

QUALITY OF LIFE SURVEY - MONEY FOLLOWING THE PERSON (MFP)

Completion of this form is voluntary. Failure to complete the form will result in exclusion from MFP evaluation only.

Interviewer Check Appropriate Box Below

Before Discharge Within 10 Business Days after Discharge At 11-12 Months after Discharge At 24 months after Discharge

PARTICIPANT INFORMATION

Name – Member		Medicaid ID Number	Birthdate
Street Address			Planned or Actual Transition Date
City	State	ZIP Code	
If Member is at a Facility, List Facility Name			Facility Phone Number

Check here if member is deceased—Date of Death: _____

INTERVIEWER:

Hello, my name is _____ and I am from _____. I'm here to ask for your help with an important study of Medicaid beneficiaries in the State of Wisconsin.

The Quality of Life Survey, sponsored by the Centers for Medicare & Medicaid Services (CMS) and the state of Wisconsin, is an essential part of an evaluation of the Money Follows the Person Program, a program designed to help Medicaid beneficiaries transition out of institutional care into the community. I'd like to ask you some questions about your **housing, access to care, community involvement, and your health** and well-being. Results from the study will help CMS and the State of Wisconsin evaluate how well its programs are meeting the needs of Medicaid beneficiaries like you.

Before we begin, let me assure you that all information collected will be kept strictly confidential and will not be reported in any way that identifies you personally. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. Further, the information collected will not be used by anyone to determine your continuing eligibility for Medicaid benefits. We are collecting this information for research purposes only.

However, I may be required to report any instances of abuse or neglect that you tell me about to authorities. Your participation is completely voluntary and if we come to any question you prefer not to answer, just tell me and we'll move on to the next one.

If you have any questions, please stop me and ask me. Also, please let me know if you do not understand a question or if you would like me to repeat it.

Thank you for your participation in this survey!

DHS / Division of Long Term Care
MFP - Money Follows the Person
FAX 608-221-6594

Name – Interviewer	Date	Email
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LIVING SITUATION

1. I'm going to ask you a few questions about the place you live.

About how long have you lived (here/in your home)? Probe: Your best estimate is fine.

___ Years ___ Months Don't Know Refused
(if answered, go to Question 2)

1a. Would you say you have lived here more than five years?

Yes No Don't Know Refused

2. (For Interviewer): Does member live in a group home or nursing facility?

Yes No Don't Know Refused

3. Do you like where you live?

Yes No Sometimes Don't Know Refused

4. Did you help pick (this/that) place to live?

Yes No Don't Know Refused

5. Do you feel safe living (here/there)?

Yes-go to 6 No-go to 5a Don't Know Refused

5a. How often do you feel unsafe living (here/there)?

Sometimes Most of the Time Don't Know Refused

6. Can you get the sleep you need without noises or other disturbances where you live?

Yes No Sometimes Don't Know Refused

CHOICE AND CONTROL

7. Can you go to bed when you want?

Yes No Don't Know Refused

8. Can you be by yourself when you want to?

Yes No Sometimes Don't Know Refused

9. When you are at home, can you eat when you want to?

Yes No Sometimes Don't Know Refused

10. Can you choose the foods that you eat?

Yes No Sometimes Don't Know Refused

11. Can you talk on the telephone without someone listening in?

Yes No Sometimes Don't Know Refused

12. Can you watch TV when you want to?

Yes No Sometimes No access to TV Don't Know
 Refused

13. N/A (Does not apply to Wisconsin's Home and Community Based Waivers.)

ACCESS TO PERSONAL CARE

Now I'd like to ask you about some everyday activities, like getting dressed or taking a bath. Some people have no problem doing these things by themselves. Other people need somebody to help them.

14. First, does anyone help you with things like bathing, dressing, or preparing meals?

Probe: Include any help received by another person, including cueing or standby assistance.

Yes-go to 14a No-go to 15 Don't Know-go to 15 Refused-go to 15

14a. Do any of these people get paid to help you?

Yes-go to 14b No Don't Know Refused

14b. Do you pick the people who are paid to help you?

Yes No Don't Know Refused

Note: Record Question 14 answer at Question 22

15. Do you ever go without a bath or shower when you need one?

Yes-go to 15a and 15b No Don't Know Refused

15a. How often do you go without a bath or shower when you need one? Would you say only sometimes or most of the time?

Sometimes Most of the time Don't Know Refused

15b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes No Don't Know Refused

16. Do you ever go without a meal when you need one?

Yes-go to 16a and 16b No Don't Know Refused

16a. How often do you go without a meal when you need one? Would you say only sometimes or most of the time?

Sometimes Most of the Time Don't Know Refused

16b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes No Don't Know Refused

17. Do you ever go without taking your medicine when you need it?

Probe: Medicines are pills or liquids that are given to you by a doctor to help you feel better.

Yes-go to 17a and 17b No Don't Know Refused

17a. How often do you go without taking your medicine when you need it? Would you say only sometimes or most of the time?

Sometimes Most of the Time Don't Know Refused

17b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

Yes No Don't Know Refused

18. Are you ever unable to use the bathroom when you need to?

- Yes-go to 18a and 18b No Don't Know Refused

18a. How often are you unable to use the bathroom when you need to? Would you say only sometimes or most of the time?

- Sometimes Most of the Time Don't Know Refused

18b. Is this because there is no one there to help you?

Probe: Please include any help received by another person, including cueing or standby assistance.

- Yes No Don't Know Refused

19. (This question is for **AFTER TRANSITION** only.) Have you ever talked with a case manager or support coordinator about any special equipment or changes to your home that might make your life easier? Probe: Equipment means things like wheelchairs, canes, vans with lifts, and automatic door opener.

- Yes-go to 19a and 19b No Not Applicable Don't Know
 Refused

19a. (This question is for **AFTER TRANSITION** only.) What equipment or changes did you talk about?

(write in) _____ Don't Know Refused

19b. (This question is for **AFTER TRANSITION** only.) Did you get the equipment or make the changes you needed?

- Yes No In Process Don't Know Refused

20. (This question is for **AFTER TRANSITION** only.) Please think about all the help you received during the last week *around the house* like cooking or cleaning. Do you need *more* help with things around the house than you are now receiving?

- Yes No Don't Know Refused

21. (This question is for **AFTER TRANSITION** only.) During the last week, did any family member or friends help you with things around the house?

- Yes-go to 21a No Don't Know Refused

21a. (This question is for **AFTER TRANSITION** only.) Please think about *all* the family members and friends who help you. About how many hours did they spend helping you yesterday?

Probe: Your best estimate is fine. *Interviewer: if less than one hour, enter 1 hour.*

_____ Hour(s) Don't Know Refused

RESPECT AND DIGNITY

Note: If Question 14 = No, Don't Know or Refused, go to Question 27

Interviewer: For questions in this module, refer to your state's policy on reporting any suspected incidents of abuse and neglect. For this survey, record only reports of current abuse.

22. You said that you have people who help you. Do the people who help you treat you the way you want them to?

- Yes No-go to 22a Don't Know Refused

22a. How often do they not treat you the way you want them to? Would you say only sometimes or most of the time?

- Sometimes Most of the Time Don't Know Refused

23. Do the people who help you listen carefully to what you ask them to do?

- Yes No-go to 23a Don't Know Refused

23a. How often do they not listen to you? Would you say only sometimes or most of the time?

- Sometimes Most of the Time Don't Know Refused

24. [Optional] Have you ever been physically hurt by any of the people who help you now?

Probe: Physically hurt means someone could have pushed, kicked, or slapped you.

Yes-ask optional 24a and optional 24b No Don't Know Refused

24a. [Optional] What happened when the people who help you now physically hurt you?

(write in) _____ Don't Know Refused

24b. [Optional] How many times have you been physically hurt by the people who help you now?

Probe: Your best guess is fine.

_____ Times Don't Know Refused

25. [Optional] Are any of the people who help you now mean to you or do they yell at you?

Probe: Do they treat you in a way that makes you feel bad or do they hurt your feelings?

Yes-go to optional 25a No Don't Know Refused

25a. [Optional] How often are they mean to you? Would you say only sometimes or most of the time?

Sometimes Most of the Time Don't Know Refused

26. [Optional] Have any of the people who help you now ever taken your money or things without asking first?

Yes-go to optional 26a No Don't Know Refused

26a. [Optional] How many times have they taken your money or things without asking first?

Probe: Your best guess is fine.

_____ Times Don't Know Refused

COMMUNITY INTEGRATION AND INCLUSION

27. I'd like to ask you a few questions about things you do. Can you see your friends and family when you want to see them? *Interviewer: Code "yes" if respondent indicates that they have either gone to see friends or family or that friends and family have come to visit them.*

Yes-go to 27a No Don't Know Refused

27a. How often do you see your friends and family when you want to see them? Would you say only sometimes or most of the time?

Sometimes Most of the Time Don't Know Refused

28. Can you get to the places you need to go, like work, shopping, or the doctor's office?

Yes-go to 28a No Don't Know Refused

28a. How often do you get to the places you need to go, like work, shopping, or the doctor's office? Would you say only sometimes or most of the time?

Sometimes Most of the time Don't Know Refused

29. Is there anything you *want* to do outside [the facility/your home] that you can't do now?

Yes-go to 29a and 29b No Don't Know Refused

29a. What would you like to do that you don't do now? Don't Know Refused

29b. What do you need to do these things? Don't Know Refused

30. When you go out, can you go by yourself or do you need help?

Go out independently Need help-go to 30a Don't Know Refused

30a. Please think about *all* the help you received during the last week with *getting around the community*, such as shopping and going to a doctor's appointment, do you need *more* help getting around than you are receiving?

Yes No Don't Know Refused

31. **[AFTER TRANSITION ONLY]** Are you working for pay right now?

Probe: Do you get any money for doing work?

Yes No-go to 31a Don't Know Refused

31a. **[AFTER TRANSITION ONLY]** Do you want to work for pay?

Yes No Don't Know Refused

32. **[AFTER TRANSITION ONLY]** Are you doing volunteer work or working without getting paid? Probe: Are you doing work but not getting any money for it?

Yes No-go to 32a Don't Know Refused

32a. **[AFTER TRANSITION ONLY]** Would you like to do volunteer work or work without getting paid?

Probe: would you like to do work without getting paid for it?

Yes No Don't Know Refused

33. I'd like to ask you a few questions about how you get around. Do you go out to do fun things in your community?

Probe: These are things that you enjoy such as going to church, the movies or shopping?

Yes No Don't Know Refused

34. When you want to go somewhere, can you just go, do you have to make some arrangements, or do you have to plan many days ahead and ask people for help?

Decide and Go Plan some Plan many days ahead Don't Know Refused N/A

35. Do you miss things or have to change plans because you don't have a way to get around easily?

Probe: Do you have to miss things because it is hard for you to get there?

Yes No Sometimes Don't Know Refused

36. Is there any medical care, such as a medical treatment or doctor's visits, which you have not received or could not get to within the past month?

Probe: The medical care includes doctor visits or medical treatments that you may need.

Yes No Don't Know Refused

SATISFACTION

37. Taking everything into consideration, during the past week have you been happy or unhappy with the help you get with things around the house or getting around your community?

- Happy-go to 37a Unhappy-go to 37b Don't Know Refused

37a. Would you say you are a little happy or very happy?

- A little happy Very happy Don't Know Refused
(All responses go to 38)

37b. Would you say you are a little unhappy or very unhappy?

- A little unhappy Very unhappy Don't Know Refused

38. Taking everything into consideration, during the past week have you been happy or unhappy with the way you live your life?

- Happy-go to 38a Unhappy-go to 38b Don't Know Refused

38a. Would you say you are a little happy or very happy?

- A little happy Very happy Don't Know Refused
(All responses go to 39)

38b. Would you say you are a little unhappy or very unhappy?

- A little unhappy Very unhappy Don't Know Refused

HEALTH STATUS

39. During the past week have you felt sad or blue?

- Yes-go to 39a No Don't Know Refused

39a. How often have you felt sad and blue? Would you say only sometimes or most of the time?

- Sometimes Most of the Time Don't Know Refused

40. During the past week have you felt irritable? Probe: Irritable means grumpy or easily upset about things in your life.

- Yes-go to 40a No Don't Know Refused

40a. How often have you felt irritable? Would you say only sometimes or most of the time?

Probe: Irritable means grumpy or easily upset about things in your life.

- Sometimes Most of the Time Don't Know Refused

41. During the past week have you had aches and pains?

- Yes-go to 41a No Don't Know Refused

41a. How often do you have aches and pain? Would you say only sometimes or most of the time?

- Sometimes Most of the Time Don't Know Refused

CLOSEOUT

42. *Those are all the questions I have you now. We would like to talk with you in about a year or so to find out how you are doing. In case we have trouble reaching you, what is the name, address, and phone number of a close relative or friend who is not living with you and is likely to know your location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend.*

No Contact Available – go to 43

Contact Available

42a. Contact Name: _____

42b. Street Address: _____

42c. City: _____ 42d. State: _____ 42e. ZIP: _____

42f. Telephone Number: _____

43. *Interviewer: Did you complete the interview with the sample member alone, the sample member who was assisted by another, or with a proxy?*

Member Alone

Member with Assistance

Proxy

44. *Interviewer: Record date the interview was completed:*

Month / Day / Year

For more information: DHS / Division of Long Term Care
MFP - Money Follows the Person
http://www.dhs.wisconsin.gov/ltc_cop/MFP/MFP.HTM

Please send this survey by FAX: 608-221-6594

Thank you!