



ABA Survey Manual

Revised October 11, 2022

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PROCESS FOR ABA SURVEY

Timeframe

Each Managed Care Organization (MCO) will send out the Annual Applied Behavioral Analysis (ABA) Survey to all members who after February 1 of the previous year:

1. Requested ABA services by telephone call to the MCO,
2. Requested ABA services from their provider, or
3. Received ABA services.

All surveys shall be mailed out on or before April 1, and the MCOs will allow the member 30 days to respond to the survey.

Audience

The surveys will be sent out to both Chisholm and non-Chisholm members.

There are two versions of the Annual ABA Survey - one will have a Chisholm Class Member (CCM) marker on the survey and the other will not.

The CCM marker will distinguish Chisholm members from non-Chisholm members while keeping the member's identity anonymous.

Cover Letter

A copy of the cover letter must accompany the survey. Each MCO should send it out with their logo and/or appropriate signature.

Readiness

LDH will send an email out to the MCOs two weeks before the surveys are to be mailed to ensure readiness on the part of the MCOs.

Confirmation

The MCOs must reply to the email confirming its receipt and survey initiation.

SURVEY REPORTING CRITERIA

Chisholm Member responses will need to be scanned in and sent to LDH who will then forward them to the Advocacy Center.

MCOs will send scanned copies of Chisholm Class Members' responses to the Chisholm Compliance Team: Rene Huff, Crystal Faison, and Latisha "Monique" Hollins.

The copies of Chisholm Class Members' responses shall be sent via secure email every 2 weeks.

Each MCO will use the ABA Survey Data Reporting template to document survey responses. There should be a sheet for Chisholm member responses and non-Chisholm member responses.

Each MCO must include their name in the title of the document so LDH can distinguish the responses from each MCO. This must be sent to the LDH Chisholm Compliance Team on or before June 15.

ATTACHMENT A – COVER LETTER

Date

Recipient Name
Address

Dear Member,

We are asking for your feedback to better serve your needs.

Please complete the enclosed survey about your Applied Behavioral Analysis (ABA) services. You can return the survey using the enclosed self-addressed envelope. We can use your responses to help us improve the ABA program. Please provide your response May 1, 20XX.

This survey is confidential and your name will not be used. Your answers will not become a part of the child's record.

About ABA Services

Since February 1, 2014, Louisiana has offered ABA services to youth who meet Medicaid's eligibility requirements. We aim to make available all necessary psychological and behavioral services, including ABA services, to Chisholm Class Members with Autism Spectrum Disorders.

If you have questions or need more information please contact Medicaid at 1-888-758-2220, Monday through Friday 8:00 a.m. to 4:30 p.m.

Sincerely,

Applied Behavior Analysis Services Experience Survey

This is a survey to ask for your experiences, likes, and dislikes about the Applied Behavior Analysis (ABA) services your child and family receives.

Louisiana Medicaid aims to make available all necessary psychological and behavioral services, including Applied Behavior Analysis (ABA) services available for members under 21 for whom it is medically necessary. Louisiana was approved by the Centers for Medicare and Medicaid Service (CMS) to provide ABA services to youth who meet Medicaid's eligibility requirements beginning February 1, 2014. To help improve these services, Louisiana Medicaid is asking for your feedback.

This survey is voluntary. You do not have to complete this survey if you don't want to. It will not have any effect on the services your family currently receives from Medicaid or on your Medicaid eligibility.

This survey is confidential. Your name or your child's name will not be used. Your answers will not become part of your child's record.

The survey will take about 15 minutes of your time.

Mark the response that best describes your opinion.

Mark your responses by completely filling the bubble corresponding to your answer.

Correct response: ☐

Incorrect responses: ☒ ☐ ☒

1. Have you been told by a healthcare professional that your child can benefit from Applied Behavior Analysis (ABA) services?
☐ Yes
☐ No
2. Have you made a request for Applied Behavior Analysis (ABA) services for your child?
☐ Yes
☐ No
3. Have you received Applied Behavior Analysis (ABA) services for your child?
☐ Yes
☐ No

The next questions are about the ABA services you received. If you did not receive ABA services, you do not need to answer any of these questions, but can skip to the final question about other comments you have.

4. I (parent/guardian) was involved in the development of my child's plan for treatment.
☐ Yes
☐ No
5. I (parent/guardian) was involved in the ongoing ABA treatment including learning skills to help my child at home
☐ Yes
☐ No
6. The staff who worked with my child to provide services were polite and professional.
☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
7. The staff told me what plan they had for my child's treatment.
☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
8. The staff involved me in my child's treatment.
☐ On a weekly basis
☐ On a monthly basis
☐ Rarely
☐ Never
9. My child made the progress I expected.
☐ Always
☐ Most of the time
☐ Sometimes
☐ Rarely
☐ Never
10. If you have changed ABA providers, was it (check all that apply)
☐ Because my health plan required it
☐ I moved
☐ Dissatisfaction with prior provider's services
☐ Distance
☐ Scheduling problems ☐ Other:
Please explain
-

11. At my current ABA provider, the services addressed the following for my child (check all that apply)

| | Was not needed | Was not attempted | Tried but failed | Helped |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Reducing challenging behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily living skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child's ability to communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My child's ability to follow directions or respond | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pay attention to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be independent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. When progress was not achieved or when goals are met, the plan/services were modified to meet my child's needs.

☐ Yes

☐ No

13. My child received all the services I was told he/she would receive.

☐ Always

☐ Most of the time

☐ Sometimes

☐ Rarely

☐ Never

14. Overall, I am satisfied with the services my child has received.

☐ Yes

☐ No

15. When did you make your initial request for ABA services?

☐ After February 1, 2021.

☐ Before February 1, 2022 (**Stop.** Thank you for your response. You do not need to answer any further questions, **unless you have other comments about the ABA services, which you can add in the final question about other comments you have)**

16. How did you make the request for ABA services?
- ☐ Called Louisiana Department of Health
 - ☐ Called my Healthy Louisiana Plan
 - ☐ Through an ABA provider
 - ☐ With help from my Support Coordinator
 - ☐ Some other way. Please write how you made the request here:

17. Once you made that request, how long did it take to get helpful information about the services you were requesting?
- ☐ Less than 30 minutes
 - ☐ 30 minutes to 1 hour
 - ☐ More than 1 hour but less than 2 hours
 - ☐ More than 2 hours
 - ☐ Within 24 hours or 1 day
 - ☐ Within 2 days
 - ☐ Longer than 2 days
18. When you spoke to someone about ABA services, did they help you understand what information was needed to know if your child was eligible for ABA services?
- ☐ Yes
 - ☐ No
19. Were you told to get a new psychological evaluation in order to know if your child was eligible for ABA services?
- ☐ Yes
 - ☐ No
20. If you answered yes to # 17, were you told this:
- ☐ When you first requested ABA services, OR ☐ Later
21. If you answered 'Yes' to #17, how long did it take to get the evaluation after you attempted to schedule it?
- ☐ Less than two weeks
 - ☐ More than two weeks, but less than 3 weeks
 - ☐ Between 3 weeks and 1 month
 - ☐ More than 1 month
 - ☐ More than 3 months
22. Once the evaluation was completed, how long did you wait before you were told your child was approved or not approved for ABA services?
- ☐ Less than two weeks
 - ☐ More than two weeks, but less than 3 weeks
 - ☐ Between 3 weeks to 1 month
 - ☐ More than 1 month
 - ☐ More than 2 months
 - ☐ More than 3 months

23. If your child was not approved for ABA services, check all that apply:

- ☐ Does not apply to me or my child
- ☐ I was told why my child was not approved
- ☐ I was told that I had a right to appeal and how to do that
- ☐ I was told the information I needed to get to have the denial reversed and to have my child approved for ABA services
- ☐ I was told about other types of therapy or other treatment options

24. If your child was approved for ABA services, how long after you were approved did it take your child to receive their first ABA session?

- ☐ Less than two weeks
- ☐ More than two weeks, but less than 3 weeks
- ☐ Between 3 weeks and 1 month
- ☐ More than 1 month
- ☐ More than 2 months
- ☐ More than 3 months
- ☐ More than 6 months

25. Please share any additional comments you have about ABA services your child has received or about the process you had to go through to get those services.

ATTACHMENT C – CHISHOLM MEMBER SURVEY

CCM

Applied Behavior Analysis Services Experience Survey

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This survey is confidential. Your name or your child's name will not be used. Your answers will not become part of your child's record.

The survey will take about 15 minutes of your time.

Mark the response that best describes your opinion.

Mark your responses by completely filling the bubble corresponding to your answer.

Correct response: ☐

Incorrect responses:



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☐ Yes
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☐ Yes
☐ No

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☐ Distance
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☐ Other: Please explain
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| Get along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Be independent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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