

**Person's evaluation of his or her Service Provider
Other 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: Behavior Programming (H0025), Consumer Directed Community Supports (CDCS) (T2028), Chore (S5120), Crisis Respite (T1005/S9125), Home Delivered Meals (S5170), Home Health Aide (T1004/T1021), Homemaker (S5130), Home Care Nursing (LPN, RN) (T1002/T1003), Respite (S5150/S5151/H0045), Skilled Nursing (G0154/T1030), and Specialist Service (T2013).

- Provider name: _____ (text box)
- Provider NPI number: _____ (text box)
- Service:
 - Behavior programming (H0025)
 - Consumer directed community supports (T2028)
 - Chore (S5120)
 - Crisis respite (S9125/T1005)
 - Home delivered meals (S5170)
 - Home health aide (T1004/T1021)
 - Homemaker (S5130)
 - Private duty nursing (T1002/T1003)
 - Respite (H0045/S5150/S5151)
 - Skilled nursing (G0154/T1030)
 - Specialist service (T2013)

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 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

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

- No
- Yes
- Chose not to answer

11. 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)