

1. Local Provider Monitoring Survey--Provider Agency

The Local Provider Monitoring survey is to be completed by your Provider Agency within 7 to 10 business days after your agency has been monitored. 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 survey 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--Provider Agency

* 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. Did the LME conduct their interviews:

Face to face

By telephone

Both face to face and by telephone

* 6. Do you think that the LME is able to obtain the same level of information from the telephone interview as from the face to face interview?

Yes

No

Comment:

* 7. Do you think that the tool is an accurate indicator of your agency's level of quality regarding administrative procedures?

Yes

No

Comment:

* 8. Do you think that the tool is an accurate indicator of your agency's level of quality regarding service delivery activities?

Yes

No

Comment:

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

Yes

No

Comment:

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

Yes

No

Comment:

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

Yes

No

Comment:

* 12. Do you think the tool will be useful for providers as a self-assessment?

Yes

No

Comment:

* 13. Were there aspects of this monitoring event that were duplicative of any monitoring in which you have (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).

Other (please specify)

14. Please list the duplicative monitoring events in question #13.

- 1.
- 2.
- 3.
- 4.
- 5.

* 15. Was this review process consistent with reviews performed by LME's in other catchment areas in which you provide services?

Yes

No

Other (please specify)

16. Please provide any additional comments or suggestions. Thank you for completing the survey.