., health or dental insurance)?

_____ # of DSS eligible for benefits (e.g., health or dental insurance)

46. How many DSS hours did this site use during June 1999?

- ☐ a. Total scheduled DSS hours (including shifts that were not filled at all)
- ☐ b. Total paid DSS hours (including overtime)
- ☐ c. Total DSS hours of overtime

46a. How many dollars were spent on hours of overtime worked by DSS's during June 1999?

- ☐ a. \$ spent on DSS overtime in June 1999
- ☐ b. Don't know

47. How many total dollars did this site spend on advertising (e.g., newspaper) to solicit applicants for open direct support positions during June 1999? (Note the total number for this site).

- \$ ☐ a. spent on advertising in June 1999
- ☐ b. N/A or don't know

48. About how many applicants did you have the last time you advertised a DSS opening?

- ☐ a. # of applicants
- ☐ b. Don't know

49. How many direct support staff positions (including both part-time and full-time) in this site are currently funded but unfilled?

- ☐ a. # of DSS positions unfilled
- ☐ b. # of full-time equivalents (1 FTE = 40 hrs) unfilled

50. During June 1999, did this site use staff from a temporary agency/organization to fill vacant direct support staff shifts? (mark one)

- ☐ 0. No
- ☐ 1. Yes

50a. If yes, how many hours of temporary service direct support staff did this site purchase during June 1999? (note one number)

☐ # hours of temp site services

50b. What does this site pay per hour for temporary site services for direct support positions (on average)?

\$ ☐ Average hourly cost for temporary site services during June 1999

51. How many hours were scheduled to be worked by DSS in this site in the last 7 days?

☐ Number of hours scheduled in last 7 days

52. How many scheduled direct support hours at this site during the last 7 days were not filled at all because the scheduled DSS did not show up for work, or because the position was vacant?

- ☐ a. # of hours unfilled due to an absent DSS
- ☐ b. # of hours unfilled due to a vacant DSS position

53. How many different DSS worked one or more shifts at this site in June 1999 (include on-call and temporary staff for this question)?

☐ Number of different DSS working one or more shift (including on-call and temporary DSS)

54. For the last three direct support staff you hired, how many weeks was the position vacant before the replacement person actually started working? (write 0 only if the new person started within 3 days after the old person left)

- ☐ a. # weeks - person 1
- ☐ b. # weeks - person 2
- ☐ c. # weeks - person 3

55. How many front line supervisor positions are currently funded but unfilled?

- ☐ a. # of front line supervisor positions vacant
- ☐ b. # full-time equivalent (1 FTE = 40 hrs) front line supervisors positions vacant

56. For the last 3 front line supervisors this site hired or promoted, how many weeks was the position vacant before the person who took the position actually started working? (write 0 only if the new person started within 3 days after the old person left)

___ a. # weeks - person 1
 ___ b. # weeks - person 2
 ___ c. # weeks - person 3

57. Which of the following are major problems for this site? (mark all that apply)

___ a. finding qualified direct support staff
 ___ b. direct support staff turnover
 ___ c. staff training and development
 ___ d. staff motivation

I. Training Practices

58. Describe the training you provide for direct support staff in each of the following categories (how soon after hire (number of weeks), total number of hours in first year , when are refreshers or advanced training is offered)

Topic		Number of weeks after hire first offered (1)	Total hours per year provided for DSS (2)	Refresher or advanced training offered after how many months (on average) (3)
A	Respecting people with disabilities			
B	Rights of people with disabilities			
C	Consumer Safety (e.g., safe environments)			
D	Health			
E	Medication Administration			
F	Assessing medical conditions			
G	CPR			
H	First Aid			
I	Blood-borne pathogens			
J	Empowerment and self-determination			
K	Communication (with staff, consumers and family members)			
L	Teamwork			
M	Formal and informal assessment of needs, desires and interests of participants			
N	Community services and networking (accessing formal and informal community supports; facilitating friendships)			
O	Facilitation of services (person centered plan development and implementation; program planning and implementation)			
P	Community living skills and support (Daily living skills, self-care)			
Q	Education, training and self development for DSS (self-improvement for staff)			
R	Advocating for people with disabilities			
S	Vocational, educational and career support for consumers			
T	Crisis intervention and positive behavioral supports			
U	Organizational participation (quality assurance, budgets, committees)			
V	Documentation			
W	Agency policy and procedure			
X	Other			

59. How many of the direct support staff in this site have demonstrated competence in administering medications?

____ Number of DSS competent at passing medications

60. How many hours of training are **required** prior to administering medications in this site?

____ Number of hours of training required to pass medications

61. Do you provide tuition support for DSS?

____ 0. no
____ 1. yes

61a. If yes, what is the average annual value of the tuition support given to participating DSS? (mark one)

____ 1. Less than \$250
____ 2. Between \$250 and \$500
____ 3. Between \$501 and \$750
____ 4. Between \$751 and \$1000
____ 5. More than \$1000

62. How do you measure competence prior to allowing a direct support worker to pass medications?

63. Describe the strategies you use to promote career development for direct support staff at this site.

J. Relationships with the County and the State of Minnesota

64. How would you rate the overall quality of case management services offered to consumers at your site? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent

65. How would you rate the overall quality of the interactions between this site and the county staff (e.g., case managers, licensers)? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent

66. Overall how would you rate the county licensing process for HCBS Waiver funded family or corporate foster care services? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent
____ 5. N/A this is not a family or corporate foster care setting
____ 6. Don't know

67. Overall, how would you rate the state licensing process for HCBS Waiver funded services? (mark only one)

____ 1. Poor
____ 2. Fair
____ 3. Good
____ 4. Excellent
____ 5. Don't know/no opinion

68. How would you rate the state licensing process for HCBS Waiver funded services in terms of the relevance of the standards used to assess services by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

69. How would you rate the state licensing process for HCBS Waiver funded services in terms of the helpfulness of licensing reviews to improving the quality of services and supports offered by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

70. How would you rate the state licensing process for HCBS Waiver funded services in terms of clearly detailing the expectations this site must meet? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

71. How would you rate the state licensing process for HCBS Waiver funded services in terms measuring quality according to the outcomes desired by consumers with MR/DD in this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

72. How would you rate the state licensing process for HCBS Waiver funded services in terms of providing technical assistance to this site to improve quality? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

73. How would you rate the state licensing process for HCBS Waiver funded services in terms of identifying health and safety problems that exist in this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

74. How would you rate the state licensing process for HCBS Waiver funded services in using reviewers who understand the types of services provided by this site? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

75. When you experience conflict between this site and a county agency/organization, how satisfied are you with the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

76. When you experience a conflict between this site and a state agency/organization, how satisfactory are the conflict resolution strategies you encounter? (mark only one)

- ☐ 1. Poor
- ☐ 2. Fair
- ☐ 3. Good
- ☐ 4. Excellent
- ☐ 5. Don't know/no opinion

77. When you or your staff identify a creative way to provide higher quality or otherwise superior services or supports, how supportive are the following groups? (Circle one number for each group)

P = Poor, F = Fair, G = Good, E = Excellent

	P	F	G	E
a. This agency/organization	1	2	3	4
b. Parents/guardians	1	2	3	4
c. County case manager	1	2	3	4
d. Other county staff	1	2	3	4
e. State agency staff	1	2	3	4

K. Service Quality

78. How would you rate this agency/organization's general maintenance and upkeep for the equipment and physical plant at this site? (mark only one)

- ☐ 1. Poor
☐ 2. Fair
☐ 3. Good
☐ 4. Excellent

79. If you were a parent or guardian of a person with MR/DD in this site how would you rate the overall quality of the services and supports at this site? (mark only one)

- ☐ 1. Poor
☐ 2. Fair
☐ 3. Good
☐ 4. Excellent

80. How often does this agency/organization conduct consumer/ family satisfaction surveys? (mark only one)

- ☐ 1. Never
☐ 2. Less than once per 5 years
☐ 3. Once every 2–4 years
☐ 4. Once a year or more
☐ 5. Don't know

81. What, if anything, does this site need to do to improve the quality of services provided to people with MR/DD?

- a. _____
- _____
- b. _____
- _____

82. What does this site do exceptionally well to provide high quality services and support to people with MR/DD?

- a. _____
- _____
- b. _____
- _____
- c. _____
- _____

L. Vocational Supports

83. How many of the people with MR/DD in this site earn wages for completing work?

_____ # who earn wages

84. How many people with disabilities in this site work in the following types of settings? (Please report the most independent level each individual is currently engaged in).

- _____ a. Competitive employment (works in the community with persons having no disabilities, in a regular job, for at least minimum wage).
- _____ b. Supported employment (works in the community with persons without disabilities, usually for minimum or below minimum wage with continuous or intermittent support from a job coach)
- _____ c. Enclave or work crew (works in a group with other persons with disabilities in a regular community business with support).
- _____ d. Center based work (workshop or work activity center) (works in a segregated setting with peers with disabilities often for piece rate wages or below minimum wage)
- _____ e. Job training program (Engaged in job training activities that are not paid but are designed to lead to paid work).
- _____ f. No work (attends or receives support from a work or day activity center but has not earned any money during the last month by engaging in piece work or work for wages).

85. In the last month, what is the total dollar amount earned by persons with disabilities supported by this site?

- \$_____ a. Total earnings in last month for all participants.
- _____ b. Number of people for whom wages are known and reported here

86. In the last month, how many total hours did participants in this site work (doing piecework or wage based work)

- _____ a. Total number of hours worked by participants
- _____ b. Number of people who worked one or more hours in the last month.

87. What percent of people with MR/DD supported by your site/unit working in each of the following settings earn at or above the minimum wage? (Provide a percentage between 0 and 100% for each item)

- _____ a. Competitive employment (works in the community with persons having no disabilities, in a regular job, for at least minimum wage).
- _____ b. Supported employment (works in the community with persons without disabilities, usually for minimum or below minimum wage with continuous or intermittent support from a job coach)
- _____ c. Enclave or work crew (works in a group with other persons with disabilities in a regular community business with support).
- _____ d. Center based work (workshop or work activity center) (works in a segregated setting with peers with disabilities often for piece rate wages or below minimum wage)

88. What is the average number of hours people with MR/DD supported by your site/unit in each type of job setting worked per week during the last month? (Do not include hours spent doing activities for which no money was earned by the person)

- ___ a. Average hours in competitive employment (works in the community with persons having no disabilities, in a regular job, for at least minimum wage).
- ___ b. Average hours in supported employment (works in the community with persons without disabilities, usually for minimum or below minimum wage with continuous or intermittent support from a job coach)
- ___ c. Average hours in enclave or work crew (works in a group with other persons with disabilities in a regular community business with support).
- ___ d. Average hours in center based work (workshop or work activity center) (works in a segregated setting with peers with disabilities often for piece rate wages or below minimum wage)

89. How many months have the consumers in each of the following types of settings been continuously employed on average? (Note the average for each type of employment)

- ___ a. Average number of months in competitive employment (works in the community with persons having no disabilities, in a regular job, for at least minimum wage).
- ___ b. Average number of months in supported employment (works in the community with persons without disabilities, usually for minimum or below minimum wage with continuous or intermittent support from a job coach)
- ___ c. Average number of months in enclave or work crew (works in a group with other persons with disabilities in a regular community business with support).
- ___ d. Average number of months in center based work (workshop or work activity center) (works in a segregated setting with peers with disabilities often for piece rate wages or below minimum wage)

90. How many people with disabilities in this site have expressed a preference for but are not currently participating in the following types of settings (please provide an unduplicated count report of the most independent level an individual expressed an interest in).

- ___ a. Number waiting for competitive employment (work in the community with persons having no disabilities, in a regular job, for at least minimum wage).
- ___ b. Number waiting for supported employment (work in the community with persons without disabilities, usually for minimum or below minimum wage with support)
- ___ c. Number waiting for enclave or work crew (work in a group with other persons with disabilities in a regular community business with support).
- ___ d. Number waiting for center based work (workshop or work activity center) (works in a segregated setting with peers with disabilities often for piece rate wages or below minimum wage)
- ___ e. Number waiting for a job training program (Job training activities that are not paid but are designed to lead to paid work).
- ___ f. Number waiting to move into a program in which the person attends or receives support but does not earn money (e.g., a retirement program).

91. Does this site offer specialized behavioral services to individuals in a separate behavior unit or division? (do not include services delivered to people by specialists within the context of your regular program).

- ___ 0. No
- ___ 1. Yes

91a. If yes, how many people receive services/ supports through this behavior unit program?

___ # of people in Behavior Unit(s)

M. Financial Information

Please provide the following information for this site for your most recent fiscal year.

92. What are the beginning and ending dates for your most recent fiscal year?

a. Beginning date _____ b. Ending date _____

93. Please provide the following financial information for this site for the most recent fiscal year

a. Current Assets:	\$ _____	g. Total revenues:	\$ _____
b. Total Assets:	\$ _____	h. Total expenditures:	\$ _____
c. Current Liabilities:	\$ _____	i. Total salaries and wages:	\$ _____
d. Total Liabilities:	\$ _____	j. Total expenditures - staff training:	\$ _____
e. Net Worth:	\$ _____	k. Total expenditure personnel	\$ _____
f. Revenues from private sources:	\$ _____	l. Accumulated depreciation:	\$ _____

N. General Opinions about the Medicaid HCBS Waiver Program

94. In your opinion, what is the best thing about Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

95. What are the biggest barriers this site/home faces in providing high quality supports and services to people receiving funding through Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

96. In your opinion, what should be changed about Minnesota's Home and Community Based Waiver Program for persons with MR/DD?

a. _____

b. _____

97. Please describe the best experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was the person's life made better, and why is this the best experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

98. Please describe the worst experience you or someone you know had while receiving services funded by the HCBS Waiver program. Describe the situation (who, what, where, when, why, how); what happened (what did the people involved do about the situation); and the outcome (what happened as a result, how was a person's life made worse, and why is this the worst experience you know of related to services or supports funded by the HCBS Waiver program)?

a. Situation:

b. What happened:

c. Outcome:

99. Can we contact you for more detailed information about these situations? ☐ Yes ☐ No

If you have questions, you can contact Sherri Larson at (612) 624-6024. When you have completed the survey, please return it to the following address at the University of Minnesota in the envelope provided.

John Sauer, Institute on Community Integration
204 Pattee Hall, 150 Pillsbury Dr. SE
Minneapolis MN 55455-0223

GENERAL CASE MANAGER SURVEY ON MEDICAID HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVER SERVICES

1. How long have you been a case manager for persons with mental retardation or related developmental disabilities (MR/DD)?

_____ years _____ months

2. How long have you been providing case management to persons receiving MR/DD waiver services?

_____ years _____ months

3. In addition to your work as a case manager, have you ever held other positions working with persons with mental retardation/developmental disabilities?

_____ 1. Yes
_____ 2. No (GO TO QUESTION 4)

IF YES, What kind of position(s) did you hold? How long?

_____ Years _____
_____ Years _____

4. Is your caseload exclusively persons with MR/DD?

_____ 1. Yes (GO TO QUESTION 5)
_____ 2. No

- 4a. IF NO, in addition to people with MR/DD what are the primary conditions or problems of other people receiving case management from you?

_____ People with mental health/psychiatric disabilities
_____ Non-elderly people with disabilities other than MR/DD or mental health
_____ Elderly people with disabilities other than MR/DD or mental health
_____ Child protection, family service needs
_____ Other (please specify) _____
_____ Other (please specify) _____

5. How many people on your current caseload receive the following services? (please use "0" [not blank] to indicate "0")

- _____ a. Number of current MR/DD waiver recipients
_____ b. Number of ICF-MR residents
_____ c. Number of persons who receive Semi-Independent Living Services (SILS)
_____ d. Number of persons with MR/DD who are not receiving waiver, ICF-MR or SILS services.

Of the people on your caseload who are not receiving Waiver, ICF-MR or SILS services, how many are receiving the following services? (duplicate counting is ok)?

- _____ Day training and habilitation only
_____ Personal care
_____ Family subsidy
_____ Other
_____ e. Number of persons without MR/DD

6. Number of people in your total caseload? _____

7. Please estimate your current case load in terms of individuals with:

- a. Persons with severe and profound mental retardation: _____ %
b. Persons 21 years old and younger: _____ %
c. Persons (children and adults) living with natural or adoptive family members: _____ %

8. Are you aware of any specific or general process or standard used to determine the size of caseloads in your county? (mark one)

- _____ 0. no
_____ 1. yes

8a. IF YES, Please describe briefly the process/standard: _____

9. Do you have a current professional license? (mark one)

- _____ 0. no (skip to 10)
_____ 1. yes

9a. IF YES, in what profession? _____

10. What is the highest educational level you completed? (mark only one)

- _____ 1. Bachelor's Degree (BA, BS, BSW, etc.) major area _____
_____ 2. Master's Degree (MA, MS, MSW, etc.) major area _____
_____ 3. Other (Please specify) _____

11. In what field (or area of primary specialty) did you complete your highest degree?

- ☐ 1. Social Work
- ☐ 2. Psychology
- ☐ 3. Education/Special Education
- ☐ 4. Other _____

12. From what college(s)/university(ies) did you graduate? _____

13. Are you currently working toward a degree? (Check only one)

- ☐ 1. Yes (Answer questions 13a-c)
- ☐ 2. No (GO TO QUESTION 14)

13a. IF YES, what is the degree you are currently pursuing?

- ☐ 1. Bachelor's Degree (BA, BS, BSW, etc.)
- ☐ 2. Master's Degree (MA, MS, MSW, etc.)
- ☐ 3. Other (Please specify) _____

13b. In what field or area of primary specialty is the degree on which you are working?

- ☐ 1. Social Work
- ☐ 2. Psychology
- ☐ 3. Education/Special Education
- ☐ 4. Other _____

13c. At what college/university are you presently studying for this degree?

14. How would you rate your college/university training in providing the knowledge, skills and attitudes needed for the role of case manager for persons receiving MR/DD waiver services?

- ☐ 0. N/A no college or university experience
- ☐ 1. Very useful
- ☐ 2. Useful
- ☐ 3. Limited usefulness
- ☐ 4. Not at all useful

Comments about strengths/weakness? _____

15. In the past 12 months have you taken any inservice or continuing education courses, training or workshops related to your role as a case manager for persons receiving MR/DD waiver services (aside from formal academic training)?

_____ 0. No
_____ 1. Yes

- 15a. IF YES, please list the topical areas in which you have had recent training in the past 12 months. (If more than 4 please list the 4 most recent)

1) _____
2) _____
3) _____
4) _____

16. Does your county require case managers to take an annual number of hours of continuing education?

_____ 0. no
_____ 1. yes
_____ 3. unsure

- 16a. IF YES, how many hours of continuing education are required each year?
_____ Hours

17. Please identify 2 topics about which you would like to have training in the next 12 months (e.g., anything from use of specific computer software to workshops on professional ethics). (describe)

a. _____
b. _____

18. Use the following scale to rate the level of importance and the availability of high quality, continuing education courses, inservice training and workshops to case managers on the following topics:

Topical Areas		Importance of Topic (0=Very Low to 4=Very High)					Availability of Training (0=Never to 4=Frequency Available)					Quality of Training (0=Very Low to 4=Very High, NA=Not applicable)					
a.	Consumer controlled supports	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
b.	Consumer controlled housing	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
c.	Supported/competitive employment	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
d.	Person-centered lifestyle planning	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
e.	Self-determination, empowerment, self-advocacy	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
f.	Positive behavioral supports/crisis response	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
g.	Counseling, negotiation, conflict resolution	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
h.	Assistive technology/adaptive equipment	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
i.	Management of service budgets	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
j.	Evaluation of service/agency quality	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
k.	Strategies for building community connections	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
l.	Augmentative/alternative communication approaches	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
m.	Innovations and creative uses of waiver and other program resources	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
n.	Other _____	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
o.	Other _____	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4
p.	Other _____	0	1	2	3	4	0	1	2	3	4	NA	0	1	2	3	4

19. Of all the persons with MR/DD who received authorization to use waiver services in your county in recent years, what percentage would you estimate came from each of the groups described below:
[Your answers should add up to 100%]

_____ % The people who have been waiting the longest.

_____ % The people with the greatest physical, functional, health or behavioral impairments.

_____ % People who are in emergency or crisis circumstances that require immediate response.

_____ % People from families that are having increasing difficulty managing the tasks of caregiving.

_____ % People with "connections" or "pull" or who are exceptionally effective and demanding advocates.

_____ % People who have relatively lower cost service needs that can help "balance" the higher cost service needs of other waiver recipients.

_____ % People who are selected because of priority or special allocation for children and youth (18 or younger).

_____ % People who are selected because of priority or special allocation for members of specific minority groups.

_____ % Other (specify) _____

_____ % Other (specify) _____

100% (responses must total exactly 100%)

20. Does your county maintain a waiting list of persons who have requested waiver services but are not yet receiving them? (mark one)

_____ 0. No (GO TO QUESTION 21)

_____ 1. Yes

_____ 9. Don't know

20a. IF YES, how many people are on your county's waiting list for waiver services?

_____ # People waiting

_____ 9. Don't know

21. Does your county have a written policy for prioritizing persons on the waiting list for MR/DD waiver services? (mark one)

_____ 0. No (GO TO QUESTION 22)

_____ 1. Yes

_____ 9. Don't know

21a. IF YES, is this policy provided to persons waiting or others in the general public? (mark one)

_____ 0. No

_____ 1. Yes

_____ 9. Don't know

22. Does your county sometimes “defer” screenings for persons that are potentially appropriate for the MR/DD waiver until an allocation “slot” may be available for the person? (mark one)

- ☐ 0. No
☐ 1. Yes
☐ 9. Don't know

23. Does your county have information/brochures on waiver services available to be distributed to anyone interested in services? (mark one)

- ☐ 0. No
☐ 1. Yes
☐ 9. Don't know

23a. IF YES, are these available in languages other than English? (mark one)

- ☐ 0. No
☐ 1. Yes
☐ 9. Don't know

23b. IF YES, which languages? (list) _____

24. Are waiver services case managers in your county directly involved with school-based transition program planning for adolescents and young adults with MR/DD? (mark one)

- ☐ 0. No
☐ 1. Yes, for young people currently receiving waiver services and for those who will need waiver services in the future.
☐ 2. Yes, but only for young people currently receiving waiver services.
☐ 9. Don't know

25. Do you as a case manager feel you have the authority to act as an effective advocate for the people you serve or for changing policy? (mark one)

- ☐ 0. No
☐ 1. Yes

Comments: _____

26. Is there sufficient quantity and quality of services that are important to MR/DD waiver recipients in your county? Please rate the services in your county for availability, importance and quality.

Services to Consumers and Families		Availability 0=not available 4= available to all who need it					Importance 0=not important to 4=should be available to all					Quality 0=poor (or no) quality to 4= excellent quality				
a.	Day training and habilitation	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
b.	Supported community employment	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
c.	Facility-based residential services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
d.	In-home residential supports	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
e.	Interdisciplinary planning/assessment	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
f.	Person-centered lifestyle planning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
g.	Information on local community services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
h.	Information on "cutting edge" innovations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
i.	Health care/physician services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
j.	Dental/dentist services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
k.	Regular respite care	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
l.	Crisis respite/emergency care	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
m.	Assistive technology/housing modifications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
n.	Transportation	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
o.	Case management/Service coordination	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
p.	Assistance for individuals/families on how to manage own services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
q.	Recreation/leisure activities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
r.	General community services (Y's community park programs, voluntary organizations, etc.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
s.	Other	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
t.	Other	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4

27. The following items request your impressions about how consumers and family members should be involved in providing information about the quality of the services they received and the extent to which they actually are. Please indicate your level of agreement or disagreement about consumer and family involvement.

		Level of Agreement/Disagreement				
		Strongly Agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)	No Opinion (0)
a.	Our county <u>should</u> formally interview or survey consumers and family members at least once a year about the quality of their services and assistance they might need and summarize their responses to evaluate and improve services.	SA	A	D	SD	NO
b.	Our county <u>does</u> formally interview or survey consumers and county members at least once a year about the quality of their services and assistance they might need and summarizes their responses to evaluate and improve their services.	SA	A	D	SD	NO
c.	Our county <u>should</u> expect service providers to conduct satisfaction interviews or surveys with service users at least once a year and use their responses to evaluate and improve services.	SA	A	D	SD	NO
d.	Our county expects service providers to conduct satisfaction interviews or surveys with service users at least once a year and use their responses to evaluate and improve services.	SA	A	D	SD	NO
e.	Monitoring people’s satisfaction with their lives and services <u>should</u> be viewed as primary responsibility of case managers and other tasks should be viewed secondary to it.	SA	A	D	SD	NO
f.	Monitoring people’s satisfaction with their lives and services <u>is</u> viewed as the primary responsibility of case managers and other tasks should be viewed secondary to it.	SA	A	D	SD	NO
g.	Our county <u>should</u> have a Consumer Advisory Council (by that or some other name) to advise it on ways to improve responsiveness to the needs of persons with disabilities and family members.	SA	A	D	SD	NO
h.	Our county has a Consumer Advisory Council (by that or some other name) to advise it on ways to improve responsiveness to the needs of persons with disabilities and family members.	SA	A	D	SD	NO
i.	State quality assurance programs <u>should</u> be designed to gather and provide information to consumers, families and case managers that is helpful in selecting services and service providers.	SA	A	D	SD	NO
j.	State quality assurance programs <u>are</u> designed to gather and provide information to consumers, families and case managers that is helpful in selecting services and service providers.	SA	A	D	SD	NO

28. Are any of the following involved in limiting the opportunities of HCBS waiver recipients in your county to having homes of their own (that is, homes that they select, that they rent or own in their own names, that they control, that they live in alone or with people they choose, etc.)?

Potential problems are:	Is a problem...			
	Often (3)	Sometimes (2)	Hardly ever (1)	Don't know (9)
a. People do not know that there is a possibility of having a home of their own	3	2	1	9
b. Difficulty in finding agencies that are open to supporting people in their own homes	3	2	1	9
c. People have few models of successful consumer controlled homes in this country	3	2	1	9
d. There is a shortage of affordable housing in safe neighborhoods	3	2	1	9
e. There is a shortage of accessible housing	3	2	1	9
f. People lack of assistance in planning and finding personal housing	3	2	1	9
g. Group Residential Housing subsidies limited to housing licensed/controlled by provider agency	3	2	1	9
h. It is difficult to obtain HUD Section housing subsidies	3	2	1	9
i. It is difficult to staff personal housing within available budgets	3	2	1	9
j. Other _____	3	2	1	9
k. Other _____	3	2	1	9

29. In some parts of Minnesota it is said to be difficult to recruit, train, monitor, support and retain the qualified staff needed to deliver the services needed by and authorized to individuals and families in their Individual Service Plan. Please provide your observations about this situation in your county.

Potential problem area:

		Seriousness of Problem (if any):				
		Extremely Serious (4)	Serious (3)	Moderate Problem (2)	No problem (1)	No opinion (0)
a.	The ability of residential and in-home service providers to recruit sufficient numbers of direct support staff to meet their obligations	4	3	2	1	0
b.	The ability of day and vocational providers to recruit and retain sufficient personnel to meet their obligations	4	3	2	1	0
c.	The ability of service providers and/or counties to recruit sufficient numbers of family foster care providers to meet needs for family care and respite care services	4	3	2	1	0
d.	The general ability of direct support staff entering the field to fulfill the responsibilities of the role	4	3	2	1	0
e.	The level of respect that direct support staff have for the people they serve	4	3	2	1	0
f.	The quality of training that agencies are providing to the direct support staff they hire	4	3	2	1	0
g.	The number of direct support staff that pass through the lives of people receiving services because of staff turnover, part-time workers and/or agency scheduling	4	3	2	1	0
h.	Inadequate monitoring of the safety of service recipients because of staff shortages and high numbers of new staff	4	3	2	1	0
i.	Families experiencing significant crises and/or stresses because they are not receiving the amount of service authorized or needed	4	3	2	1	0
j.	Direct support staff having difficulties in following service, medication or other instructions because of limited English proficiency	4	3	2	1	0
k.	Lack of opportunity and support for families to fill their own "staffing" needs through hiring direct support workers themselves.	4	3	2	1	0
l.	The abilities of the supervisors of direct support staff to train them in the knowledge, skills and attitudes of the role	4	3	2	1	0
m.	Other _____	4	3	2	1	0
n.	Other _____	4	3	2	1	0

30. In the federal HCBS waiver program, states are allowed to design their own quality assurance system. Using the scale below, please provide your impressions of quality assurance in Minnesota as it is experienced in your county.

	Important in Quality Assurance (QA)					Describes Minnesota's QA System				
	(0 = not important to 4 = very important)					(0 = not important to 4 = very important)				
a. Quality assurance systems should focus heavily on health and safety issues	0	1	2	3	4	0	1	2	3	4
b. Quality assurance should specific outcomes that individuals want in their lives and help them get them	0	1	2	3	4	0	1	2	3	4
c. Quality assurance should be able to help good agencies get even better	0	1	2	3	4	0	1	2	3	4
d. Quality assurance should integrate multiple requirements and observers (including state licensors, case managers, family members, etc.) in a single, coordinated quality assurance system	0	1	2	3	4	0	1	2	3	4
e. The primary agents of an effective quality assurance system should be case managers with case loads small enough to do the job.	0	1	2	3	4	0	1	2	3	4
f. Quality assurance needs to have an element of unforeseen "drop-in" evaluations/reviews to be effective	0	1	2	3	4	0	1	2	3	4
g. Quality assurance personnel need to have sufficient knowledge and information to help agencies get better at meeting people's needs	0	1	2	3	4	0	1	2	3	4
h. Quality assurance systems should information sharing government agencies, service providers and consumers/family members.	0	1	2	3	4	0	1	2	3	4
i. Quality assurance should identify and promote exemplary practices.	0	1	2	3	4	0	1	2	3	4
h. Quality assurance should produce recommendations and assistance that help agencies get better at meeting the needs of the people they serve	0	1	2	3	4	0	1	2	3	4
j. Quality assurance systems should build partnerships of government service provider and consumers/families to teach options and raise expectations.	0	1	2	3	4	0	1	2	3	4
k. The financial resources invested in quality assurance systems should be justified in the influence of quality assurance on people's quality of life.	0	1	2	3	4	0	1	2	3	4
l. Other _____	0	1	2	3	4	0	1	2	3	4

31. Overall, how would you rate Minnesota’s licensing quality assurance system in protecting the health, safety, and well-being of persons with MR/DD in the waiver program in the following areas?

Areas of Protection	Quality of Protections				No Opinion (0)
	Excellent (4)	Good (3)	Fair (2)	Poor (1)	
a. Assuring appropriate and regular health and physician services	Exc	Good	Fair	Poor	N/O
b. Assuring appropriate and regular dental care	Exc	Good	Fair	Poor	N/O
c. Assuring adequate background checks on staff	Exc	Good	Fair	Poor	N/O
d. Assuring appropriate staff training	Exc	Good	Fair	Poor	N/O
e. Assuring appropriate protections of physical safety	Exc	Good	Fair	Poor	N/O
f. Assuring appropriate dispensing of medications	Exc	Good	Fair	Poor	N/O
g. Assuring effective reporting and follow-up of incidents involving vulnerable adults	Exc	Good	Fair	Poor	N/O
h. Assuring that people actually get the services that are being paid for	Exc	Good	Fair	Poor	N/O
i. Assuring that people actually get the services that are needed	Exc	Good	Fair	Poor	N/O
j. Assuring that people are contacted enough to know how well they are being treated	Exc	Good	Fair	Poor	N/O
k. Assuring that information gathered in quality assurance guides training and technical assistance to improve quality	Exc	Good	Fair	Poor	N/O
l. Assuring that consumers have access to quality assurance information when selecting agencies to serve them	Exc	Good	Fair	Poor	N/O
m. Assuring that there is a system for consumer complaints and investigations about the quality of services	Exc	Good	Fair	Poor	N/O
n. Assuring that people’s basic rights and dignity are guaranteed	Exc	Good	Fair	Poor	N/O
o. Assuring that exemplary performance is recognized and presented as a model for others	Exc	Good	Fair	Poor	N/O
o. Other _____	Exc	Good	Fair	Poor	N/O
p. Other _____	Exc	Good	Fair	Poor	N/O

32. What would you say are the primary strengths of Minnesota's quality assurance for HCBS recipients?

- 1) _____

- 2) _____

- 3) _____

- 4) _____

33. What would you say are the primary weaknesses of Minnesota's quality assurance for HCBS recipients?

- 1) _____

- 2) _____

- 3) _____

- 4) _____

34. Based on your experience with community ICF-MR and waiver services, please compare the two approaches on the following dimensions. Circle "++" if you consider one of the models (Waiver or ICF-MR) much better than the other on the specific point of comparison. Circle "+" if its just somewhat better. Circle "0" if there is not much difference in your mind between the models on the point of comparison.

Point of Comparison	Relative Outcomes				
	Waiver			ICF-MR	
a. People are safe from the abuse and exploitation by "outsiders"	++	+	0	+	++
b. People have access to the health services they need	++	+	0	+	++
c. Staff are better trained	++	+	0	+	++
d. People have more choices in what they do with their free time	++	+	0	+	++
e. People have more relationships with friends	++	+	0	+	++
f. People get more respect	++	+	0	+	++
g. People participate more in the community	++	+	0	+	++
h. People have privacy	++	+	0	+	++
i. People set their own goals	++	+	0	+	++
j. People pick where and with whom they live	++	+	0	+	++
k. People pick their direct support staff	++	+	0	+	++
l. People are safe from abuse and injury by housemates	++	+	0	+	++
m. People are happy with the services they receive	++	+	0	+	++
n. People are happy with their lifestyles	++	+	0	+	++
o. Families are happy with the services their family member receives	++	+	0	+	++
p. Families feel secure about their family members future	++	+	0	+	++
q. Services are a better value for the dollars spent	++	+	0	+	++
r. People live in places that feel like "home" to them	++	+	0	+	++
s. People grow in independence	++	+	0	+	++
t. Other _____	++	+	0	+	++
u. Other _____	++	+	0	+	++

35. Are there any services or programs being offered by public or private agencies "MR/DD" agencies or any other community organization or individual) or organizations in your county (or another county) that you would identify as exemplary practices, i.e., from which others might learn ways of improving the lives of persons with developmental disabilities? (mark one)

- _____ 0. No
_____ 1. yes
_____ 2. Not right now, but I'll think about it.

IF YES, what is the service program that might be helpful to others?

Organization _____ Contact person _____

Address _____ Telephone _____

Briefly, what does the service program do? _____

If you want to identify a program or service after you've mailed the questionnaire, please call or write Amy Hewitt (tel: 612-625-1098) or John Sauer (tel: 612-626-0536); 204 Pattee Hall, 150 Pillsbury Dr., SE, Minneapolis, MN 55455.

Additional comments:

**CASE MANAGER QUESTIONNAIRE FOR CASE MANAGERS OF
MEDICAID HCBS WAIVER EVALUATION SAMPLE MEMBERS**

Waiver recipient name: _____

PMIN#: _____

Date completed: _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS WITH SPECIFIC REFERENCE TO THE
INDIVIDUAL IDENTIFIED ON YOUR CASELOAD THAT HAS BEEN INCLUDED IN THE
WAIVER EVALUATION**

1. How long have you been the case manager for this individual?

_____ 1a. Years _____ 1b. Months

2. In what year did this individual begin to receive waiver services? 19_____

3. Just prior to the time the individual began to receive waiver services, where was the individual living? (choose only one)

_____ 1. Regional Treatment Center (MR/DD unit)

_____ 2. State Operated Community Service

_____ 3. A large private ICF-MR (16+ residents)

_____ 4. A community ICF-MR (4-15 residents)

_____ 5. Nursing home

_____ 6. Family home

_____ 7. Psychiatric/mental health hospital setting

_____ 8. Own home (with or without SILS)

_____ 9. Other (describe) _____

4. How many months was it between the time this individual first applied for MR/DD waiver services and the date of the initial screening to determine eligibility?

_____ # of months

5. How many months was it between the time the person was screened eligible for MR/DD services and the date waiver services were first provided?

_____ # of months

6. Do you think this individual and his/her guardian understands that waiver services are an alternative to ICF-MR placement and that they have a right to choose an ICF-MR if they prefer it? (mark one)

_____ 0. No

_____ 1. Yes

_____ 2. Don't know

6a. IF YES, why do you think the individual and guardian chose the waiver option over the ICF-MR? (check all that apply)

_____ a. Accommodated the specific kinds of services wanted

_____ b. Wanted a residential setting with fewer people than ICF-MR

_____ c. Greater flexibility to better meet individual's needs

_____ d. Services offered in own home and/or community

_____ e. Only option available at the time

_____ f. Other _____

7. Have you had any difficulty locating service providers for any of the specific health or social services needed by this person? (mark one)

_____ 0. No (GO TO QUESTION 8)

_____ 2. Yes

- 7a. IF YES, please circle the level of difficulty recruiting a satisfactory provider for each of the services identified below?

		Level of Difficulty Recruiting Good Provider				
		Not Needed by Person (0)	No Difficult y (1)	Some Difficulty (2)	Much Difficulty (3)	No Provider Can Be Found (4)
a.	Health and Physician Services	No need	No Diff	Some Diff	Much Diff	Not Avail.
b.	Dental Services	No need	No Diff	Some Diff	Much Diff	Not Avail.
c.	Non-health Specialists (PT/OT, communication, behavioral, etc.)	No need	No Diff	Some Diff	Much Diff	Not Avail.
d.	Supported living/residential services	No need	No Diff	Some Diff	Much Diff	Not Avail.
e.	In-home supports/personal attendants	No need	No Diff	Some Diff	Much Diff	Not Avail.
f.	Family/foster care	No need	No Diff	Some Diff	Much Diff	Not Avail.
g.	Supported community employment	No need	No Diff	Some Diff	Much Diff	Not Avail.
h.	Day training and habilitation	No need	No Diff	Some Diff	Much Diff	Not Avail.
i.	Nursing/home health services	No need	No Diff	Some Diff	Much Diff	Not Avail.
j.	Respite services	No need	No Diff	Some Diff	Much Diff	Not Avail.
k.	Transportation services	No need	No Diff	Some Diff	Much Diff	Not Avail.
l.	Assistive technology or equipment	No need	No Diff	Some Diff	Much Diff	Not Avail.
m.	Home modifications	No need	No Diff	Some Diff	Much Diff	Not Avail.
n.	Emergency/crisis supports	No need	No Diff	Some Diff	Much Diff	Not Avail.
o.	Independent education and/or assistance for consumers/family members in housing, employment, etc.	No need	No Diff	Some Diff	Much Diff	Not Avail.
p.	Other _____	No need	No Diff	Some Diff	Much Diff	Not Avail.
q.	Other _____	No need	No Diff	Some Diff	Much Diff	Not Avail.

8. Is this person currently in the type of living arrangement that he/she prefers? (mark one)

- ☐ 0. No (Answer 8a-8c)
☐ 1. Yes (GO TO QUESTION 9)
☐ 2. Don't know (GO TO QUESTION 9)

8a. IF NO, What kind of arrangement would he/she like better? (describe) _____

8b. Does the person's family/guardian(s) share this preference?

- ☐ 0. No
☐ 1. Yes
☐ 2. They do not really have a preference
☐ 3. Don't know

8c. What are the primary barriers to the individual moving into his/her preferred living arrangement? (describe)

9. Do you personally and professionally feel that this person is presently living in the most beneficial and satisfying place for him/her? (mark one)

- ☐ 0. No
☐ 1. Yes (GO TO QUESTION 10)

9a. IF NO, Where do you think the person might be living more beneficially? (describe)

10. Due to the attitudes of others, has this person experienced any difficulty gaining access to services offered to the general population, such as public parks, facilities, restaurants, transportation, etc., or experienced any discrimination in attending social events open to the public? (mark one)

- ☐ 0. No (GO TO QUESTION 11)
☐ 1. Yes
☐ 2. Don't know

10a. IF YES, Please cite an incident or explain: _____

11. Does this individual have special medical and/or medication needs which requires specific supervision and/or monitoring by staff or family members that are not licensed health care professionals? (mark one)

_____ 0. No (GO TO QUESTION 12)
_____ 1. Yes

- 11a. **IF YES**, do you feel the individual's medical needs are adequately attended to by these non-licensed people? (mark one)

_____ 0. No
_____ 1. Yes (GO TO QUESTION 12)

- 11b. **IF NO**, what is needed to improve attention to the individual's medical and/or medication needs? (describe) _____

12. Overall, how would you judge the quality of residential or in-home support that this person is getting from the waiver services program? (mark one)

_____ 4. Excellent
_____ 3. Good
_____ 2. Adequate
_____ 1. Poor

13. What, if anything, is needed to improve the quality of the individual's residential or in-home services? 2=badly needed, 1=would help, 0=not important, (mark each items as 2, 1 or 0)

_____ a. Better training of staff
_____ b. More/better choices in providers
_____ c. Better quality assurance
_____ d. Reduced case loads for case managers
_____ e. Reduced staff turnover
_____ f. Better information on the options available and how to use them
_____ g. Increased consumer/family control of services
_____ h. Other _____
_____ i. Other _____

14. Please indicate the single most important achievable lifestyle change or improvement you would like to see this person attain within the next three years? (describe)

- 14a. Do you feel that this change or improvement is attainable given the services that she/he is presently receiving? (mark one)

- ☐ 1. Yes
☐ 2. No, but could be attained if the present providers/services were improved
☐ 3. No, probably would take new service providers
☐ 4. No, but its not primary an issue of the service providers

COMMENTS?

- 14b. Do you feel that "systems impediments" related to rules, limitations on how funding is allocated to or by controlled by individuals or others lessens the ability of the individual to attain the desired lifestyle change improvement? (mark one)

- ☐ 0. No
☐ 1. Yes

15. How often in the past 6 (six) months have you visited this person in his/her home?

of times

16. How long does an average visit to this individual's home last (excluding travel time)?

- ☐ 1. 15 minutes or less
☐ 2. 15-30 minutes
☐ 3. 30 minutes to one hour
☐ 4. More than one hour

17. How often in the past six months have you contacted the individual and/or his family or guardians to inquire about services or other life issues (in person or by telephone)?

of times

18. Do you encounter any difficulties or barriers in visiting the individual in his/her home?

- ☐ 0. No
☐ 1. Yes

18a. IF YES, Please explain:

19. Overall, how would you judge the quality of vocational or day training services that this person is getting?

- _____ 0. N/A does not receive vocational/day training services
 _____ 1. Excellent
 _____ 2. Good
 _____ 3. Adequate
 _____ 4. Poor

20. What, if anything, is needed to improve the quality of the individual's vocational or day training services?

- _____ 0. N/A
 _____ 1. Better training staff
 _____ 2. More/better choices in providers
 _____ 3. Greater emphasis on paid work opportunities
 _____ 4. More freedom to use service s funds in flexible ways to develop daytime options
 _____ 5. Reduced staff turnover
 _____ 6. Increased consumer/family control over services
 _____ 7. Other _____
 _____ 8. Other _____

21. With specific reference to the individual, how would you rate the quality of the individual's services with respect to the following indicators?

	Rating (please select one)				
	Excellent (4)	Good (3)	Fair (2)	Poor (1)	Unsure (0)
a. An overall high quality of life as defined by the interests, desires and needs of the individual	E	G	F	P	U
b. Health and physician services available as needed	E	G	F	P	U
c. Dental services available as needed	E	G	F	P	U
d. Sufficient numbers of direct support staff to meet his/her needs	E	G	F	P	U
e. Support staff with the skills to meet his/her needs	E	G	F	P	U
f. Appropriate attention to personal safety	E	G	F	P	U
g. Freedom from abuse and neglect of staff	E	G	F	P	U
h. Freedom from physical harm or threats by others with MR/DD	E	G	F	P	U
i. Error free administration of medications	E	G	F	P	U
j. Types and qualities of service authorized are received	E	G	F	P	U
k. Results of quality assurance and other reviews go to families, case managers and others involved in service purchasing	E	G	F	P	U
l. The degree of privacy the individual desires	E	G	F	P	U
m. Basic rights and dignity are protected	E	G	F	P	U

22. Which of the following activities have you engaged in on behalf of this person in the last 12 months? (Check all that apply)

- ☐ 1. Determined sample member's eligibility for services (screening)
- ☐ 2. Arranged diagnostic assessments for the sample member
- ☐ 3. Participated in the development of the person's ISP
- ☐ 4. Participated in and/or arranged for a person-centered planning meeting with the individual's circle of support
- ☐ 5. Developed a budget for the individual's waiver service package
- ☐ 6. Managed/supervised budget for the individual's waiver service package
- ☐ 7. Assisted with crisis intervention involving the individual
- ☐ 8. Presented and discussed options and choices with the sample member and/or family for new services and/or new service providers
- ☐ 9. Accompanied the individual and/or family members in visiting potential new service settings or service providers
- ☐ 10. Arranged for additional or different services than the person received the year before
- ☐ 11. Took specific actions to represent or protect the rights of the person
- ☐ 12. Assessed the person's progress in meeting personal goals
- ☐ 13. Identified whether the person is having any problems with staff, family or other program participants
- ☐ 14. Identified ways to respond to the problems the person was having with staff, family or other program participants
- ☐ 15. Visited the individual's day or work program at a time other than a scheduled planning meeting (times) (fill in number of times)
- ☐ 16. Visited the person's day or work program for annual and/or periodic review meetings (times) (fill in number of times)
- ☐ 17. Visited the individual's home setting at a time other than a scheduled planning meeting
- ☐ 18. Supported family, staff or program administrators on how to meet the individual's needs effectively
- ☐ 19. Assisted the person/family with application forms and other paperwork
- ☐ 20. Received and reviewed a "vulnerable adults" report involving the sample member
- ☐ 21. Responded to specific issues raised in a vulnerable adults report or other incident report involving the sample member
- ☐ 22. Reviewed the health and safety of the individual within the context of personal skills vulnerabilities and daily circumstances
- ☐ 23. Other _____
- ☐ 24. Other _____

23. Is there anything additional that you would like to share to help us better understand issues, concerns, success, results etc... of waiver services for the individual?
(please continue on the back of this page if more space is needed)

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU VERY MUCH FOR YOUR HELP. PLEASE RETURN THIS QUESTIONNAIRE IN THE ATTACHED ENVELOP OR TO AMY HEWITT/JOHN SAUER, 204 PATTEE HALL, 150 PILLSBURY DRIVE SE, MINNEAPOLIS, MN 55455.

IN-HOME Family Survey

Please provide the following information about the Home and Community Based Waiver support services your family member receives. You do not have to answer every section depending on the types of service your family member receives. However, please try to answer all of the questions regarding the types of services s/he does receive. Your willingness to respond to these questions will add to the improvement of Waiver Services in Minnesota. Thank you in advance for contributing your experiences and opinions!

I. Overview

1. What is your relationship to your family member with a disability? (mark one)
☐ 1. Parent (natural or adoptive)
☐ 2. Sibling or other relative
☐ 3. Other (specify) _____
2. Does your family member receive the following services: (check all that apply)
☐ a. Case management (not from county)
☐ b. Residential - in home services for family or foster family
☐ c. Homemaker/chore services
☐ d. Respite care - in-home
☐ e. Respite care out-of-home
☐ f. Corporate foster care
☐ g. Family foster care
☐ h. Semi-independent living
☐ i. Adaptive aids (including modifications to the person's home or vehicle)
☐ j. Crisis respite in home
☐ k. Crisis respite out-of-home
☐ l. 24 hour emergency assistance
☐ m. Adult day care (Not DTH or employment)
☐ n. Specialist services
☐ o. Care-giver training and education
☐ p. Housing access coordination
☐ q. Assistive technology (e.g., augmentative communication device)
☐ r. Personal care attendant
☐ s. Personal support
☐ t. Transportation
☐ u. Consumer training and education
☐ v. Consumer directed community supports
3. Is your family member on a waiting list for services (mark one)?
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

- 3a. If yes, what type of services is your family member waiting for? (check all that apply)

- ☐ a. Case management (not from county)
☐ b. Residential - in home services for family or foster family
☐ c. Homemaker/chore services
☐ d. Respite care - in-home
☐ e. Respite care out-of-home
☐ f. Corporate foster care
☐ g. Family foster care
☐ h. Semi-independent living
☐ i. Adaptive aids (including modifications to the person's home or vehicle)
☐ j. Crisis respite in home
☐ k. Crisis respite out-of-home
☐ l. 24 hour emergency assistance
☐ m. Adult day care (Not DTH or employment)
☐ n. Specialist services
☐ o. Care-giver training and education
☐ p. Housing access coordination
☐ q. Assistive technology (e.g., augmentative communication device)
☐ r. Personal care attendant
☐ s. Personal support
☐ t. Transportation
☐ u. Consumer training and education
☐ v. Consumer directed community supports

4. List the number of different provider agencies your family member receives services from?
_____ # of different agencies
5. How did you first learn about the availability of Waiver services for your family member? (mark only one)
☐ a. Teacher/counselor at his/her school
☐ b. County welfare/social services agency
☐ c. DD case manager
☐ d. Church staff or member
☐ e. Friend/family member
☐ f. Advocate at an Arc or other advocacy organization
☐ g. Other (please describe) _____

Competitive employment
w. ☐ x. ☐
Supported employment (with a job coach)
y. ☐ z. ☐
Enclave or work crew (in community setting)
Day Training & Habilitation

Competitive employment
w. ☐ x. ☐
Supported employment (with a job coach)
y. ☐ z. ☐
Enclave or work crew (in community setting)
Day Training & Habilitation

8. Do you think you have been provided all necessary information on eligible services available through the Minnesota Home and Community Based Waiver Services Program? (mark one)
- ☐ 1. Yes
- ☐ 0. No
- ☐ 9. Don't know

II. IN-HOME SERVICES. Please answer the following questions about the in-home residential supports your family member receives.

A. INFORMATION ABOUT SUPPORTS/SERVICES

1. What type of in-home residential supports does your family member receive? (check all that apply)
- ☐ a. in-home residential
- ☐ b. personal care attendant
- ☐ c. homemaker/chore services
- ☐ d. respite care in-home
- ☐ e. crisis respite in-home
- ☐ f. personal support
- ☐ g. other (specify) _____
2. Do you receive timely information about in-home services and supports that are available to your family member? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
3. Is the information easy to understand?
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
4. Was it easy to access information about in-home services and supports? (mark one)
- ☐ 8. N/A
- ☐ 1. Yes
- ☐ 0. No
- ☐ 3. Rarely

B. CHOICE/PLANNING

5. Do you choose who provides in-home residential supports to you and/or your family member, such as your personal care attendant, QMRP, homemaker, or direct support worker? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
6. Is turnover of in-home staff that work with your family member a problem?
- ☐ 8. N/A
- ☐ 1. Yes
- ☐ 0. No
7. How many different in-home residential staff members have worked with your family member in the past 90 days (this includes relief, temporary, part-time and regular staff)?
- ☐ # of different staff
8. Do you receive the number of weekly hours of in-home support services for which you have been authorized? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
- ☐ 9. Don't know
9. Do the in-home staff work together with you to identify what you need as a family to support your family member? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
10. Do the in-home staff present you and your family member with a range of options to meet your needs? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely

11. Do the in-home staff respect your choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

12. Do the in-home staff respect your family member's choices and preferences?

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

13. Do you choose what in-home services your family member needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

14. Does the in-home staff work with you to plan for your family member's future and/or changing service needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

15. Do the in-home supports offered reflect the needs of your family as well as your family member with a disability? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

16. Is your family getting the supports you need, such as training, or education? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

17. Are supports available to your family member when your family wants and needs them? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

18. In a crisis, are supports available for your family member in a timely manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

19. Do the in-home staff communicate with you in your preferred language? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

20. In general are the in-home services staff understanding, respectful, professional and caring? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

21. Are the in-home services and supports your family member receives provided in a culturally appropriate manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

22. Are the in-home services you receive adaptable and flexible to meet the needs of the family? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

23. If you have a question regarding services or supports do you get a competent answer in a reasonable time? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

24. If you have a complaint/problem regarding in-home residential supports do you feel comfortable voicing it? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

25. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
26. How did you first learn about the availability of in-home services and supports? (mark one)
- _____ a. Teacher/counselor at his/her school
- _____ b. County welfare/social services agency
- _____ c. DD case manager
- _____ d. Church staff or member
- _____ e. Friend/family member
- _____ f. Advocate at an Arc or other advocacy organizations
- _____ g. Other (please describe) _____

D. LINKAGES

26. Do the in-home staff help you and your family member get other supports in your community, such as services offered through employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
27. Do the in-home staff help you and your family find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely

E. OUTCOMES

28. Is your family member healthy? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
29. Is your family member involved in community activities? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely

30. Is your family member happy living at home? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

31. Are you happy that your family member lives at home? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

32. Are you satisfied with the in-home services and supports your family member receives? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

III. EMPLOYMENT/DAY SERVICES. Please answer the following questions about the employment/day services supports your family member receives. **If your family member DOES NOT receive employment/day services please skip to section IV on page 7.**

A. INFORMATION

1. Do you receive timely information about employment/day services and supports that are available to your family member? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

2. Is the information easy to understand? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

3. Was it easy to access information about the employment/day program services and supports your family member receives? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

B. Choice/Planning

4. Do you choose who provides employment supports to your family member, such as your QMRP, direct support worker or job coach? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
5. Is turnover of employment staff that work with you or your family member a problem? (mark one)
- _____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know
6. How many staff members have worked with your family member at his/her employment/day placement in the past 90 days? (this includes fill-in, temporary, part-time and regular staff)
- _____ # of different staff
7. Do the employment/day program staff present you and your family member with a range of options to meet your family member's needs? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
8. Do the employment/day program staff respect your choices and preferences? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
9. Do the employment/day program staff respect your family member's choices and preferences? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

10. Do the employment staff work with you and your family to plan for future and/or changing service needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

11. Do you choose the what employment/day program services your family member needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. Access

12. Are employment supports available when your family member wants and needs them? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

13. In a crisis, are employment supports available in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

14. Do the employment staff communicate with you and your family in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

15. In general are the employment/day program services staff understanding, respectful, professional and caring? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

16. Are the employment/day program services and supports your family member receives provided in a culturally appropriate manner? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
17. Are the employment/day services your family member receives adaptable and flexible to meet his/her needs? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
18. If you have a question regarding employment services or supports do you get a competent answer in a reasonable time? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
19. If you have a complaint/problem regarding employment/day services do you feel comfortable voicing it? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
20. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
21. How did you first learn about the availability of employment/day services and supports? (mark one)
- _____ a. Teacher/counselor at his/her school
 _____ b. County welfare/social services agency
 _____ c. DD case manager
 _____ d. Church staff or member
 _____ e. Friend/family member
 _____ f. Advocate at an Arc or other advocacy organizations
 _____ g. Other (please describe) _____

D. LINKAGES

22. Do the employment/day program staff help your family member get other supports in your community, such as services offered through residential, school, recreation departments, churches, or medical services? (mark one)
- _____ 8. N/A
 _____ 1. Yes
 _____ 0. No
 _____ 9. Don't know
23. Do the employment/day program staff help your family member find family, friends, or neighbors who can provide some of the supports your family member needs? (mark one)
- _____ 8. N/A
 _____ 1. Yes
 _____ 0. No
 _____ 9. Don't know

E. OUTCOMES

24. Is your family member safe in his/her employment/day program environment? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
25. Is your family member afraid of anyone in his/her employment/day program environment? (mark one)
- _____ 8. N/A
 _____ 1. Yes
 _____ 0. No
 _____ 9. Don't know
- 25a. If yes, who is your family member afraid of? (check all that apply)
- _____ a. co-worker
 _____ b. staff
 _____ c. strangers
 _____ d. someone else
26. Is your family member involved in community activities that are a part of his/her employment day program? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know

27. Is your family member happy in his/her current employment/work environment? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

28. Are you satisfied with the employment/work services and supports your family member receives? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

29. Are you satisfied with the amount of money earned by your family member? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 2. No
☐ 9. Don't know

IV. COUNTY CASE MANAGEMENT/ SERVICE COORDINATION. Please answer the following questions about the county case management/service coordination supports your family member receives. **If your family member DOES NOT receive county case management services please skip to section V on page 10.**

A. INFORMATION ABOUT SUPPORT/SERVICES

1. Do you receive timely information about county case management services and supports that are available to your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

2. Is the information easy to understand? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

3. Was it easy to access information about county case management services? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

4. Did you choose your family member's county case manager? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

5. Did you have an opportunity to select a case manager who worked for an agency other than the county? (mark one)

- ☐ 1. Yes
☐ 0. No
☐ 9. Don't know

6. Can your family member change case managers if s/he wants to? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

7. Is turnover of the county case manager who works with you or your family member a problem? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

8. How many case managers has your family member had within the past 3 years?

☐ # of case managers

9. Does the county case manager work together with you and your family member to identify what you need as a family to support your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

10. Does the county case manager present you and your family member with a range of options to meet your family member's needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

11. Does the county case manager respect your choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

12. Does the county case manager respect your family member's choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

13. Does the county case manager work with you to plan for future and/or changing service needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

14. Do you choose the types of services and supports provided by your county case manager? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

15. Do the county case management supports offered reflect the needs of your family as well as your family member with a disability? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

16. Is your family getting the county case management supports needed, such as referrals, information about available supports, training, or education? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

17. Are county case management supports available when your family member wants and needs them? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

18. In a crisis, are county case management supports available in a timely manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

19. Does the county case manager communicate with you and your family member in your preferred language? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

20. In general is your family member's county case manager understanding, respectful, professional and caring? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

21. Are the county case management services and supports you and your family member receive provided in a culturally appropriate manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

22. Are the county case management services you and your family member receive adaptable and flexible to meet the needs of the family? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

23. If you have a question regarding services or supports do you get a competent answer from your county case manger in a reasonable time? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
24. If you have a complaint/problem regarding case management services do you feel comfortable voicing it? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
25. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
26. Does your county case manger appear to know about all available programs or support services for which your family member is eligible? (mark one)
- _____ 8. N/A
 _____ 1. Yes
 _____ 0. No
 _____ 9. Don't know
27. How did you first learn about the availability of county case management services and supports? (mark only one)
- _____ a. Teacher/counselor at his/her school
 _____ b. County welfare/social services agency
 _____ c. DD case manager
 _____ d. Church staff or member
 _____ e. Friend/family member
 _____ f. Advocate at an Arc or other advocacy organizations
 _____ g. Other (please describe) _____

D. LINKAGES

28. Does the county case manager help you and your family member get supports in your community, such as services offered through residential services, employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)
- _____ 8. N/A
 _____ 1. Yes
 _____ 0. No
 _____ 9. Don't know
29. Does the county case manager help you find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know

E. OUTCOMES

30. Does your family member's annual service plan get updated annually through a personal visit by your case manager? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
31. Is your family member happy with his/her current county case manager? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
32. Are you satisfied with the county case management services and supports your family member receives? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely

V. TRANSPORTATION. Please answer the following questions about the transportation supports you receive. If your family member **DOES NOT** receive transportation services please skip to section VI on page 11.

A. INFORMATION ABOUT SUPPORT/SERVICES

1. Please check the types of transportation services your family member receives: (check all that apply)
☐ a. employment/day program
☐ b. residential
☐ c. independent (e.g., metro mobility)
☐ d. public (e.g., buses)
☐ e. family
☐ f. other (specify) _____
2. Do you know about transportation services and supports that are available to your family member? (mark one)
☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
3. Is the information you receive about transportation easy to understand? (mark one)
☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
4. Was it easy to access information about transportation services and supports? (mark one)
☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

5. Is your family member provided with a range of transportation options to meet his/her needs? (mark one)
☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

6. Do you choose what transportation services your family member needs? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

7. Do the transportation supports offered reflect the needs of your family as well as your family member with a disability? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

8. Are transportation supports available when your family member wants and needs them? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

9. If you have a question regarding your family member's transportation services or supports do you get a competent answer in a reasonable time? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

10. If you have a complaint/problem regarding transportation services do you feel comfortable voicing it? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

11. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

12. How did you first learn about the availability of transportation services and supports? (mark only one)
- ☐ a. Teacher/counselor at his/her school
 - ☐ b. County welfare/social services agency
 - ☐ c. DD case manager
 - ☐ d. Church staff or member
 - ☐ e. Friend/family member
 - ☐ f. Advocate at an Arc or other advocacy organizations
 - ☐ g. Other (please describe) _____

D. LINKAGES

13. Do the residential/vocational/case management staff help your family member find family, friends, or neighbors who can provide some of the transportation supports your family needs? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know

E. OUTCOMES

14. Is your family member happy with his/her transportation services? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
15. Are you satisfied with the transportation services and supports your family member receives? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
16. Is your family member safe while being transported? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know

VI. SPECIALIZED THERAPY (E.G. ST/PT/OT/COUNSELING). Please answer the following questions about the specialized therapy supports your family member receives. **If your family member DOES NOT receive specialized therapy services please skip to section VII on page 13.**

A. INFORMATION ABOUT SERVICES/SUPPORT

1. What type of specialized therapy services does your family member receive? (check all that apply)
- ☐ a. physical therapy
 - ☐ b. occupational therapy
 - ☐ c. speech therapy
 - ☐ d. mental health counseling
 - ☐ e. behavior therapy
 - ☐ f. other (describe) _____
2. Do you receive timely information about specialized therapy services and supports that are available to your family member? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
3. Is the information easy to understand? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
4. Was it easy to access information about specialized therapy services and supports? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

B. CHOICE/PLANNING

5. Do you choose the specialized therapy staff who helps you? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

6. Do the specialized therapy staff work together with you and your family member to identify what you need as a family to support your family member? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
7. Do the specialized therapy staff present you and your family member with a range of options to meet your family member's needs? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
8. Do the specialized therapy staff respect your choices and preferences? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
9. Do the specialized therapy staff respect your family members choices and preferences? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
10. Do you choose what specialized therapy services your family member needs? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
11. Does the specialized therapy staff work with you and your family to plan for your family member's future and/or changing service needs? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

C. ACCESS

12. Are specialized therapy supports available when your family member wants and needs them? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
13. In a crisis, are specialized therapy supports available in a timely manner? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
14. Do specialized therapy staff communicate with you and your family member in your preferred language? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
15. In general are the specialized therapy services staff understanding, respectful, professional and caring? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
16. Are the specialized therapy services and supports your family member receives provided in a culturally appropriate manner? (mark one)
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
17. Are the specialized therapy services your family member receives adaptable and flexible to meet the needs of your family member?
 - ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know

18. If you have a question regarding specialized therapy services or supports do you get a competent answer in a reasonable time? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
19. If you have a complaint/problem regarding specialized support services do you feel comfortable voicing it? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
20. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
21. How did you first learn about the availability of specialized therapy services and supports? (mark only one)
- _____ a. Teacher/counselor at his/her school
 _____ b. County welfare/social services agency
 _____ c. DD case manager
 _____ d. Church staff or member
 _____ e. Friend/family member
 _____ f. Advocate at an Arc or other advocacy organizations
 _____ g. Other (please describe) _____

D. LINKAGES

22. Do the specialized therapy staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know

E. OUTCOMES

23. Is your family member happy with his/her specialized therapy? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
24. Does your family member show a pattern of progress as a result of his/her specialized therapy? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know
25. Are you satisfied with the specialized therapy services and supports your family member receives? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely

VII. EDUCATION. Please answer the following questions about the educational supports your family member receives. **If your family member DOES NOT receive educational services please skip to section VIII on page 16.**

A. INFORMATION ABOUT SUPPORTS/SERVICES

1. Do you receive timely information about educational services and supports that are available to your family member? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
2. Is the information easy to understand? (mark one)
- _____ 8. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely

3. Was it easy to access information about educational services and supports? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

B. CHOICE/PLANNING

4. Do you choose who provides educational supports to your family member, such as his/her teacher, paraprofessional? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

5. Is turnover of paraprofessional educational staff that work with you or your family member a problem? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

6. How many paraprofessional educational staff have worked with your family member in the past 90 days? (include part-time, temporary, relief and regular staff)

_____ # of different staff

7. Do the educational staff work together with you to identify what you need as a family to support your family member? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

8. Do the educational staff present you with a range of options to meet your family member's needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

9. Do the educational staff respect your choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

10. Do the educational staff respect your family member's choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

11. Do you choose what educational services your family member needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

12. Does the educational staff work with you to plan for your family member's future and/or changing service needs? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

13. Are educational supports available when your family member wants and needs them? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

14. In a crisis, are educational supports available in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

15. Do educational staff communicate with you and your family member in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

3. Was it easy to access information about educational services and supports? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

B. CHOICE/PLANNING

4. Do you choose who provides educational supports to your family member, such as his/her teacher, paraprofessional? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

5. Is turnover of paraprofessional educational staff that work with you or your family member a problem? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

6. How many paraprofessional educational staff have worked with your family member in the past 90 days? (include part-time, temporary, relief and regular staff)

_____ # of different staff

7. Do the educational staff work together with you to identify what you need as a family to support your family member? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

8. Do the educational staff present you with a range of options to meet your family member's needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

9. Do the educational staff respect your choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

10. Do the educational staff respect your family member's choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

11. Do you choose what educational services your family member needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

12. Does the educational staff work with you to plan for your family member's future and/or changing service needs? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

13. Are educational supports available when your family member wants and needs them? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

14. In a crisis, are educational supports available in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

15. Do educational staff communicate with you and your family member in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

16. In general are the educational staff understanding, respectful, professional and caring? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

17. Are the educational services and supports your family member receives provided in a culturally appropriate manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

18. Are the educational services your family member receives adaptable and flexible to meet the needs of your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

19. If you have a question regarding educational services or supports do you get a competent answer in a reasonable time? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

20. If you have a complaint/problem regarding services do you feel comfortable voicing it? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

21. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

22. How did you first learn about the availability of educational services and supports? (mark only one)

- ☐ a. Teacher/counselor at his/her school
☐ b. County welfare/social services agency
☐ c. DD case manager
☐ d. Church staff or member
☐ e. Friend/family member
☐ f. Advocate at an Arc or other advocacy organizations
☐ g. Other (please describe) _____

D. LINKAGES

23. Do the educational staff help your family member get other supports in your community, such as services offered through employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

24. Do the educational staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

E. OUTCOMES

25. Is your family member involved in community activities while in school? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

26. Is your family member included in regular educational or extra curricular activities with other children who do not have disabilities while in school? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

27. Is your family member safe while s/he is at school? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

28. Is your family member happy in his/her current educational program? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

29. Are you satisfied with the educational services and supports your family member receives? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

VIII. RESPITE SERVICES. Please answer the following questions about the respite supports your family member receives. **If your family member DOES NOT receive repite services please skip to section IX on page 18.**

A. INFORMATION ABOUT SUPPORTS/SERVICES

1. What type of respite supports does your family member receive? (check all that apply)

- ☐ a. in-home respite
☐ b. out-of-home respite
☐ c. other (specify) _____

2. Do you receive timely information about respite services and supports that are available to your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

3. Is the information easy to understand?

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

4. Was it easy to access information about respite services and supports? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

5. Do you choose who provides respite supports to you and/or your family member, such as your direct support worker? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

6. Is turnover of respite staff that work with your family member a problem? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

7. How many different respite staff members have worked with your family member in the past 90 days (this includes relief, temporary, part-time and regular staff)?

_____ # of different staff

8. Do the respite staff work together with you to identify what you need as a family to support your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

9. Do the respite staff present you and your family member with a range of options to meet your needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

10. Do the respite staff respect your choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

11. Do the respite staff respect your family member's choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

12. Does the respite staff work with you to plan for your family member's future and/or changing service needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

13. Do you receive the number of weekly hours of respite support services for which you have been authorized? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

14. Do the respite supports offered reflect the needs of your family as well as your family member with a disability? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

15. Are respite supports available to your family member when your family wants and needs them? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

16. In a crisis, are respite supports available for your family member in a timely manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

17. Do the respite staff communicate with you in your preferred language? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

18. In general are the respite services staff understanding, respectful, professional and caring? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

19. Are the respite services and supports your family member receives provided in a culturally appropriate manner? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

20. Are the respite services you receive adaptable and flexible to meet the needs of the family? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

21. If you have a question regarding respite services or supports do you get a competent answer in a reasonable time? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

22. If you have a complaint/problem with respite services do you feel comfortable voicing it?

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

23. If you voice a complaint/problem does it get resolved to your satisfaction?

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

24. How did you first learn about the availability of respite services and supports? (choose only one)
- ☐ a. Teacher/counselor at his/her school
 - ☐ b. County welfare/social services agency
 - ☐ c. DD case manager
 - ☐ d. Church staff or member
 - ☐ e. Friend/family member
 - ☐ f. Advocate at an Arc or other advocacy organizations
 - ☐ g. Other (please describe) _____

D. LINKAGES

25. Do the respite staff help you and your family member get other supports in your community, such as services offered through employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
26. Do the respite staff help you and your family find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

E. OUTCOMES

27. Is your family member happy with his/her respite services? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
 - ☐ 9. Don't know
28. Are you satisfied with the respite services and supports your family member receives? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

IX. CRISIS BEHAVIORAL SUPPORT. Please answer the following questions about crisis behavioral support services your family member receives. **If your family member DOES NOT receive crisis behavioral services please skip to section X on page 21.**

A. INFORMATION ABOUT SUPPORT/SERVICES

1. Do you receive timely information about crisis behavioral services and supports that are available to your family member? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
2. Is the information easy to understand? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely
3. Was it easy to access information about crisis behavioral services and supports? (mark one)
- ☐ 8. N/A
 - ☐ 1. Most of the time
 - ☐ 2. Some of the time
 - ☐ 3. Rarely

B. CHOICE/PLANNING

4. When you were planning for your family member's crisis behavioral needs were you provided with a range of options on the type of supports offered? (mark one)
- ☐ 8. N/A
 - ☐ 1. Yes
 - ☐ 0. No
 - ☐ 9. Don't know
5. When you were planning for your family member's crisis behavioral services were you provided with a number of organizations/provider agencies from which you could choose? (mark one)
- ☐ 8. N/A
 - ☐ 1. Yes
 - ☐ 0. No
 - ☐ 9. Don't know

6. Does the agency providing crisis behavioral services to your family member involve you in important decisions (e.g. medication, safety, where to live, roommates/housemates)? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

7. Do you choose who provides crisis behavioral supports to your family member, such as his/her psychologist, QMRP, behavior analyst or direct support worker? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

8. Do the crisis behavioral staff respect your choices and preferences? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

9. Do the crisis behavioral staff respect your family member's choices and preferences? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

10. Do the crisis behavioral staff work with you to plan for your family member's future and/or changing service needs? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

11. In a crisis, are needed crisis behavioral supports available for your family member in a timely manner? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

12. Do the crisis behavioral staff communicate with you and your family member in your preferred language? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

13. In general are the crisis behavioral services staff understanding, respectful, professional and caring? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

14. Are the crisis behavioral services and supports your family member receives provided in a culturally appropriate manner? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

15. Are the crisis behavioral services that your family member receives adaptable and flexible to meet his/her needs? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

16. If you have a question regarding crisis behavioral services or supports do you get a competent answer in a reasonable time? (mark only one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

17. If you have a complaint/problem regarding crisis behavioral supports do you feel comfortable voicing it? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

18. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

19. How did you first learn about the availability of crisis behavioral services and supports? (mark one)

- ☐ a. Teacher/counselor at his/her school
☐ b. County welfare/social services agency
☐ c. DD case manager
☐ d. Church staff or member
☐ e. Friend/family member
☐ f. Advocate at an Arc or other advocacy organizations
☐ g. Other (please describe) _____

20. Has your family member's medication(s) to control behavior been increased since s/he began receiving crisis behavior supports? (mark one)

- ☐ 8. N/A – does not take medication for behavior
☐ 0. Yes
☐ 2. No
☐ 9. Don't know

20a. Has your family member's medication(s) to control behavior decreased since s/he began receiving crisis behavioral supports? (mark one)

- ☐ 8. N/A – does not take medications for behavior
☐ 0. Yes
☐ 2. No
☐ 9. Don't know

D. LINKAGES

21. Do the crisis behavior staff help your family member get other supports in his/her community, such as services offered through residential providers, mental health, employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

22. Do the crisis behavior staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

23. Do the crisis behavior staff provide you and staff with training and education on effective techniques to support your family member's challenging behavior? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

E. OUTCOMES

24. Is your family member safe in his/her crisis behavioral environment? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

25. Is your family member afraid of anyone who provides his/her crisis behavioral support services? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

25a. If yes, who is s/he afraid of? (mark all that apply)

- ☐ 1. roommate/housemate
☐ 2. staff
☐ 3. family member
☐ 4. someone else (specify) _____

X. HOME AND ENVIRONMENTAL ADAPTIONS AND ASSISTIVE TECHNOLOGY.

Please answer the following questions about the assistive technology/environmental adaptives services your family member receives. **If your family member DOES NOT receive home and environmental adaptions or assistive technology skip to the remaining questions on page 23.**

A. INFORMATION ABOUT SUPPORT/SERVICES

1. What type of assistive technology supports does your family member receive? (check all that apply)

☐ a. augmentative/alternative communication device
☐ b. prosthesis
☐ c. wheelchair/personal mobility vehicle
☐ d. adaptive equipment (feeding equipment, positioning devices, switches computer)
☐ e. other (describe) _____
2. What types of environmental adaptations/modifications does your family member receive? (check all that apply)

☐ a. vehicle lift/roof extensions
☐ b. ramps
☐ c. stairway lift
☐ d. lifts to assist with transferring
☐ e. bathroom modifications (grab bars, accessible sinks, chairs/lifts for showering/bathing).
☐ f. other _____
3. Do you receive timely information about environmental modifications/assistive technology services and supports that are available to your family member? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
4. Is the information easy to understand? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

5. Was it easy to access information about environmental modifications/assistive technology services and supports? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

6. When you were planning for your family member's service needs were you provided with a range of options on the types of environmental modifications/assistive technology supports offered? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know
7. When you were planning for your family members services were you provided with a number of organizations/provider agencies that could provide environmental modifications/assistive technology? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know
8. Do the staff work with you to plan for your family member's future and/or changing assistive technology, environmental adaptions service needs? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

C. ACCESS

9. In a crisis, are needed supports available to your family member for repairs of equipment/devices in a timely manner? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

10. If you have a question regarding environmental modifications or assistive technology do you get a competent answer in a reasonable time? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

11. If you have a complaint/problem regarding environmental modifications or assistive technology do you feel comfortable voicing it? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

12. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

13. How did you first learn about the availability of environmental modifications or assistive technology services and supports? (mark one)

☐ a. Teacher/counselor at his/her school
☐ b. County welfare/social services agency
☐ c. DD case manager
☐ d. Church staff or member
☐ e. Friend/family member
☐ f. Advocate at an Arc or other advocacy organizations
☐ g. Other (please describe) _____

D. LINKAGES

14. Does your family member have all of the adaptive equipment and assistive technology s/he needs? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

15. Are you satisfied with the availability of assistive technology and home adaptations? (mark one)

☐ 0. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

XI. STORIES OF SUCCESS AND CHALLENGE

1. Think about your family member and the Home and Community Based Waiver supports and services s/he has received over the years. Please take a moment to describe the best example of excellence in services and supports that your family member has received. What is the best thing happening in his/her life and what services and supports were in place to make it happen? (Please describe – you may use the back of this page if needed).
2. Now, please take a moment to describe the worst thing that has happened to your family member while s/he has received Home and Community Based Waiver Services. What supports should have been in place to prevent this from happening? (Please describe – you may use the back of this page if necessary).

**WE CANNOT THANK YOU ENOUGH FOR TAKING THE TIME TO COMPLETE THIS SURVEY!
THANK YOU!**

OUT-OF-HOME Family Survey

Please provide the following information about the Home and Community Based Waiver support services your family member receives. You do not have to answer every section depending on the types of service your family member receives. However, please try to answer all of the questions regarding the types of services s/he does receive. Your willingness to respond to these questions will add to the improvement of Waiver Services in Minnesota. Thank you in advance for contributing your experiences and opinions!

I. Overview

1. What is your relationship to your family member with a disability? (mark one)
- ☐ 1. Parent (natural or adoptive)
- ☐ 2. Sibling or other relative
- ☐ 3. Other (specify) _____
2. Does your family member receive the following services: (check all that apply)
- ☐ a. Case management (not from county)
- ☐ b. Residential - in home services for family or foster family
- ☐ c. Homemaker/chore services
- ☐ d. Respite care - in-home
- ☐ e. Respite care out-of-home
- ☐ f. Corporate foster care
- ☐ g. Family foster care
- ☐ h. Semi-independent living
- ☐ i. Adaptive aids (including modifications to the person's home or vehicle)
- ☐ j. Crisis respite in home
- ☐ k. Crisis respite out-of-home
- ☐ l. 24 hour emergency assistance
- ☐ m. Adult day care (Not DTH or employment)
- ☐ n. Specialist services
- ☐ o. Care-giver training and education
- ☐ p. Housing access coordination
- ☐ q. Assistive technology (e.g., augmentative communication device)
- ☐ r. Personal care attendant
- ☐ s. Personal support
- ☐ t. Transportation
- ☐ u. Consumer training and education
- ☐ v. Consumer directed community supports
- ☐ w. Competitive employment
- ☐ x. Supported employment (with a job coach)
- ☐ y. Enclave or work crew (in community setting)
- ☐ z. Day Training & Habilitation

3. Is your family member on a waiting list for services (mark one)?
- ☐ 1. Yes
- ☐ 0. No
- ☐ 9. Don't know

- 3a. If yes, what type of services is your family member waiting for? (check all that apply)
- ☐ a. Case management (not from county)
- ☐ b. Residential - in home services for family or foster family
- ☐ c. Homemaker/chore services
- ☐ d. Respite care - in-home
- ☐ e. Respite care out-of-home
- ☐ f. Corporate foster care
- ☐ g. Family foster care
- ☐ h. Semi-independent living
- ☐ i. Adaptive aids (including modifications to the person's home or vehicle)
- ☐ j. Crisis respite in home
- ☐ k. Crisis respite out-of-home
- ☐ l. 24 hour emergency assistance
- ☐ m. Adult day care (Not DTH or employment)
- ☐ n. Specialist services
- ☐ o. Care-giver training and education
- ☐ p. Housing access coordination
- ☐ q. Assistive technology (e.g., augmentative communication device)
- ☐ r. Personal care attendant
- ☐ s. Personal support
- ☐ t. Transportation
- ☐ u. Consumer training and education
- ☐ v. Consumer directed community supports

4. List the number of different provider agencies your family member receives services from?
- _____ # of different agencies

Competitive employment
w. ☐

Supported employment (with a job coach)
x. ☐

Enclave or work crew (in community setting)
y. ☐

Day Training & Habilitation
z. ☐

5. How did you first learn about the availability of Waiver services for your family member? (mark only one)
- _____ a. Teacher/counselor at his/her school
- _____ b. County welfare/social services agency
- _____ c. DD case manager
- _____ d. Church staff or member
- _____ e. Friend/family member
- _____ f. Advocate at an Arc or other advocacy organization
- _____ g. Other (please describe) _____
6. Do you think you have been provided all necessary information on eligible services available through the Minnesota Home and Community Based Waiver Services Program? (mark one)
- _____ 1. Yes
- _____ 0. No
- _____ 9. Don't know

II. RESIDENTIAL OUT-OF-HOME SERVICES
(e.g., group home, supported living, semi-independent living). Please answer the following questions about residential out-of-home services your family member receives.

A. INFORMATION ABOUT SUPPORT/SERVICES

1. What type of out-of-home residential supports does your family member receive? (check all that apply)
- _____ a. supported living services
- _____ b. corporate foster care
- _____ c. family foster care
- _____ d. semi-independent living services
- _____ e. other (describe) _____
2. Do you receive timely information about out-of-home residential services and supports that are available to your family member? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
3. Is the information easy to understand? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely

4. Was it easy to access information about out-of-home residential services and supports? (mark one)
- _____ 8. N/A
- _____ 1. Yes
- _____ 0. No
- _____ 3. Rarely

B. CHOICE/PLANNING

5. When you were planning for your family member's out-of-home placement were you provided with a range of options on the type of supports offered? (mark one)
- _____ 8. N/A
- _____ 1. Yes
- _____ 0. No
- _____ 9. Don't know
6. When you were planning for your family members out-of-home placement were you provided with a number of organizations/provider agencies from which you could choose? (mark one)
- _____ 8. N/A
- _____ 1. Yes
- _____ 0. No
- _____ 9. Don't know
7. Does the agency providing residential services to your family member involve you in important decisions (e.g. medical, dental, safety, where to live, roommates/housemates)? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
8. Do you choose who provides residential supports to your family member, such as his/her case manager, QMRP, or direct support worker? (mark one)
- _____ 8. N/A
- _____ 1. Most of the time
- _____ 2. Some of the time
- _____ 3. Rarely
9. Is turnover of residential staff that work with your family member a problem? (mark one)
- _____ 8. N/A
- _____ 1. Yes
- _____ 0. No
- _____ 9. Don't know

10. How many residential staff members have worked with your family member in the past 90 days? (this includes relief, temporary, part-time and regular staff)

_____ # of different staff

11. Do the residential staff respect your choices and preferences? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

12. Do the residential staff respect your family member's choices and preferences? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

13. Do the residential staff work with you to plan for your family member's future and/or changing service needs? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

14. Do you choose what residential services your family member needs? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

C. ACCESS

15. In a crisis, are needed supports available for your family member in a timely manner? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

16. Do the residential staff communicate with you and your family member in your preferred language? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

17. In general are the residential services staff understanding, respectful, professional and caring? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

18. Are the residential services and supports your family member receives provided in a culturally appropriate manner? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

19. Are the residential services that your family member receives adaptable and flexible to meet his/her needs? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

_____ 9. Don't know

20. If you have a question regarding services or supports do you get a competent answer in a reasonable time? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

21. If you have a complaint/problem regarding residential services/supports do you feel comfortable voicing it? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

22. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 8. N/A

_____ 1. Most of the time

_____ 2. Some of the time

_____ 3. Rarely

23. How did you first learn about the availability of residential services and supports? (mark one)
- ☐ a. Teacher/counselor at his/her school
- ☐ b. County welfare/social services agency
- ☐ c. DD case manager
- ☐ d. Church staff or member
- ☐ e. Friend/family member
- ☐ f. Advocate at an Arc or other advocacy organizations
- ☐ g. Other (please describe) _____

D. LINKAGES

24. Do the residential staff help your family member get other supports in his/her community, such as services offered through employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)
- ☐ 8. N/A
- ☐ 1. Yes
- ☐ 0. No
- ☐ 9. Don't know
25. Do the residential staff help your family member find family, friends, or neighbors who can provide some of the supports he/she needs? (mark one)
- ☐ 8. N/A
- ☐ 1. Yes
- ☐ 0. No
- ☐ 9. Don't know

E. OUTCOMES

26. Is your family member healthy? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
- ☐ 9. Don't know
27. Is your family member safe in his/her residential environment? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely
- ☐ 9. Don't know

28. Is your family member afraid of anyone in his/her residential environment? (mark one)

☐ 8. N/A

☐ 1. Yes

☐ 0. No

☐ 9. Don't know

- 28a. If yes, who is your family member afraid of? (mark all that apply)

☐ 1. roommate/housemate

☐ 2. staff

☐ 3. family member

☐ 4. someone else (specify) _____

29. Is your family member involved in community activities? (mark one)

☐ 8. N/A

☐ 1. Most of the time

☐ 2. Some of the time

☐ 3. Rarely

☐ 9. Don't know

30. Is your family member happy in his/her current residential living environment? (mark one)

☐ 8. N/A

☐ 1. Most of the time

☐ 2. Some of the time

☐ 3. Rarely

☐ 9. Don't know

31. Are you satisfied with the residential services and supports your family member receives? (mark one)

☐ 8. N/A

☐ 1. Most of the time

☐ 2. Some of the time

☐ 3. Rarely

III. EMPLOYMENT/DAY SERVICES. Please answer the following questions about the employment/day services supports your family member receives. **If your family member DOES NOT receive employment/day services please skip to section IV on page 7.**

A. INFORMATION

1. Do you receive timely information about employment/day services and supports that are available to your family member? (mark one)
- ☐ 8. N/A
- ☐ 1. Most of the time
- ☐ 2. Some of the time
- ☐ 3. Rarely

2. Is the information easy to understand? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

3. Was it easy to access information about the employment/day program services and supports your family member receives? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

B. Choice/Planning

4. Do you choose who provides employment supports to your family member, such as your QMRP, direct support worker or job coach? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

5. Is turnover of employment staff that work with you or your family member a problem? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

6. How many staff members have worked with your family member at his/her employment/day placement in the past 90 days? (this includes fill-in, temporary, part-time and regular staff)

_____ # of different staff

7. Do the employment/day program staff present you and your family member with a range of options to meet your family member's needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

8. Do the employment/day program staff respect your choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

9. Do the employment/day program staff respect your family member's choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

10. Do the employment staff work with you and your family to plan for future and/or changing service needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

11. Do you choose the what employment/day program services your family member needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. Access

12. Are employment supports available when your family member wants and needs them? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

13. In a crisis, are employment supports available in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

14. Do the employment staff communicate with you and your family in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

15. In general are the employment/day program services staff understanding, respectful, professional and caring? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

16. Are the employment/day program services and supports your family member receives provided in a culturally appropriate manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

17. Are the employment/day services your family member receives adaptable and flexible to meet his/her needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

18. If you have a question regarding employment/day services or supports do you get a competent answer in a reasonable time? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

19. If you have a complaint/problem regarding employment/day services do you feel comfortable voicing it? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

20. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

21. How did you first learn about the availability of employment/day services and supports? (mark one)

_____ a. Teacher/counselor at his/her school
_____ b. County welfare/social services agency
_____ c. DD case manager
_____ d. Church staff or member
_____ e. Friend/family member
_____ f. Advocate at an Arc or other advocacy organizations
_____ g. Other (please describe) _____

D. LINKAGES

22. Do the employment/day program staff help your family member get other supports in your community, such as services offered through residential, school, recreation departments, churches, or medical services? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

23. Do the employment/day program staff help your family member find family, friends, or neighbors who can provide some of the supports your family member needs? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

E. OUTCOMES

24. Is your family member safe in his/her employment/day program environment? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

25. Is your family member afraid of anyone in his/her employment/day program environment? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

- 25a. If yes, who is your family member afraid of? (check all that apply)

☐ a. co-worker
☐ b. staff
☐ c. strangers
☐ d. someone else

26. Is your family member involved in community activities that are a part of his/her employment day program? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

27. Is your family member happy in his/her current employment/work environment? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

28. Are you satisfied with the employment/work services and supports your family member receives? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

29. Are you satisfied with the amount of money earned by your family member? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 2. No
☐ 9. Don't know

IV. COUNTY CASE MANAGEMENT/ SERVICE COORDINATION. Please answer the following questions about the county case management/service coordination supports your family member receives. **If your family member DOES NOT receive county case management services please skip to section V on page 10.**

A. INFORMATION ABOUT SUPPORT/SERVICES

1. Do you receive timely information about county case management services and supports that are available to your family member? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

2. Is the information easy to understand? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

3. Was it easy to access information about county case management services? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

4. Did you choose your family member's county case manager? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

5. Did you have an opportunity to select a case manager who worked for an agency other than the county? (mark one)

☐ 1. Yes
☐ 0. No
☐ 9. Don't know

6. Can your family member change case managers if s/he wants to? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

7. Is turnover of the county case manager who works with you or your family member a problem? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

8. How many case managers has your family member had within the past 3 years?
_____ # of case managers
9. Does the county case manager work together with you and your family member to identify what you need as a family to support your family member? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
10. Does the county case manager present you and your family member with a range of options to meet your family member's needs? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
11. Does the county case manager respect your choices and preferences? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
12. Does the county case manager respect your family member's choices and preferences? (mark one)
_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know
13. Does the county case manager work with you to plan for future and/or changing service needs? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
14. Do you choose the types of services and supports provided by your county case manager? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

15. Do the county case management supports offered reflect the needs of your family as well as your family member with a disability? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
16. Is your family getting the county case management supports needed, such as referrals, information about available supports, training, or education? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
17. Are county case management supports available when your family member wants and needs them? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
18. In a crisis, are county case management supports available in a timely manner? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
19. Does the county case manager communicate with you and your family member in your preferred language? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
20. In general is your family member's county case manager understanding, respectful, professional and caring? (mark one)
_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

21. Are the county case management services and supports you and your family member receive provided in a culturally appropriate manner? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

22. Are the county case management services you and your family member receive adaptable and flexible to meet the needs of the family? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

23. If you have a question regarding services or supports do you get a competent answer from your county case manager in a reasonable time? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

24. If you have a complaint/problem regarding case management services do you feel comfortable voicing it? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

25. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

26. Does your county case manager appear to know about all available programs or support services for which your family member is eligible? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

27. How did you first learn about the availability of county case management services and supports? (mark only one)

☐ a. Teacher/counselor at his/her school
☐ b. County welfare/social services agency
☐ c. DD case manager
☐ d. Church staff or member
☐ e. Friend/family member
☐ f. Advocate at an Arc or other advocacy organizations
☐ g. Other (please describe) _____

D. LINKAGES

28. Does the county case manager help you and your family member get supports in your community, such as services offered through residential services, employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

29. Does the county case manager help you find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

E. OUTCOMES

30. Does your family member's annual service plan get updated annually through a personal visit by your case manager? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

31. Is your family member happy with his/her current county case manager? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

B. CHOICE/PLANNING

5. Do you choose the specialized therapy staff who helps you? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
6. Do the specialized therapy staff work together with you and your family member to identify what you need as a family to support your family member? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
7. Do the specialized therapy staff present you and your family member with a range of options to meet your family member's needs? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
8. Do the specialized therapy staff respect your choices and preferences? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
9. Do the specialized therapy staff respect your family members choices and preferences? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know
10. Do you choose what specialized therapy services your family member needs? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

11. Does the specialized therapy staff work with you and your family to plan for your family member's future and/or changing service needs? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

12. Are specialized therapy supports available when your family member wants and needs them? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know
13. In a crisis, are specialized therapy supports available in a timely manner? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know
14. Do specialized therapy staff communicate with you and your family member in your preferred language? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
15. In general are the specialized therapy services staff understanding, respectful, professional and caring? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know
16. Are the specialized therapy services and supports your family member receives provided in a culturally appropriate manner? (mark one)
- _____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

17. Are the specialized therapy services your family member receives adaptable and flexible to meet the needs of your family member?

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

18. If you have a question regarding specialized therapy services or supports do you get a competent answer in a reasonable time? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

19. If you have a complaint/problem regarding specialized support services do you feel comfortable voicing it? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

20. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

21. How did you first learn about the availability of specialized therapy services and supports? (mark only one)

_____ a. Teacher/counselor at his/her school
_____ b. County welfare/social services agency
_____ c. DD case manager
_____ d. Church staff or member
_____ e. Friend/family member
_____ f. Advocate at an Arc or other advocacy organizations
_____ g. Other (please describe) _____

D. LINKAGES

22. Do the specialized therapy staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

E. OUTCOMES

23. Is your family member happy with his/her specialized therapy? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

24. Does your family member show a pattern of progress as a result of his/her specialized therapy? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

25. Are you satisfied with the specialized therapy services and supports your family member receives? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

VII. EDUCATION. Please answer the following questions about the educational supports your family member receives. **If your family member DOES NOT receive educational services please skip to section VIII on page 16.**

A. INFORMATION ABOUT SUPPORTS/SERVICES

1. Do you receive timely information about educational services and supports that are available to your family member? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

2. Is the information easy to understand? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

3. Was it easy to access information about educational services and supports? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

B. CHOICE/PLANNING

4. Do you choose who provides educational supports to your family member, such as his/her teacher, paraprofessional? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

5. Is turnover of paraprofessional educational staff that work with you or your family member a problem? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

6. How many paraprofessional educational staff have worked with your family member in the past 90 days? (include part-time, temporary, relief and regular staff)

_____ # of different staff

7. Do the educational staff work together with you to identify what you need as a family to support your family member? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

8. Do the educational staff present you with a range of options to meet your family member's needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

9. Do the educational staff respect your choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

10. Do the educational staff respect your family member's choices and preferences? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

11. Do you choose what educational services your family member needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

12. Does the educational staff work with you to plan for your family member's future and/or changing service needs? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

13. Are educational supports available when your family member wants and needs them? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

14. In a crisis, are educational supports available in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

15. Do educational staff communicate with you and your family member in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

16. In general are the educational staff understanding, respectful, professional and caring? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

17. Are the educational services and supports your family member receives provided in a culturally appropriate manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

18. Are the educational services your family member receives adaptable and flexible to meet the needs of your family member? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

19. If you have a question regarding educational services or supports do you get a competent answer in a reasonable time? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

20. If you have a complaint/problem regarding services do you feel comfortable voicing it? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

21. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

22. How did you first learn about the availability of educational services and supports? (mark only one)

_____ a. Teacher/counselor at his/her school
_____ b. County welfare/social services agency
_____ c. DD case manager
_____ d. Church staff or member
_____ e. Friend/family member
_____ f. Advocate at an Arc or other advocacy organizations
_____ g. Other (please describe) _____

D. LINKAGES

23. Do the educational staff help your family member get other supports in your community, such as services offered through employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

24. Do the educational staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

E. OUTCOMES

25. Is your family member involved in community activities while in school? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

26. Is your family member included in regular educational or extra curricular activities with other children who do not have disabilities while in school? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

27. Is your family member safe while s/he is at school? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

28. Is your family member happy in his/her current educational program? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

29. Are you satisfied with the educational services and supports your family member receives? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

VIII. CRISIS BEHAVIORAL SUPPORT. Please answer the following questions about crisis behavioral support services your family member receives. If your family member DOES NOT receive crisis behavioral services please skip to section IX on page 18.

A. INFORMATION ABOUT SUPPORT/SERVICES

1. Do you receive timely information about crisis behavioral services and supports that are available to your family member? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

2. Is the information easy to understand? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

3. Was it easy to access information about crisis behavioral services and supports? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

B. CHOICE/PLANNING

4. When you were planning for your family member's crisis behavioral needs were you provided with a range of options on the type of supports offered? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

5. When you were planning for your family member's crisis behavioral services were you provided with a number of organizations/provider agencies from which you could choose? (mark one)

- ☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

6. Does the agency providing crisis behavioral services to your family member involve you in important decisions (e.g. medication, safety, where to live, roommates/housemates)? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

7. Do you choose who provides crisis behavioral supports to your family member, such as his/her psychologist, QMRP, behavior analyst or direct support worker? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

8. Do the crisis behavioral staff respect your choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

9. Do the crisis behavioral staff respect your family member's choices and preferences? (mark one)

- ☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

10. Do the crisis behavioral staff work with you to plan for your family member's future and/or changing service needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

11. In a crisis, are needed crisis behavioral supports available for your family member in a timely manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

12. Do the crisis behavioral staff communicate with you and your family member in your preferred language? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

13. In general are the crisis behavioral services staff understanding, respectful, professional and caring? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

14. Are the crisis behavioral services and supports your family member receives provided in a culturally appropriate manner? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

15. Are the crisis behavioral services that your family member receives adaptable and flexible to meet his/her needs? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

16. If you have a question regarding crisis behavioral services or supports do you get a competent answer in a reasonable time? (mark only one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

17. If you have a complaint/problem regarding crisis behavioral supports do you feel comfortable voicing it? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

18. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

19. How did you first learn about the availability of crisis behavioral services and supports? (mark one)

_____ a. Teacher/counselor at his/her school
_____ b. County welfare/social services agency
_____ c. DD case manager
_____ d. Church staff or member
_____ e. Friend/family member
_____ f. Advocate at an Arc or other advocacy organizations
_____ g. Other (please describe) _____

20. Has your family member's medication(s) to control behavior been increased since s/he began receiving crisis behavior supports? (mark one)

_____ 8. N/A – does not take medication for behavior
_____ 0. Yes
_____ 2. No
_____ 9. Don't know

- 20a. Has your family member's medication(s) to control behavior decreased since s/he began receiving crisis behavioral supports? (mark one)

_____ 8. N/A – does not take medication for behavior
_____ 0. Yes
_____ 2. No
_____ 9. Don't know

D. LINKAGES

21. Do the crisis behavior staff help your family member get other supports in his/her community, such as services offered through residential providers, mental health, employment rehabilitation programs, recreation departments, churches, or medical services? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

22. Do the crisis behavior staff help your family member find family, friends, or neighbors who can provide some of the supports your family needs? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

23. Do the crisis behavior staff provide you and staff with training and education on effective techniques to support your family member's challenging behavior? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

E. OUTCOMES

24. Is your family member safe in his/her crisis behavioral environment? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely
☐ 9. Don't know

25. Is your family member afraid of anyone who provides his/her crisis behavioral support services? (mark one)

☐ 8. N/A
☐ 1. Yes
☐ 0. No
☐ 9. Don't know

- 25a. If yes, who is s/he afraid of? (mark all that apply)

☐ 1. roommate/housemate
☐ 2. staff
☐ 3. family member
☐ 4. someone else (specify) _____

IX. HOME AND ENVIRONMENTAL ADAPTIONS AND ASSISTIVE TECHNOLOGY.

Please answer the following questions about the assistive technology/environmental adaptives services your family member receives. If your family member DOES NOT receive home and environmental adaptions or assistive technology skip to the remaining questions on page 21.

A. INFORMATION ABOUT SUPPORT/SERVICES

1. What type of assistive technology supports does your family member receive? (check all that apply)

☐ a. augmentative/alternative communication device
☐ b. prosthesis
☐ c. wheelchair/personal mobility vehicle
☐ d. adaptive equipment (feeding equipment, positioning devices, switches computer)
☐ e. other (describe) _____

2. What types of environmental adaptations/modifications does your family member receive? (check all that apply)

☐ a. vehicle lift/roof extensions
☐ b. ramps
☐ c. stairway lift
☐ d. lifts to assist with transferring
☐ e. bathroom modifications (grab bars, accessible sinks, chair lifts for showering/bathing).
☐ f. other _____

3. Do you receive timely information about environmental modifications/assistive technology services and supports that are available to your family member? (mark one)

☐ 8. N/A
☐ 1. Most of the time
☐ 2. Some of the time
☐ 3. Rarely

4. Is the information easy to understand? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

5. Was it easy to access information about environmental modifications/assistive technology services and supports? (mark one)

_____ 8. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

B. CHOICE/PLANNING

6. When you were planning for your family member's service needs were you provided with a range of options on the types of environmental modifications/assistive technology supports offered? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

7. When you were planning for your family members services were you provided with a number of organizations/provider agencies that could provide environmental modifications/assistive technology? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

8. Do the staff work with you to plan for your family member's future and/or changing assistive technology, environmental adaptations service needs? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

C. ACCESS

9. In a crisis, are needed supports available to your family member for repairs of equipment/devices in a timely manner? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely
_____ 9. Don't know

10. If you have a question regarding environmental modifications or assistive technology do you get a competent answer in a reasonable time? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

11. If you have a complaint/problem regarding environmental modifications or assistive technology do you feel comfortable voicing it? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

12. If you voice a complaint/problem does it get resolved to your satisfaction? (mark one)

_____ 0. N/A
_____ 1. Most of the time
_____ 2. Some of the time
_____ 3. Rarely

13. How did you first learn about the availability of environmental modifications or assistive technology services and supports? (mark one)

_____ a. Teacher/counselor at his/her school
_____ b. County welfare/social services agency
_____ c. DD case manager
_____ d. Church staff or member
_____ e. Friend/family member
_____ f. Advocate at an Arc or other advocacy organizations
_____ g. Other (please describe) _____

D. LINKAGES

14. Does your family member have all of the adaptive equipment and assistive technology s/he needs? (mark one)

_____ 8. N/A
_____ 1. Yes
_____ 0. No
_____ 9. Don't know

15. Are you satisfied with the availability of assistive technology and home adaptations? (mark one)

_____ 0. N/A
 _____ 1. Most of the time
 _____ 2. Some of the time
 _____ 3. Rarely
 _____ 9. Don't know

X. STORIES OF SUCCESS AND CHALLENGE

1. Think about your family member and the Home and Community Based Waiver supports and services s/he has received over the years. Please take a moment to describe the best example of excellence in services and supports that your family member has received. What is the best thing happening in his/her life and what services and supports were in place to make it happen? (Please describe – you may use the back of this page if needed).
2. Now, please take a moment to describe the worst thing that has happened to your family member while s/he has received Home and Community Based Waiver Services. What supports should have been in place to prevent this from happening? (Please describe – you may use the back of this page if necessary).

WE CANNOT THANK YOU ENOUGH FOR TAKING THE TIME TO COMPLETE THIS SURVEY! THANK YOU!