

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
-

12	It is easy to ask my provider questions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	The provider honored my wishes about who receives information about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I was satisfied with the communication between my ABA services provider and my primary care provider (PCP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	The provider offered written information in my preferred language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	The provider took my cultural background (race, religion, language) into consideration during their treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

18. Compared to how I was feeling before I started seeing my provider, I feel...

- Much better
- Slightly better
- About the same
- Slightly worse
- Much worse

19. I would still get services from this provider if I had other choices.

- Yes
- No

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.