



Individual Satisfaction Survey

MSC Services

Date of Survey: _____

Name of Individual _____

Site: _____

Interviewed By: _____

Title: _____

Signature of Individual: _____ Date: _____

Signature of Interviewer: _____ Date: _____

Medicaid Service Coordination
Satisfaction Survey

1) Do you know who your service coordinator is?

Yes No

If No, why? _____

2) Have you met him/her?

Yes No

If No, why? _____

3) Do you see or talk to your service coordinator?

Yes No

If Yes, how often (in person, by phone, etc)? _____

4) Do you feel you have the right supports according to your needs?

Yes No

If No, why? _____

5) Have you asked for a change?

Yes No

If Yes, why? _____

6) If you have a complaint about your services or your service coordinator, what do you do?

7) If you call and leave your service coordinator a message does it take a longtime for him/her to call you back or do they call back right away?

Yes No

If yes, how long? _____

8) Have you been given a phone number to reach your service coordinator after regular business hours in an emergency?

Yes No

9) Did anyone tell you about all the services that are available to you?

Yes No

Medicaid Service Coordination
Satisfaction Survey

The following questions are intended for individuals receiving services in a certified IRA

1) Who chose where you live?

2) Did anyone show you or talk to you about different places you could live?

Yes No

3) Who chose your work?

4) Did anyone show you or talk to you about different jobs you could have?

Yes No

5) If you could change your home or work is there something you would like better
