

MEDICAID SURVEY

SURVEY INSTRUCTIONS



We are interested in learning about your role in managing the Medicaid services you receive, and your opinions on saving for items to improve your quality of life. The survey should take less than 10 minutes to complete. Answer all the questions by filling in the box next to your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes --> Go to Question 3 No

This survey is confidential.

1. Are you responsible for choosing the type(s) of services you receive from the Medicaid program?
 Yes --> Go to Question 3 No
2. Would you like to choose what type(s) of services you receive from the Medicaid program?
 Yes No
3. Are you responsible for choosing how to spend the money you are authorized from Medicaid?
 Yes --> Go to Question 5 No
4. Would you like to choose how to spend the money you are authorized from Medicaid?
 Yes No
5. Are you responsible for hiring and firing your personal care worker(s)?
 Yes --> Go to Question 7 No
6. Would you like to have the option of hiring and firing your personal care worker(s)?
 Yes No
7. Would you like to participate in a program where you learn how to manage your money? You would learn about such things as budgeting your money, savings and checking accounts, and credit cards.
 Yes No
8. People save money to purchase items that improve their quality of life. What kind(s) of item(s) would you like to save for? **Check all that apply.**
 A home
 College or trade school
 Vacation
 Computer
 Home modifications
 Self-employment/start my own business
 Automobile
 Devices to help me see, hear or communicate better
 I don't know what I would save for
 I wouldn't like to save for anything
 Are there any items you would like to save for that were not listed above? Please describe:

9. What limitations prevent you from accomplishing your savings goals? **Check all that apply.**
 Asset limits on my health programs
 No extra money to save
 Minimum deposits/fees are too high
 I don't see any limitations to my savings goals
 Are there any limitations not listed above?
Please describe: _____

Please continue to next page

We are also interested in your opinion about a possible new program called the LIFE Account savings program. LIFE Accounts do not currently exist, but we would like to find out about your interest in these types of accounts. A LIFE Account is a savings program that would allow you to save more than the current \$2,000 asset level for Medicaid.

10. Would you be interested in having a LIFE Account if LIFE Accounts became available?

- Yes --> Go to Question 12 No

11. If you would NOT be interested in having a LIFE Account, why not?

12. If you had a LIFE Account, how many of the following options would you use? **Check all that apply.**

- I would deposit money earned from my job(s)
 I would deposit money from Federal and State tax returns
 I would deposit money from my monthly benefit check
 I would deposit money given to me from relatives
 I would deposit money given to me from friends
 I would deposit money saved from my Medicaid budget, if that option became available to me
 None of the above

13. In completing this survey, did you **(select one answer that best represents your situation):**

- Complete it WITHOUT assistance
 Complete it WITH assistance from (Check all that apply):
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Case manager |
| <input type="checkbox"/> Family member/paid caregiver | <input type="checkbox"/> Other |

14. Is there anything else you would like to tell us about managing your services or your interest in LIFE Accounts?

Thank you for completing this survey. Please return the completed survey in the postage-paid envelope.