



## Regional Pathways ABA Provider Access Reporting Overview

### Report Overview

All Pathways Providers who are contracted with Health Share to provide **ABA Services** are **contractually obligated** to complete the Regional Pathways ABA Access report **monthly**.

The access report should **represent current access data** and shall be **completed no later than the 15th of every month**.

The Regional ABA Access Report measures access to **outpatient ABA assessment and treatment services** for Health Share Members. The report captures the wait time for ABA intake appointments and ABA treatment appointments.

**The Regional Pathways ABA Access Report is available at:**

<https://www.surveymonkey.com/r/FSR5S6T>

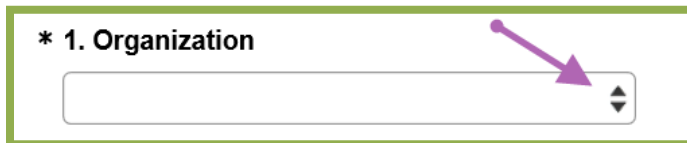
For questions or for assistance with the report, please contact [providers@healthshareoregon.org](mailto:providers@healthshareoregon.org).

## Report Submission Process

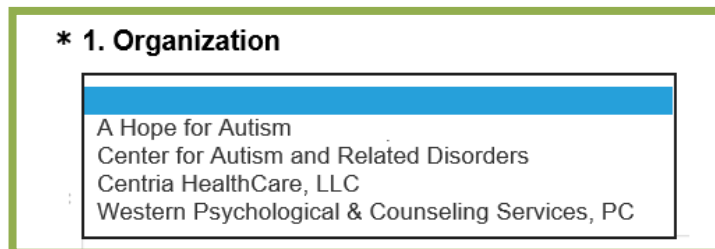
Health Share's online Access Survey is available online at <https://www.surveymonkey.com/r/FSR5S6T>.

You will be reporting your organization's current Access Data.

- 1) Click on the drop down to select the name of the Organization for whom you are reporting. *(If you do not see the name of your organization in this list, please email [providers@healthshareoregon.org](mailto:providers@healthshareoregon.org).)*

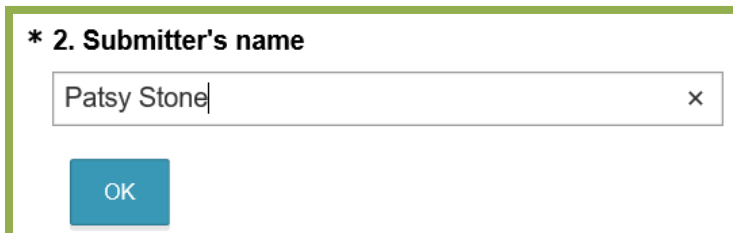


A screenshot of a form field labeled "\* 1. Organization". It features a white dropdown menu with a small downward-pointing arrow on the right side. A purple arrow points to the dropdown arrow.




A screenshot of a dropdown menu labeled "\* 1. Organization" showing a list of organizations. The list includes: "A Hope for Autism", "Center for Autism and Related Disorders", "Centria HealthCare, LLC", and "Western Psychological & Counseling Services, PC". The first item is highlighted with a blue background.

- 2) Enter the name of the person submitting the report and click 'OK.'



A screenshot of a form field labeled "\* 2. Submitter's name". It contains a text input field with "Patsy Stone" and a small 'x' icon on the right. Below the input field is a blue button labeled "OK".

- 3) Enter the email of the person submitting the report and click 'OK.'



A screenshot of a form field labeled "\* 3. Submitter's email". It contains a text input field with "patsy@behavioralhealth.org" and a small 'x' icon on the right. Below the input field is a blue button labeled "OK".

4) Select the year corresponding to the report which is being submitted.

**\* 4. Year**

2018       2020

2019

5) Select the year corresponding to the reporting which is being submitted (current month).

**\* 5. Month of data**

January       July

February       August

March       September

April       October

May       November

June       December

6) Indicate whether your organization is accepting new Health Share members if intake and treatment appointments.

**\* 6. Are you accepting new Health Share members for intake and treatment appointments?**

Yes

No

- 7) Select the appropriate wait time for:
  - a. Next Available Intake Appointment
  - b. Time between Intake and Treatment
  - c. Treatment to begin

**\* 7. Select the answer that is most accurate**

	1-4 weeks	5-9 weeks	10-14 weeks	More than 14 weeks	N/A
What is the approximate wait time until your next available intake appointment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is the approximate wait time from the intake appointment until the beginning of treatment?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What is the approximate wait time from the time the services are authorized by the behavioral health plan until the beginning of treatment?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Click 'OK.'

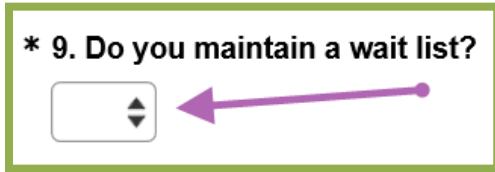
If you currently **not accepting new Health Share clients**, please select the radial under 'N/A.'

- 8) Indicate if your organization has Spanish speaking providers.

**\* 8. Do you have any Spanish speaking providers?**

Yes  No

9) Click on the dropdown menu to indicate whether or not your organization maintains a waitlist.



10) Click 'Next' to proceed.



If you indicate that your organization maintains a wait list, you will be directed to a second page of the survey with the final questions.

If you indicate that your organization does not maintain a wait list, the survey will be submitted.

11) Indicate how long your organization's current wait list is, and how long the wait for a Spanish speaking provider is (enter N/A if not applicable).

**\* 10. Answer the following**

	1-4 weeks	5-9 weeks	10-14 weeks	More than 14 weeks	N/A
Approximately how long is the current wait list?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Approximately how long the wait for a Spanish speaking provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

12) Indicate how many Health Share members are on your organization's wait list.

**11. How many Health Share members are on the current wait list?**

13) Click 'Done' to submit the survey.

