2024 Behavioral Health Member Experience Survey

Applied Behavior Analysis (ABA) Services

Answer all questions below about the ABA services you received during 2024.

(If your child received ABA services during 2024, please answer on behalf of your child.)

Are you or your child of Hispanic or Latino origin or descent?							
Yes, Hispanic or Latino No, Not Hispanic or Latino Declined							
What is your or your child's race? Mark one or more:							
Black or African-American							
Native Hawaiian or Other Pacific Islander							
White							
Asian							
American Indian or Alaska Native							
Some other race							
Declined							
Part A. Telehealth Services During 2024 1 Telehealth visits are medical care services where the health care provider meets with you virtually using a website, telephone or an application that allows you to hear and sometimes see each other. How many telehealth visits have you had in the last 12 months?							
None SKIP TO Part B 1 to 5 Telehealth visits 6 to 10 Telehealth visits 11 to 15 Telehealth visits More than 15 Telehealth visits							

		Strongly	Disagree	Neutral	Agree	Strongly	Not
	Overall, I was	Disagree				Agree	Applicable
	satisfied with my						
	experience using						
2	telehealth.						
	If given the option, I						
	would use telehealth						
	services instead of seeing my provider in						
3	person.						
<u>I</u>	1.		<u>l</u>			<u> </u>	<u> </u>
Par	t B. Access to ABA Servi	ces During Strongly	2024			Strongly	Not
		Disagree	Disagree	Neutral	Agree	Agree	Applicable
	Services were offered						
4	at times that worked						
	for me.						
5	The provider returned						
	my calls within 24 hours.						
	The first visit with my						
6	provider was offered						
	within 10 working						
	days.						
Por	t C. Treatment Experien	oo During 2	024				
I ai	t o. Treatment Expense	Strongly		Nissatus	A 400 a	Strongly	Not
		Disagree	Disagree	Neutral	Agree	Agree	Applicable
	I was able to get all						
7	the services I or my						
	child felt were						
	needed. I was included in the				-		
8	planning of treatment						
	goals.						
	The provider gave me						
9	a printed copy of the						
	treatment plan.						
10	I like the services	_					
	received from the						
	provider. The provider helped						
	me get the						
11	information needed						
	to manage my	_	_	_			
	condition.			l	1	I	l

12	It is easy to ask my provider questions about my care.							
13	The provider honored my wishes about who receives information about my treatment.							
14	I was satisfied with the communication between my ABA services provider and my primary care provider (PCP).							
15	The provider offered written information in my preferred language.							
16	The provider took my cultural background (race, religion, language) into consideration during their treatment.							
Part D: Overall Experience During 2024 17. I have received behavioral health services for, 1 to 3 months 4 to 6 months 7 to 9 months 9 to 12 months More than 12 months								
1	8. Compared to how I wa Much better Slightly better About the same Slightly worse Much worse	s feeling be	fore I started	d seeing my	provider,	I feel		
1	9. I would still get service Yes No	es from this	provider if I h	nad other ch	noices.			

If you have any questions, call the Behavioral Health Line toll-free at **1-855-877-3885** (TTY **711**) 24 hours a day, 7 days a week. We have staff who speak your language.