Medicaid Waiver Survey

1. Were you allowed to choose the Agency who helps you at home? ........................................ O O O
2. Were papers about the waiver program left in your home? ................................................. O O O
3. Does your case manager explain things to you so that you can understand? ......................... O O O
4. If you ask for something, does your case manager help you get the things you need? ........ O O O
5. Does the case manager let you know when services are going to be changed or stopped? .... O O O
6. Does someone call and let you know when the worker is not coming? ................................. O O O
7. If you have a problem, does it get fixed? ............................................................................. O O O
8. Are the workers doing a good job? ....................................................................................... O O O
9. Are the workers nice and polite to you? .............................................................................. O O O
10. Do you know how to get help in case of an emergency? ....................................................... O O O
11. Did you know that Medicaid sometimes provides vouchers to assist with the cost of travel to doctor's visits? ................................................................. O O O
12. Do you attend any type of support group? ................................................................. O O O
13. Do you talk or visit with family or friends a lot? .............................................................. O O O

PLEASE PICK ONE ANSWER FOR EACH QUESTION. WRITE ADDITIONAL COMMENTS BELOW.

Name of person receiving services: ........................................................................................................

Name of county you live in: .................................................................

Name of person filling out this survey: ...........

Are you an advocate, parent, guardian, relative or staff of an agency? ...........................................

Address: ........................................................................................................................................

City: ................................................................................................................................. Zip: ........

Telephone Number: .....................................................................................................................
Medicaid Waiver Survey

Response Definition: Y=Yes  N=No  DK=Don’t Know  NA=Not Applicable

1. Were you allowed to choose the Agency who helps you at home? ........................................... Y N DK NA
2. Were papers about the waiver program left in your home? .................................................. Y N DK NA
3. Does your case manager explain things to you so that you can understand? .................. Y N DK NA
4. If you ask for something, does your case manager help you get the things you need? ...... Y N DK NA
5. Does the case manager let you know when services are going to be changed or stopped? .. Y N DK NA
6. Does someone call and let you know when the worker is not coming? .......................... Y N DK NA
7. If you have a problem, does it get fixed quickly? ................................................................. Y N DK NA
8. Are the workers doing a good job? ...................................................................................... Y N DK NA
9. Are workers nice and polite to you? ...................................................................................... Y N DK NA
10. Do you know how to get help in case of an emergency? .................................................. Y N DK NA
11. Did you know that Medicaid sometimes provides vouchers to assist with the cost of travel to doctor's visits? .................................................. Y N DK NA

PLEASE PICK ONE ANSWER FOR EACH QUESTION. WRITE ADDITIONAL COMMENTS BELOW:

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Name of person filling out this survey: .......

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Telephone Number: ..............................

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Medicaid Waiver Survey

Response Definition: Y=Yes  N=No  DK=Don't Know  NA=Not Applicable

1. Were you allowed to choose the Agency who helps you at home? ........................................ Y N DK NA
2. Were papers about the waiver program left in your home?......................................................... Y N DK NA
3. Does your case manager explain things to you so that you can understand?............................... Y N DK NA
4. If you ask for something, does your case manager help you get the things you need? ........... Y N DK NA
5. Does the case manager let you know when services are going to be changed or stopped? . Y N DK NA
6. Does someone call and let you know when the worker is not coming?..................................... Y N DK NA
7. If you have a problem, does it get fixed quickly?.......................................................................... Y N DK NA
8. Are the workers doing a good job?............................................................................................... Y N DK NA
9. Are workers nice and polite to you?............................................................................................... Y N DK NA
10. Do you know how to get help in case of an emergency?............................................................ Y N DK NA
11. Did you know that Medicaid sometimes provides vouchers to assist with the cost of travel to doctor's visits? ................................................................. Y N DK NA

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Telephone Number: ..................................................................................................................................
Medicaid Waiver Survey

Response Definition: Y=Yes  N=No  DK=Don't Know  NA=Not Applicable

1. Were you told what choices you have for school or to live? ...........................................
   O O O O
2. Do you know your case manager? ...................................................................................
   O O O O
3. If you ask for something, does the case manager help you get it? ...............................
   O O O O
4. Does the case manager visit you where you live? .........................................................
   O O O O
5. If you have a problem, does it get fixed quickly? .........................................................
   O O O O
6. Do the people that help you treat you nice? .................................................................
   O O O O
7. Do the people that help you do a good job? .................................................................
   O O O O
8. Do you feel safe with the people who help you? ...........................................................
   O O O O
9. Do the people that help you let you learn new things if you want to? .......................
   O O O O
10. Did you know that Medicaid sometimes provides vouchers to assist with travel to doctor's visits? .................................................................
    O O O O
11. Do you get the services you need? ..............................................................................
    O O O O

PLEASE PICK ONE ANSWER FOR EACH QUESTION. WRITE ADDITIONAL COMMENTS BELOW:

Name of person receiving services: ............................................................

Name of county you live in: .............

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Address: .................................................................................................................

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Telephone Number: ..............................................................................................

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Medicaid Waiver Survey

Response Definition: Y=Yes  N=No  DK=Don't Know  NA=Not Applicable

1. Did you pick the place you go to school or live? ................................................. O O O O
2. Do you know your case manager? ............................................................................. O O O O
3. If you ask for something, does the case manager help you get it? ......................... O O O O
4. Does the case manager visit you where you live? ................................................... O O O O
5. If you have a problem, does it get fixed quickly? ....................................................... O O O O
6. Do the people that help you treat you nice? ............................................................... O O O O
7. Do the people that help you do a good job? .............................................................. O O O O
8. Do you feel safe with the people who help you? ......................................................... O O O O
9. Do the people that help you let you learn new things if you want to? ..................... O O O O
10. Did you know that Medicaid sometimes provides assistance with the cost of travel to doctor's visits? ................................................................. O O O O
11. Do you get the services you need? ............................................................................ O O O O

PLEASE PICK ONE ANSWER FOR EACH QUESTION. WRITE ADDITIONAL COMMENTS BELOW:

Name of person receiving services: .................................................................

Name of county you live in: .................................................................

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Telephone Number: ........................................................................

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Medicaid Waiver Survey

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1. Were you allowed to choose the Agency who helps you at home? ........................................... Y N DK NA
2. Were papers about the waiver program left in your home? ......................................................... Y N DK NA
3. Does your case manager explain things to you so that you can understand? ............................. Y N DK NA
4. If you ask for something, does your case manager help you get the things you need? .......... Y N DK NA
5. Does the case manager let you know when services are going to be changed or stopped? . Y N DK NA
6. Does someone call and let you know when the worker is not coming? ................................. Y N DK NA
7. If you have a problem, does it get fixed quickly? ................................................................. Y N DK NA
8. Are the workers doing a good job? ......................................................................................... Y N DK NA
9. Are workers nice and polite to you? ....................................................................................... Y N DK NA
10. Do you know how to get help in case of an emergency? ................................................... Y N DK NA
11. Did you know that Medicaid sometimes provides vouchers to assist with the cost of travel to doctor’s visits? .......................................................... Y N DK NA

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Telephone Number: ..................................................................................
Medicaid Waiver Survey

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1. Were you allowed to choose the Agency who helps you at home? ........................................... O O O O
2. Did the case manager provide information about services? ..................................................... O O O O
3. Does your case manager explain things to you so that you can understand? ......................... O O O O
4. If you ask for something, does your case manager help you get the things you need? ...... O O O O
5. Does the case manager let you know when services are going to be changed or stopped? O O O O
6. Does someone call and let you know when the worker is not coming? .............................. O O O O
7. If you have a problem, does it get fixed quickly? ................................................................. O O O O
8. Are the workers doing a good job? ....................................................................................... O O O O
9. Are the workers nice and polite to you? .................................................................................. O O O O
10. Do you know how to get help in case of an emergency? .................................................... O O O O
11. Were the private duty nursing services provided on time? ................................................... O O O O
12. Were personal care/attendant services provided on time? ................................................... O O O O
13. Were medical supplies provided as needed? ....................................................................... O O O O
14. Does assisted technology (equipment) work properly? ......................................................... O O O O
15. Are you satisfied with Alabama Medicaid's TA Waiver Program? ................................... O O O O

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