



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF SENIOR AND DISABILITY SERVICES
HOME AND COMMUNITY BASED SERVICES PARTICIPANT SURVEY

The Center for Medicare and Medicaid Services, known as CMS, has published a rule changing the requirements that make up a Home and Community Based setting. The purpose of this survey is to find out if you are included in and have access to supports in the community.

These questions only apply to your Home and Community Based Services. The survey asks for your name, however it is not required. If there are questions you do not wish to answer, you may skip those.

Participant Name and Phone Number (optional)	Case Manager (optional)
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This survey was completed by:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Participant
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Did you choose this provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

1. Are you treated with dignity and respect by staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

2. Are you satisfied with the services you receive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

3. Do you know what to do if you are unhappy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

4. Do you feel you can ask for help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

5. Do you know who/how to ask if you need something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

6. Are you aware of group activities, if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

7. Do you have a choice to participate in those group activities if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

8. Are you employed or active in the community (church, shopping, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

9. Do you know how to find out about activities in the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

10. Do you have another meal choice if you do not like what is being provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

11. Do you have snacks when you want?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain:

12. Are you allowed to have visitors at any time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, please explain: