

Pennsylvania-Specific CHC HCBS CAHPS® Survey Questions Calendar Year 2024

The questions below are Pennsylvania-specific survey questions. These questions pertain to person-centered service plans, transportation, housing, dental, Supplemental Nutrition Assistance Program (SNAP), survey assistance and mental health. Community HealthChoices (CHC) Managed Care Organizations (MCOs) must add these questions to the CHC HCBS CAHPS Survey tool in accordance with Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ) guidance. Only with the approval of the Pennsylvania Department of Human Services, can the selected vendor modify these questions.

CHC-MCOs are required to ensure that their survey vendor selects the best applicable answer for the following questions during administration of the survey participant interviews:

Person-Centered Service Plan

- I know how to report abuse, neglect or exploitation including the use of restraints and other restrictions.
 - Yes
 - No
 - Don't know
 - Refused
 - Unclear Response

Transportation

- In the last three months, have you been unable to get to a non-medical appointment, event, or errand due to lack of transportation?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Housing

- In the last three months, did you need assistance with issues related to your housing?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last three months, did you receive assistance related to your housing from your housing or service coordinator?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Are you aware of your rights regarding housing and how to access information regarding prevention of eviction and/or foreclosure?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Dental

- In the last six months, did you get care from a dentist's office or dental clinic?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last six months, how many times did you go to a dentist's office or dental clinic for care for yourself?
 - None
 - 1
 - 2
 - 3
 - 4 or more
 - Don't Know
 - Refused
 - Unclear Response

- We want to know your rating of all your dental care from all dentists and other dental providers in the last six months. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate your dental care?
 - 0 Worst dental care possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best dental care possible
 - Don't Know
 - Refused
 - Unclear Response

Supplemental Nutrition Assistance Program (SNAP)

- In the last six months, did you receive Supplemental Nutrition Assistance Program (SNAP) benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Do you know that you may be eligible for SNAP benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- Do you know how to apply for SNAP benefits to help you buy food?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Survey Assistance

- If someone helped you complete this survey, how is that person related to you?
 - No one helped me complete this survey
 - Spouse/partner
 - Adult child
 - Parent
 - Other family member
 - Guardian or legal representative
 - Friend or neighbor
 - Staff or someone paid to provide support to the respondent
 - Other (specify) _____
 - Don't Know
 - Refused
 - Unclear Response

- Would you have preferred to take this survey in person? In that case, an interviewer would have come to where you live or another location you agreed on in advance.
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

Mental Health

- In the last six months, did you try to make any appointments for counseling or mental health treatment?
 - Yes
 - No
 - Don't Know
 - Refused
 - Unclear Response

- In the last six months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?
 - Never
 - Sometimes
 - Usually
 - Always
 - Don't Know
 - Refused
 - Unclear Response