

Survey for Pediatricians, Family Physicians and Primary Care Clinicians

1. Demographic information

- (a) Professional discipline/specialty:
- (b) Years in practice

2. In what city/county(ies) do you practice? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Cecil County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |
| <input type="checkbox"/> Charles County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

3. Practice Setting(s):

- ☐ Private Community Practice
- ☐ Occupational Health Center (OHC)
- ☐ Hospital Clinic
- ☐ Academic/Teaching
- ☐ Other (please specify)

4. Do you participate with private health insurance plans?

- ☐ Yes ☐ No

5. How comfortable are you in your understanding of the distinction between habilitative services and rehabilitative services?

- | | |
|---|---|
| <input type="checkbox"/> Very comfortable | <input type="checkbox"/> Somewhat uncomfortable |
| <input type="checkbox"/> Somewhat comfortable | <input type="checkbox"/> Not at all comfortable |

6. How comfortable is your office staff in their understanding of the distinction between habilitative services and rehabilitative services?

- ☐ Very comfortable ☐ Somewhat uncomfortable
☐ Somewhat comfortable ☐ Not at all comfortable

7. How comfortable are you in your understanding of the distinction between fully insured health plans and self-insured health plans?

- ☐ Very comfortable ☐ Somewhat uncomfortable
☐ Somewhat comfortable ☐ Not at all comfortable

8. How comfortable is your office staff in their understanding of the distinction between fully insured health plans and self-insured health plans?

- ☐ Very comfortable ☐ Somewhat uncomfortable
☐ Somewhat comfortable ☐ Not at all comfortable

9. How do you identify children who may have special needs? (Check all that apply.)

- ☐ Screening ☐ Parental report
☐ Surveillance ☐ Educator report
☐ Other (please specify)

10. If you perform screening to identify children who may have special needs, at what ages do you screen? (Check all that apply.)

- ☐ 9 months ☐ 30 months
☐ 18 months ☐ 36 months
☐ 24 months

Other (please specify)

11. What additional criteria, if any, do you use to decide whether to refer a child who may have special needs for further assessment or services? (Check all that apply.)

- ☐ Repeat screening results on subsequent visits

☐ The presence or absence of an obvious physical finding

☐ The child's age

☐ Other (please specify)

12. Where have you referred children in your practice who have developmental or mental health needs? (Check all that apply.)

☐ State Early Intervention Program

☐ School-Based Special Education

☐ Developmental Pediatric Specialist

☐ Physical Medicine Specialist

☐ Physical Therapist

☐ Occupational Therapist

☐ Speech-Language Pathologist

☐ Mental Health Practitioner

☐ Hospital/Clinic

☐ Insurance Company

Other (please specify)

13. How do you make such referrals/contacts? (Check all that apply.)

☐ I make the referral/contact directly.

☐ My office staff makes the referral/contact.

☐ I or my office staff recommends that the child's parent or guardian make the contact.

Other (please specify)

14. What are the barriers, if any, to making such referrals? (Check all that apply.)

☐ Concerns about lack of insurance coverage

☐ Limited access to in-network providers

☐ Cost of services

☐ Lack of familiarity with the referral process

☐ Limited access to qualified providers in the geographic area

Other (please specify)

15. Do you, or does your staff, confirm whether your patient has insurance coverage for the services for which you make a referral?

☐ Yes

☐ No

16. How do you confirm that services for which you make such referrals are furnished? (Check all that apply.)

☐ Contact from service provider

☐ Parental report

Other (please specify)

17. What are the medical diagnoses of patients for whom you make such referrals? (Check all that apply.)

☐ Autism or autism spectrum disorder

☐ Spina bifida

☐ Cerebral palsy

☐ Hydroencephalocele

☐ Intellectual disability

☐ Congenital or genetic developmental disability

☐ Down syndrome

Other (please specify)

18. Do you have any additional comments you wish to share about your clients' access to habilitative services benefits?

Done

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