



MISSISSIPPI DIVISION OF  
**MEDICAID**

## B2I Consent to Participate National Quality of Life Survey (Study)



By agreeing to participate in Bridge to Independence (B2I) you also are agreeing to take part in a National Quality of Life Survey (Study) and a local evaluation to compare your quality of life in the institutional setting to your quality of life in the community. Your participation is greatly valued and will help the state and federal governments improve their long-term care programs.

All Bridge to Independence participants **must** take part in this study. Representatives on behalf of Division of Medicaid (DOM) will ask you questions at three stages of your participation: before you transition to the community, about one year after your transition to the community, and about two years after your transition.

Representatives on behalf of DOM will contact you and set a time to come to your facility or home to ask you questions. The survey takes approximately 15 to 20 minutes to complete. The surveyor will ask you about quality of life in seven areas of your life: living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfaction, and health status. You may decline to answer any question.

All information collected will be kept strictly confidential. Your answers will be combined with the answers of others and reported in such a way that no single individual could ever be identified. The information is being collected for research purposes only and will not be used to determine your continuing eligibility for Medicaid benefits. However, interviewers are required to report any instances of abuse or neglect to authorities.

If you have questions about the survey or your rights as a B2I participant, contact the Mississippi Division of Medicaid, Bridge to Independence at (1-800-421-2408).

Your signature below means you are agreeing to take part in the Quality of Life Survey.

B2I Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Navigator Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Navigator Telephone \_\_\_\_\_