BUREAU OF SENIOR SERVICES
AGED AND DISABLED WAIVER
MEMBER SURVEY

What Do You Think?

It is important for members of the Waiver program to know program rules, member rights or responsibilities, and how to solve problems when they occur. The "Waiver at a Glance" will tell you what to expect from the program.

Please answer the following questions; your responses, comments and questions will automatically be sent to the Aged and Disabled Waiver Quality Assurance Division.

1. Does your case manager ask if you are receiving the services that you need?

□ Yes □ No

2. Does your homemaker help you with the activities on your plan?

□ Yes □ No

3. Do you let the provider agency know when you think you have a problem with staff?

□ Yes □ No

4. Do you know it is your responsibility to make sure the Medicaid homemaker worksheet is correct before you sign it?

□ Yes □ No

5. Are you aware that you may choose to change your provider agency?

□ Yes □ No

Do you have anything else that you would like to tell us about your services or the program?

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My case manager contacts me:
□ 1 time per month
□ 1 time per 3 months
□ 1 time per 6 months
□ Never

My nurse contacts me:
□ 1 time per month
□ 1 time per 3 months
□ 1 time per 6 months
□ Never

Thank You

The Bureau of Senior Services