## **Accessibility Survey**

This survey is a collaborative effort among Minnesota Special Needs Basic Care (SNBC) plans to reduce duplication and multiple surveys to adult mental health targeted case management (MH-TCM) agency.. Although you may receive notification of this survey more than once, you only need to complete ONE SURVEY per MH-TCM agency location. Your responses will be used to help individuals to choose a MH-TCM agency that will best service their unique needs, and to comply with contract requirements between the Minnesota Department of Human Services (DHS) and SNBC plans.

1.	MH-TCM agency nam	e:
2.	MH-TCM agency addr	ress:
3.	Contact person at age	ency and job title :
4.	Contact phone number	er (include area code) and email address:
5.	MH-TCM agency NPI:	
6.	What health plan(s) a	re you contracted with for SNBC MH-TCM services for 2014? (Check all
	that apply)	
		Medica
		Metropolitan Health Plan
		PrimeWest Health
		South Country Health Alliance
		UCare
Clien	t Accessibility	
1.	At the time of scheduling a new client appointment, does your MH-TCM agency ask if the client	
has special needs or requires special accommodations?		equires special accommodations?
		Yes
		No
2.	Are clients allowed to	bring service animals to their appointments?
		Yes
		No
3.	Do the MH-TCM case	managers in your agency meet with clients in their home?
		Yes
		No
4.	Do the MH-TCM case	managers in your agency meet with clients in a community setting of their
	choice, such as a coffee shop?	
		Yes
		No
5.	Does your MH-TCM provider agency offer services by videoconferencing in order to improve	
	access to services?	
		Yes
		No

6.	Do you	see clients in	ee clients in your MH-TCM agency office?	
			Yes	
			No	
		* If and	swering yes to this question, please complete sub questions a through h	
	a.	Do your wait	ing areas accommodate wheelchairs?	
	a.		Yes	
			No	
	h	_	H-TCM agency accommodate a client who needs a private waiting area?	
	υ.		Yes	
			No	
	r		a 5 foot wheelchair turning radius in at least one bathroom stall?	
	٠.		Yes	
			No	
	d.	_	ndles in the client accessible areas be operated with a closed fist?	
			Yes	
			No	
	e.	Is vour recen	otion desk at chair level?	
	-		Yes	
			No	
	f.	How soon ar	e clients seen at your office within their scheduled appointment time?	
			0-15 minutes	
			15-30 minutes	
			30 minutes or longer	
	g.	Is your MH-T	CM provider agency able to offer free, on-site child care so that an adult	
		-	rticipate in receiving services?	
			Yes	
			No	
	h.	If public tran	sportation is available to your MH-TCM agency, what is the distance from	
		the agency t	o public transportation?	
			At clinic	
			1-6 blocks	
			6 blocks or more	
			Not Applicable	
Sched	ulina			
	_		a appointment, how long door it usually take to be seen by a MH TCM case	
		-	n appointment, how long does it usually take to be seen by a MH-TCM case	
	manag	err	Same day	
			Within 48 hours	
			Within 1 week	
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		Within 2 weeks	
		Within 3 weeks	
		Greater than 3 weeks	
2.	Are clients given writ	ten appointment slips for future planned contacts (not just verbal)?	
		Yes	
		No	
3.	Do clients have the o	otion to receive appointment reminders via text message for future	
	planned contacts?		
		Yes	
		No	
4.	Do clients have the option to receive appointment reminders via phone message for future		
	planned contacts?		
		Yes	
		No	
5.	Do your MH-TCM case managers adjust the length of visits/contact to meet client needs?		
	(Example: two 30 mi	nutes sessions vs. one 60 minute session)	
		Yes	
		No	
6.		sses appointments, how does your MH-TCM provider agency respond	
	most frequently? Sel		
		Terminate services	
		Appointment reminder call	
		Postcard reminder	
		Client activation planning	
		Other (please specify):	
7.		I-TCMs available evenings to meet with clients if requested?	
		Yes	
		No	
8.		I-TCMs available on weekends to meet with clients if requested?	
		Yes	
	u	No	
Comr	nunication		
1.		rovider agency allow clients to communicate with their case managers	
	using phone, email or text; AND are these communications documented in client file?		
		Yes	
		No	
2.	Are client phone calls	emails made to your MH-TCM provider agency returned within 48 hours?	
		Yes	
		No	
3.	Are client phone calls	emails made to your MH-TCM provider agency documented in client files	
	at the time of response?		

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		Yes No	
4.	_		
7.	Does your MH-TCM provider agency review materials for reading level, ease of understanding, non-use of acronyms, and font size before they are given to clients?		
		Yes	
		No	
	_	110	
Disab	oility Awareness		
1.	Does your MH-TCM p	rovider agency hold or participate in advisory committee/s to review police	
	and procedures for pe	eople with physical health or other disabilities?	
		Yes	
		No	
		If answering yes to this question, please name the committees, host	
	agend	cy, and how often they meet:	
2.	How often does your	staff receive training on dignity, respect and recovery for clients over the	
	age of 21 with disabili	ties:	
		At time of hire	
		Less than or at least every 6 months	
		Yearly	
		Not at all	
		Not applicable, our agency does not service clients over the age of 21.	
3.	How often does your staff receive training on dignity, respect and resiliency for clients under the		
	age of 21 with disabilities:		
		At time of hire	
		Less than or at least every 6 months	
		Yearly	
		Not at all	
		Not applicable, our agency does not serve clients under the age of 21.	
Train	ning		
		ns are your MH-TCM provider agency staff trained in to use regarding	
	individuals with high anxiety:		
		Please describe:	
2.	What accommodation	ns are your MH-TCM provider agency staff trained in to use regarding	
	individuals with cogni		
		Please describe:	
3.	What training have vo	our MH-TCM case managers been given in the past two years (as of survey	
	date) in order to assess the cultural values and beliefs of the clients and how often?		
		Please describe:	
4.	What training is your	MH-TCM provider agency staff given on community resources for clients	
	and how often does this training occur?		
		Please describe:	

## **Person-centered Planning**

5.	Does your MH-TCM p	rovider agency identify and involve the client's personal support members	
	in the client's assessm	nent and planning of their support plan?	
		Yes	
		No	
6.	Does your MH-TCM p	rovider agency involve the client's identified personal support members in	
	the client's implemen	tation and reevaluation of their support plan?	
		Yes	
		No	
7.	For clients 21 and old	er, are Individual Community Support Plans (ICSP) signed by the client and	
	(if involved) other sup	pportive individuals?	
		Yes	
		No	
		Not applicable, our agency does not service clients over the age of 21.	
8.	For clients 21 and old	er, are signed copies of the ICSP given to the client?	
		Yes	
		No	
		Not applicable, our agency does not service clients over the age of 21.	
9.	For clients under 21,	are Individual Family Community Support Plans signed by the client and	
	other supportive indiv	viduals?	
		Yes	
		No	
		Not applicable, our agency does not service clients under the age of 21.	
10.	For clients under 21,	are signed copies of Individual Family Community Support Plans given to	
	the client or other sup	pportive individuals?	
		Yes	
		No	
		Not applicable, our agency does not service clients under the age of 21.	
11.	•	ize of case manager caseload for a full-time equivalency case manager (do	
	not include supervisor or clinical supervisor time) at your MH-TCM provider agency for adults in		
	the preceding month	before this survey?	
		Number of clients per FTE case manager:	
12.	What is the average s	ize of case manager caseload for a full-time equivalency case manager (do	
	not include supervisor or clinical supervisor time) at your MH-TCM provider agency for children		
	in the preceding mon	th before this survey?	
		Number of clients per FTE case manager:	

## **Cultural Considerations**

1.	Do your MH-TCM case managers use a systematic approach in assessing the cultural values and		
	beliefs of the client, and incorporate them into their support plan?		
		Yes	
		No	
2.	Does your MH-TCM age	ency employ case managers that speak languages of client cultural	
	groups?		
		Yes	
		No	
		If answering yes to this question, please list what languages besides	
	English	; is at least one case manager fluent in as to the day of completion of this	
	survey	?	
3.	Does your MH-TCM agency specialize in working with a specific population?		
		Yes	
		No	
		If answering yes, please describe the specific population(s):	
4.	Does your MH-TCM agency provide written materials in languages other than English?		
		Yes	
		No	
		If answering yes, please list the other languages that your print	
	materia	als are available under:	
Quali	ty Assurance		
1.	Does your MH-TCM pro	ovider agency utilize an annual client satisfaction survey?	
		Yes	
		No	
2.	Are the results of client	satisfaction surveys available to the public?	
		Yes	
		No	
		Not applicable: Our agency does not utilize client satisfaction surveys	
		If answering yes to this question, where are the results of your client	
	satisfaction survey located?		