

# SATISFACTION SURVEY FOR PRIOR AUTHORIZED SERVICES

**Section I: Identifying Information**

Recipient Name: \_\_\_\_\_ PA# \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_

Date: \_\_\_\_\_  
 Relationship to Recipient: \_\_\_\_\_

**Section II: Extended Home Health**

Authorized Units: \_\_\_\_\_ Hours \_\_\_\_\_ Days \_\_\_\_\_

**A. Status of Nurse in the Home**

- 1 Is your child approved to receive Extended Home Health services? Yes No  
*(If yes, continue with the following questions. If no, go to Section III)*
- 2 Do you currently have a nurse in the home working with your child? Yes No (Send email to Monitor)  
*(If yes, continue with the following questions. If no, skip to question #10)*

3 Did \_\_\_\_\_ (Provider's Name from PA-14) place the nurse in your home?

4 What is the nurse's schedule? \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

5 How many days of the week is the nurse in your home? \_\_\_\_\_ days

6 Has the nurse missed any time in the last 2 weeks? Yes No (Send email to Monitor only if no good cause for absence)

If yes, how much time was missed? \_\_\_\_\_ hours \_\_\_\_\_ days

If yes did the nurse make up the time they missed Yes No (Send email to Monitor)

Calculate bi-weekly hours using questions 4-6: \_\_\_\_\_ hours

7 If a nurse doesn't show up, do you contact the agency? Yes No

Do you request a back-up nurse? Yes No

8 Does the agency send a back-up nurse? Yes No (Send email to Monitor)

9 Are the services being received as authorized above? Yes No (Send email to Monitor)

10 Are you satisfied with your current provider? Yes No (Send email to Monitor)

a. If no, do you need assistance with switching providers? Yes No (Do not send email as indicated above if assistance is declined)

**B. Documentation for Referral to Monitor**

11 When was the last day you received service? \_\_\_\_\_ (mm/dd/yyyy)

12 If services are not being received as scheduled, is this a change you requested? Yes No (Send email to Monitor)

13 If you are not receiving the service as scheduled, and you did not request this change, have you contacted the agency to discuss this issue? Yes No (Send email to Monitor)

What was the agency's response? (document response below)

\_\_\_\_\_

**C. Resolution**

Date email sent to Monitor: \_\_\_\_\_ (mm/dd/yyyy)

Date Entered on S-Drive: \_\_\_\_\_ (mm/dd/yyyy)

Date entered on Paragraph 9 and 10: \_\_\_\_\_ (mm/dd/yyyy)

Signature of Staff Member Completing Survey: \_\_\_\_\_

# SATISFACTION SURVEY FOR PRIOR AUTHORIZED SERVICES

## Section I: Identifying Information

Recipient Name: \_\_\_\_\_

PA# \_\_\_\_\_

Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Relationship to Recipient: \_\_\_\_\_

**Section II: Personal Care Services**

Authorized Units: \_\_\_\_\_

Hours \_\_\_\_\_

Days \_\_\_\_\_

**A. Status of Worker in the Home**

1 Is your child approved to receive Personal Care services?

(If yes, continue with the following questions. If no, stop here)

2 Do you currently have a worker in the home working with your child?

(If yes, continue with the following questions. If no, skip to question #11)

3 Did \_\_\_\_\_ (Provider's Name from PA-14) place the worker in your home?

4 What specific services does the child receive assistance with?

bathing	Yes	No	eating	Yes	No
dressing	Yes	No	meal prep	Yes	No
grooming	Yes	No	household tasks	Yes	No
toileting	Yes	No	medical appts	Yes	No

5 What is the worker's schedule? \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

6 How many days of the week is the worker in your home? \_\_\_\_\_ days

7 Has the worker missed any time in the last 2 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor only if no good cause for absence)

If yes, how much time was missed? \_\_\_\_\_ hours \_\_\_\_\_ days

Calculate bi-weekly hours using questions 4-6: \_\_\_\_\_ hours

8 If a worker doesn't show up, do you contact the agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you request a back-up worker? Yes \_\_\_\_\_ No \_\_\_\_\_

9 Does the agency send a back-up worker? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor)

10 Are the services being received as authorized above? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor)

11 Are you satisfied with your current provider? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor)

a. If no, do you need assistance with switching providers? Yes \_\_\_\_\_ No \_\_\_\_\_ (Do not send email as indicated above if assistance is declined)

**B. Documentation for referral to Monitor**

12 When was the last day you received service? \_\_\_\_\_ (mm/dd/yyyy)

13 If services are not being received as scheduled, is this a change you requested? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor)

14 If you are not receiving the service as scheduled, and you did not request this change, have you contacted the agency to discuss this issue? Yes \_\_\_\_\_ No \_\_\_\_\_ (Send email to Monitor)

What was the agency's response? (document response below)

**C. Resolution**

Date email sent to Monitor: \_\_\_\_\_ (mm/dd/yyyy)

Date Entered on S-Drive: \_\_\_\_\_ (mm/dd/yyyy)

Date entered on Paragraph 9 and 10: \_\_\_\_\_ (mm/dd/yyyy)

Signature of Staff Member Completing Survey: \_\_\_\_\_

# Satisfaction Survey of Prior Authorized Services

Recipient Name: \_\_\_\_\_ MID#: \_\_\_\_\_ Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Approved Hours** \_\_\_\_\_ **Days of Service** \_\_\_\_\_

## Section I: Extended Home Health

1	Is your child approved to receive Extended Home Health services?		Yes	No		
<i>(If yes, continue with the following questions. If no, go to next section.)</i>						
2	a	When was the last day you received the service?				
	b	What time was the worker in your home?				
	c	Was the service provided in your home at the time you requested?		Yes	No	
	d	Are the services being received as scheduled?		Yes	No	
	e	If services are not being received as scheduled, is this a change you requested?			Yes	No
	f	If you are not receiving the service as scheduled, and you did not request this change, have you contacted the agency to discuss this issue?			Yes	No
	g	What was the agency's response?				
3	a	If a worker doesn't show up, do you contact the agency?		Yes	No	
	b	Does the agency send a back-up worker?		Yes	No	

**Approved Hours** \_\_\_\_\_ **Days of Service** \_\_\_\_\_

## Section II: Personal Care Services

1	Is your child approved to receive Personal Care Services?		Yes	No			
<i>(If yes, continue with the following questions. If no, stop here.)</i>							
2	a	When was the last day you received the service?					
	b	What time was the worker in your home?					
	c	Was the service provided in your home at the time you requested?		Yes	No		
	d	What specific services were provided? Assistance with:					
		bathing	Yes	No	eating	Yes	No
		dressing	Yes	No	meal prep	Yes	No
		grooming	Yes	No	household tasks	Yes	No
		toileting	Yes	No	medical appts	Yes	No
	e	Are the services being received as scheduled?			Yes	No	
	f	If services are not being received as scheduled, is this a change you requested?			Yes	No	
	g	If you are not receiving the service as scheduled, and you did not request this change, have you contacted the agency to discuss this issue?			Yes	No	
h	What was the agency's response?						
3	a	If a worker doesn't show up, do you contact the agency?		Yes	No		
	b	Does the agency send a back-up worker?		Yes	No		