

1. Local Provider Monitoring Survey--LME

The Local Provider Monitoring survey is to be completed by your Local Management Entity within 7 to 10 business days after your agency has monitored a Provider Agency. The results from this survey will be used to provide feedback to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services on the Provider Monitoring tool and the monitoring process. Thank you for completing this tool in a timely manner.

* 1. What is today's date?

MM DD YYYY
Month, Day and Year / /

* 2. Please list the services monitored.

Service 1.
Service 2.
Service 3.
Service 4.
Service 5.

* 3. Please list the number of services monitored.

2. Local Provider Monitoring Survey--LME

* 4. The Provider Monitoring tool was administered:

Electronically on site (If selected do not answer question 2 and skip to question 3).

By paper on site and transferred to the electronic form at a later time

* 5. If the form was completed on site and transferred to the electronic form, how long did it take to complete the transfer of information?

Less than 30 minutes.

Between 30 minutes and 1 hour.

Over 1 hour.

* 6. Please list the number of interviews completed

Staff:

Face to face (Please include the number of interviews)

By telephone (Please include the number of interviews)

* 7. Please include the number of interviews completed.

Consumer or legally responsible person:

Face to face (Please include the number of interviews)

By telephone (Please include the number of interviews)

* 8. Is the sampling methodology clear?

Yes

No

Comment:

* 9. Were the number of cases reviewed sufficient for making a determination of the quality of administration and service delivery within the agency reviewed?

Yes

No

Comment:

* 10. Are you confident that the ratings (high, moderate, low) on this tool are indicative of the quality of administration and service delivery observed during the review?

Yes

No

Comment:

* 11. Does the tool address all key areas related to a provider's competency?

Yes

No

Comment:

* 12. Are the actions required as follow-up for the different ratings appropriate to the level of need indicated by the ratings?

Yes

No

Comment:

* 13. Were there aspects of this monitoring event that were duplicative of any monitoring in which you have recently (within the past year) participated in?

Yes (Please skip to question #14 if you have participated in another monitoring event within the past year).

No (Do not answer question #14).

Comment:

14. Please list the duplicative monitoring event(s) in question #13.

1.
2.
3.
4.
5.

3. Local Provider Monitoring Survey--LME

* 15. Worksheet 1:

	Yes	No
Is the rating system clear and understandable?	€	€
Are the rating criteria sufficient for making a decision?	€	€
Other (please specify)	<input type="text"/>	

* 16. In hours/minutes, how long did it take to complete Worksheet 1?

- Less than 30 minutes
- Between 30 minutes and 1 hour
- Over one hour
- Over two hours

* 17. Worksheet 2:

	Yes	No
Is the rating system clear and understandable?	€	€
Are the rating criteria sufficient for making a decision?	€	€
Other (please specify)	<input type="text"/>	

* 18. In hours/minutes, how long did it take to complete Worksheet 2?

- Less than 30 minutes
- Between 30 minutes and 1 hour
- Over one hour
- Over two hours

* 19. Worksheet 3:

	Yes	No
Is the rating system clear and understandable?	€	€
Are the rating criteria sufficient for making a decision?	€	€
Other (please specify)	<input type="text"/>	

* 20. In hours/minutes, how long did it take to complete Worksheet 3?

Less than 30 minutes

Between 30 minutes and 1 hour

Over one hour

Over two hours

* 21. Worksheet 4:

	Yes	No
Is the rating system clear and understandable?	<input type="radio"/>	<input type="radio"/>
Are the rating criteria sufficient for making a decision?	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

* 22. In hours/minutes, how long did it take to complete Worksheet 4?

Less than 30 minutes

Between 30 minutes and 1 hour

Over one hour

Over two hours

* 23. Worksheet 5:

	Yes	No
Is the rating system clear and understandable?	<input type="radio"/>	<input type="radio"/>
Are the rating criteria sufficient for making a decision?	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

* 24. In hours/minutes, how long did it take to complete Worksheet 5?

Less than 30 minutes

Between 30 minutes and 1 hour

Over one hour

Over two hours

* 25. Worksheet 6:

	Yes	No
Is the rating system clear and understandable?	<input type="radio"/>	<input type="radio"/>
Are the rating criteria sufficient for making a decision?	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

* 26. In hours/minutes, how long did it take to complete Worksheet 6?

- Less than 30 minutes
- Between 30 minutes and 1 hour
- Over one hour
- Over two hours

Thank you for completing the survey.