



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	<input type="checkbox"/>
No, Not Hispanic or Latino	<input type="checkbox"/>
Declined	<input type="checkbox"/>
What is your or your child's race? Mark one or more:	
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Asian	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Some other race	<input type="checkbox"/>
Decline	<input type="checkbox"/>

Part A. Telehealth Services During 2024							
1	<p>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?</p> <p>None SKIP TO Part B <input type="checkbox"/></p> <p>1 to 5 Telehealth visits <input type="checkbox"/></p> <p>6 to 10 Telehealth visits <input type="checkbox"/></p> <p>11 to 15 Telehealth visits <input type="checkbox"/></p> <p>More than 15 Telehealth visits <input type="checkbox"/></p>						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
2	Overall, I was satisfied with my experience using telehealth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If given the option, I would use telehealth services instead of seeing my provider in person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. Access to ABA Services During 2024							
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
4	Services were offered at times that worked for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The provider returned my calls within 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The first visit with my provider was offered within 10 working days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C. Treatment Experience During 2024							
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
7	I was able to get all the services I or my child felt were needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I was included in the planning of treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	The provider gave me a printed copy of the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I like the services received from the provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The provider helped me get the information needed to manage my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<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 my 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 <input type="checkbox"/>
	4 to 6 months <input type="checkbox"/>
	7 to 9 months <input type="checkbox"/>
	9 to 12 months <input type="checkbox"/>
	More than 12 months <input type="checkbox"/>
18	Compared to how I was feeling before I started seeing my provider, I feel:
	Much better <input type="checkbox"/>
	Slightly better <input type="checkbox"/>
	About the same <input type="checkbox"/>
	Slightly worse <input type="checkbox"/>
	Much worse <input type="checkbox"/>
19	I would still get services from this provider if I had other choices.
	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

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.