

Member Satisfaction Surveys FY12

ValueOptions of Kansas, the company that manages substance abuse services, is conducting satisfaction surveys regarding your substance abuse benefit plan. Your participation in this survey is very important to help improve health plan services. Your responses are completely anonymous. There are no names or identifying information used in this research. Only the member can complete this survey. For further assistance please contact Tammy Adams at the information below.

Please read the questions and answer to the best of your ability. Next to the answers there may be a statement that will say "skip to Q9" or "skip to Q21" etc. Q stands for Question. Therefore, please read next to the answer you choose and then skip to what question it is directing you toward.

Again thank you for your time and input.

***** Please only have Medicaid/AAPS clients fill out this survey.*****

If you have any questions please feel free to call 1-866-645-8216 and ask for Tammy Adams, Prevention, Education and Outreach Coordinator.

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COUNSELOR EXPERIENCE AND RATINGS

1. **How would you rate your counselor on communicating clearly with you?**
 - Very Good
 - Good
 - Fair
 - Poor
 - No Opinion / Don't Know
2. **How would you rate your counselor on showing respect for your ethnic, cultural, or religious needs?**
 - Very Good
 - Good
 - Fair
 - Poor
 - No Opinion / Don't Know
3. **How would you rate your counselor on involving you in decisions about your care?**
 - Very Good
 - Good
 - Fair
 - Poor
 - No Opinion / Don't Know
4. **Overall, how would you rate the quality of service you have received from your counselor?**
 - Very Good
 - Good
 - Fair
 - Poor
 - No Opinion / Don't Know

COORDINATION AMONG SUBSTANCE ABUSE COUNSELORS

5. **Thinking about everyone involved in your substance abuse care, in the last year, have you received services from any other substance abuse counselor in addition to your current counselor?**
 - Yes
 - No (*Skip to Q7*)
 - No Opinion / Don't Know (*Skip to Q7*)
6. **Has your counselor requested a release of information for this other substance abuse counselor who you saw?**
 - Yes
 - No
 - No Opinion / Don't Know

COORDINATION OF CARE

7. **Thinking about the coordination of all your health care, do you have a personal physician or medical doctor?**
 - Yes
 - No (*Skip to Q9*)
 - No Opinion / Don't Know (*Skip to Q9*)
8. **Has your counselor requested a release of information for and discussed your treatment with your medical doctor, or do you not know?**
 - Yes
 - No
 - No Opinion / Don't Know

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ACCESS TO CARE

The next few questions are about appointments with your counselor,

9. **Thinking back to your first appointment for your current treatment, did you get an appointment as soon as you wanted?**
 Yes
 No (Skip to Q11)
 No Opinion / Don't Know (Skip to Q11)
10. **For this first appointment did you choose the first available date or one more convenient for you?**
 First Available
 More Convenient
 No Opinion / Don't Know
11. **In the last year, did you need to see your counselor right away for an urgent problem?**
 Yes
 No (Skip to Q14)
 No Opinion / Don't Know (Skip to Q14)
12. **How satisfied are you with the time it took you to see someone?**
 Very Satisfied
 Satisfied
 Dissatisfied
 Very Dissatisfied
 No Opinion / Don't Know
13. **Were you seen within 24 hours, 24 to 48 hours, or did you have to wait longer than 48 hours?**
 24 Hours
 24 to 48 Hours
 Longer than 48 Hours
 No Opinion / Don't Know
14. **Is the distance you travel to your counselor a problem or not a problem?**
 Problem
 Not a Problem
 No Opinion / Don't Know
15. **Were you placed on a waiting list?**
 Yes
 No (Skip to Q18)
 No Opinion / Don't Know (Skip to Q18)
16. **If you were placed on a waiting list, how long was the wait?**
17. **If you were placed on a waiting list, do you know why you had to wait?**

OUTCOMES OF SERVICES

18. **Since beginning treatment, in general are you feeling much better, better, about the same, or worse?**
 Much Better
 Better
 About the Same
 Worse
 No Opinion / Don't Know

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19. **How satisfied are you with the number of visits with your counselor?**

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Opinion / Don't Know

RESIDENTIAL SERVICES

20. **In the last year, have you stayed overnight in a treatment facility for any counseling or substance abuse services?**

- Yes
- No (*Skip to Q23*)
- No Opinion / Don't Know (*Skip to Q23*)

21. **Were you told how many days you were going to stay in this particular treatment facility program?**

- Yes
- No
- No Opinion / Don't Know

22. **How do you rate the number of days you stayed overnight in the treatment facility?**

- Too short
- Too long
- Just right
- No Opinion / Don't Know

TOLL-FREE TELEPHONE NUMBER SERVICE

23. **In the last year, have you called the ValueOptions toll-free telephone number?**

- Yes
- No (*Skip to Q27*)
- No Opinion / Don't Know (*Skip to Q27*)

24. **How satisfied are you with the conversation you had with ValueOptions?**

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Opinion / Don't Know

25. **Did you call in regards to a grievance or an appeal?**

- Grievance
- Appeal
- No (*Skip to Q27*)
- No Opinion / Don't Know (*Skip to Q27*)

26. **How satisfied are you with how the process went in regards to your grievance or appeal?**

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied
- No Opinion / Don't Know

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MEMBER RIGHTS

27. **Upon admission to treatment, were you given a copy of your member/client rights?**
 Yes
 No
 No Opinion / Don't Know
28. **If yes, how well were they explained to you?**
 Very well
 Well
 Fair
 Poor

OPEND ENDED QUESTIONS

29. **Is there anything about your treatment that could have been improved upon?**
30. **Is there anything you think was done especially well?**

GENERAL QUESTIONS

Finally,

31. **What is your age?** _____
32. **Do you consider yourself Asian, African-American, Hispanic, Native American, White, or some other ethnicity?**
 Asian
 African-American
 Hispanic
 Native American
 White
 Other
 No Opinion / Don't Know
33. **Gender:**
 Male
 Female

END

This completes the survey. Thank you very much for your time and cooperation