

**Person's evaluation of his or her Service Provider
Day Services**

The following sections will be auto-populated using data from the person's last closed CSSP (located in the MnCHOICES Support Plan Application).

- Lead agency: _____ (text box)
- Name of lead agency representative completing this form: _____ (text box)
- Person's first name: _____ (text box)
- Person's last name: _____ (text box)
- Person's PMI: _____ (text box)
- Waiver program:
 - AC
 - BI
 - CAC
 - CADI
 - DD
 - EW
 - Other _____ (text box)

This form should only be used with the following services: Adult Day Services (S5100/S5102), Day Training & Habilitation (T2020/T2021), Prevocational Services (T2014/T2015), and Structured Day Program (T2020/T2021).

- Provider name: _____ (text box)
- Provider NPI number: _____ (text box)
- Service:
 - Adult day services (S5100/S5102)
 - Day training & habilitation (T2020/T2021)
 - Prevocational services (T2014/T2015)
 - Structured day program (T2020/T2021)

1. Who is responding to these questions? Please check all that apply. *For case manager to complete.*

- Person
- Guardian
- Other representative

2. Does the person understand that he or she receives {this service} from {this provider}? *For case manager to complete.*

- Yes
- No

3. Do staff from {this provider} treat you with respect?

- Almost Always
- Most of the time
- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- Chose not to answer

4. Do staff from {this provider} respect your privacy?

- Almost Always
- Most of the time

- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- Chose not to answer

5. Do the staff come when you expect them to?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

6. Do staff from {this provider} perform the services the way you like them done?

- Almost Always
- Most of the time
- Some of the time
- Rarely
- Chose not to answer

7. Does {this provider} respond to your concerns or complaints about your services?

- Almost Always
- Most of the time
- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- I have not had a complaint yet
- Chose not to answer

8. Does {this provider} help you work toward your goals, dreams or priorities?

- Almost Always
- Most of the time
- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- Not applicable because {this provider's} services are not related to goals, dreams or priorities
- Chose not to answer

9. How did you decide this day service {provider name}? Please check all that apply.

- I was given information about other day providers
- I visited other day providers
- This was the only provider I was aware of
 - I am interested in information on other day service options. (remediation – CM add this to plan as a goal)
 - I am not interested in making a change.
- Chose not to answer

10. Are you getting the help you need to find a job in the community?

- Yes, I have all the help I need
- Yes, I have some help
- No, I have no help (*For case manager: Follow up action needed.*)
- Not Applicable, I don't want to work
- Chose not to answer

11. Does {this provider} help you participate in community activities that you enjoy as often as you like?

- Almost Always
- Most of the time
- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- I am not usually interested in participating
- Chose not to answer

12. Can you easily get your money to spend money as you wish?

- Almost Always
- Most of the time
- Some of the time (*For case manager: Follow up action needed.*)
- Rarely (*For case manager: Follow up action needed.*)
- This provider does not help me with money management
- Chose not to answer

13. How would you rate the overall quality of the services you receive from {this provider}?

- Better than I expected
- As I expected
- Worse than I expected
- Chose not to answer

14. Would you recommend {this provider} to another person?

- No
- Yes
- Chose not to answer

15. Do you want a different provider to work with you for {this service}?

- No
- Yes
- Chose not to answer

Please explain: (Comment box) _____

For the case manager completing this form: Enter any additional comments here:
(comment box)