

Quality of life considerations DRAFT

This survey is an optional tool for care team members to consider factors that might improve a person's quality of life. It is designed to be completed by a caregiver or other person monitoring supports when a person is unable to take a survey on their own (people who can do this on their own should use DHS form _ instead). While there are many tools available to help caregivers improve a person's quality of life, this tool strives to:

- Focus on tangible, concrete tasks that caregivers can do or observe, as opposed to making assumptions about what is meaningful to a person or assumptions about how a person feels or thinks
- Recognize a wide variety of needs and personal preferences (one example, not all people prefer spending time in the community over spending time at home)
- Consider many different areas of a person's life.

Factors that might improve quality of life

Instructions

For each statement, select the team's level of agreement or mark "don't know or NA (not applicable)." For example, on the first factor mark:

- **Strongly agree:** If the person has a regular routine (daily or weekly) to socialize with people they want to be with
- **Agree:** If the person has people to connect with but does not have regular opportunities to see them (for example, they only see people important to them on holidays)
- **Disagree:** If the person has been offered opportunities to connect with others but rarely spends time with people other than staff
- **Strongly disagree:** If the person does not have any type of social circle and the care team has not yet made any efforts to help build one

Emotional well-being

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person has regular opportunities to celebrate and connect with people who share their cultural, personal beliefs or identities (e.g. music, religion, sexual orientation, food, holidays, caring for the environment, etc.)					
The person's birthday is recognized (and celebrated, if desired by the person) every year by both paid and unpaid people who care about them					
The person has been offered opportunities to explore different religions and to choose what they want to participate in, or choose not to participate					
The people who support the person know how to recognize and respond to signs of stress to prevent the person from entering a crisis or engaging in interfering behaviors					

Personal development

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person has a person-centered plan, a preference assessment or some other document that lists community or other activities this person might be interested in					
Daily, the person is offered a variety of community or other activities they might enjoy					
The person typically participates in the activities offered to them					
The person has learning objectives in their plans that include how staff will provide instruction and support					
The learning objectives are less than a year out (though they might be a step in a long-term goal)					
The person typically participates in their learning objectives					
There is a written plan (which can be worked into other documents) to help promote the person's independence					
There is a system/process for ensuring objectives and plans are implemented as written and consistently by staff					

Positive interpersonal relations

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
At least twice per year, the person and plan authors meet with direct support caregivers to identify person-centered values that are important to the person					
If needed, the person has a plan (which can be worked into other documents) for increasing positive social interactions that are associated with person-centered values, and all staff have been trained on the plan					
Staff promote and reward positive social interactions on a daily basis					
Staff have received formal training on the receptive and expressive language levels and skills of the person					
The person has a method for communicating desires and needs that staff almost always understand (that does not include aggression or self-injury), or there is a written plan (monitored by a communication specialist, teacher or other specialist) for helping the person develop those skills					
The person receives support as needed through assistive technology, translators, interpreters, or other supports					
The person has long-term relationships with people other than paid caregivers					

Self-determination and choice

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person either controls their own finances or (if assistance is needed) the person controls how they spend their discretionary (fun) money					
On a daily basis, the person is able to invite non-staff people to spend time with them either in person or electronically (does not include court orders or rights restrictions for safety purposes)					
The activities offered to the person reflect their cultural or other personal preferences, as stated by the person or listed in their plans or assessments					
The person owns and keeps in their living space personal items that reflect their culture or interests					
The person owns clothing that reflects their personal style and desired gender identity					
The person was able to make a choice on where they live, or the person has been offered additional support services to move to a new location					
The person was able to make a choice on who to live with or to live alone, or the person has been offered additional support services to move to a new location					
At least annually, the person is offered informed choice opportunities for employment services to explore a variety of employment or volunteer opportunities they may want, including opportunities to change jobs or volunteer positions					
The person decides every day how they spend their time (exceptions might include bad weather, medical care, school, etc.)					
The person has multiple options each day to decide when they will do things (this does not mean activities are offered continuously but the person should be given some choices)					
The person's living space is furnished and decorated the way the person wants and includes pleasant, stimulating things for the person to look at and engage with					
There are enough staff available to support the person's needs and choices					

Social inclusion

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
Several times each week, the person is offered opportunities to visit different community settings they might enjoy besides the home, school or workplace					
Several times each week, the person is offered opportunities to engage in social activities with people who are not roommates, coworkers or paid to provide supports					
The person can decline social activities at any time and the team respects the person's choice (does not include rights restrictions or legal orders to do welfare checks)					
If there has been a decrease in the person's social engagement, steps have been taken to determine and address the cause, such as medical or psychological evaluations (e.g., depression, dementia, pain, etc.), changes in interests, lost friendships, etc.					
At least twice annually, the person is informed of opportunities to join community organizations like recreation centers or gyms, clubs, libraries, bowling leagues, volunteer groups, etc.					
The person has opportunities and support to participate in social media, if desired by the person					

Rights

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person is routinely educated about and offered opportunities to participate in civic-engagement activities (e.g., voting, attending city council or board meetings, reviewing city and county information online for upcoming events, joining social media, attending protests, etc.)					
The person's rights are explained to the person in a way that makes sense to them, or if the person struggles to understand, the person has an advocate who can support them					
At least annually, the person is reminded of opportunities to connect with self-advocate representatives or organizations. If the person desires to work with advocates, caregivers routinely support this connection (e.g., transporting the person to meetings, helping the person call an advocate when desired, etc.)					

Physical well-being

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person has been given opportunities to see specialists for medical issues such as a pain specialist, chiropractor, psychiatrist, etc.					
There is a written plan to maintain or improve the person's physical health					
There is a written plan to maintain or improve the person's mental health					
The person has enough physical space in their home, yard and work to support physical and mental health					
The person is offered a variety of creative ways to stay physically healthy that go beyond just eating salads and monotonous exercise (for example, the person could go to a botanical garden to walk around or dance to some music while making dinner)					
The person has access to culturally appropriate healthcare, as recommended by licensed health care professionals. Translators are provided as needed					

Material well-being

Areas or factors to consider	Strongly disagree	Disagree	Don't know or NA	Agree	Strongly agree
The person has enough income or other financial resources to get the things they need and some of the things they want, or there is a written plan to help the person become financially stable					
The person owns and has unlimited access to the personal items they value the most (for example: cell phone, bus pass, bike, video games, computer, etc.) (does not include legal orders or rights restrictions for safety)					
The person's belongings are respected by staff, roommates and visitors					
The person has multiple choices on what to wear each day, that is weather appropriate and fits well, and the clothes/shoes are free from holes or defects (unless desired by the person)					

Now that the tool is complete, review all items marked strongly disagree/disagree/agree, and discuss as a team what can be done to change or enhance the person's supports to improve quality of life.

If the care team is unsure how to move from disagreeing to agreeing with a statement, they can:

- Seek advice from a [person-centered planning facilitator](#) (scroll down to the "Planning facilitators" section and click on "Regional listing of available person-centered planning facilitators" to find a facilitator near you)
- Collaborate with another provider organization or regional cohort where other providers or case managers might have ideas to share
- Consider if additional staffing would improve quality of life and submit a rate exception request to increase staffing when appropriate
- Visit the DHS Workforce Shortage page for ideas and resources for finding and retaining staff
- Contact DHS for technical assistance at PositiveSupports@state.mn.us.