

**Person's evaluation of his or her Service Provider
Residential 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 Foster Care (S5140/S5141), Child Foster Care (S5145), Supportive Living Services (T2016/T2017/T2032), Customized Living Services (T2030/T2031), and Residential Care Services (T2032/T2033).

- Provider name: _____ (text box)
- Provider NPI number: _____ (text box)
- Service:
 - Customized living (T2030/T2031)
 - Foster care (S5140/S5141/S5145)
 - Residential care services (T2032/T2033)
 - Supportive living services (T2016/T2017)

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 to live here {provider name}? Please check all that apply.

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

10. 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'm not usually interested in participating in these activities
- Chose not to answer

11. Do you decide on a daily basis when you want to do something? For example, waking up, going to bed, eating, going out alone with friends or family.
- Yes
 - No, and I want more choice. (*For case manager: Follow up action needed.*)
 - No, but I know why (someone explained it to me and the reason is in my plan).
 - Chose not to answer
12. Outside of meal times, can you get something to eat or grab a snack when you get hungry?
- Yes
 - No and I want more choice. There is no reason I can't get food when I want. (*For case manager: Follow up action needed.*)
 - No, but I know why (someone explained it to me and the reason is in my plan).
 - Chose not to answer
13. 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
14. Do you have a lease or residency agreement?
- Yes
 - No (*For case manager: Follow up action needed.*)
 - I own my home
 - Not sure
 - Chose not to answer
15. Are you able to lock your bedroom or living unit door for privacy?
- Yes
 - No, and I should be able to. (*For case manager: Follow up action needed.*)
 - No, there is a reason in my plan that my door cannot be locked.
 - Chose not to answer
16. If you share a bedroom, did you help pick or choose the person you share it with?
- Yes
 - No (*For case manager: Follow up action needed.*)
 - I do not share a bedroom
 - Chose not to answer
17. Are you able to decide how you furnish and decorate your room or living unit?
- Yes
 - No (*For case manager: Follow up action needed.*)
 - Chose not to answer
18. Is your home physically accessible for you?
- Yes
 - No (*For case manager: Follow up action needed.*)
 - Chose not to answer
19. At the place you live, can you get to the following areas any time you want or need: kitchen; dining room; living/family room; bedroom; and bathroom?
- 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

20. Can you have visitors at any time?

- Yes, as allowed by my lease /residency agreement
- No, and I should be able to have visitors when I want. (*For case manager: Follow up action needed.*)
- No, but I know there is a reason in my plan that visitors cannot come whenever I want.
- Chose not to answer

21. 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

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

- No
- Yes
- Chose not to answer

23. 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)