

MEMORANDUM

To: Agency Executive Directors

From: Precia Stuby

Date: January 12, 2007

Re: Provider Satisfaction Survey

As part of the Board's internal quality improvement efforts, we are very interested in receiving feedback from you and your leadership staff regarding our services. Attached is a survey for this purpose. Please copy the attached survey and distribute it to as many of your leadership staff as you see fit.





We are interested in your honest opinions, both positive and negative. It is not necessary to put your name or position title on the survey. However, we would like to know which agencies are responding to the survey, so please include your agency name on the completed survey.





Please forward all completed forms to Cheryl Preston at the ADAMHS Board by **February 1, 2007**.





Thank You!





Hancock County ADAMHS Board Provider Survey





Please take a few moments to tell us how we're doing so that we can improve our services. Place an "X" in the box that best describes how you felt about our services **over the past six months**. In addition, feel free to make any comments regarding what you liked or disliked about our services.





| 1. How satisfied were you with the timeliness of being reimbursed by the Board for services? | | | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

| 2. How satisfied were you with the Board's overall involvement of you as a provider agency in the planning of services? | | | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

| 3. How satisfied were you with the Board's program and clinical monitoring of your agency? | | | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

| 4. How satisfied were you with the Board's overall involvement of you as a provider agency in the evaluation of services? | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

| 5. How satisfied were you with technical assistance provided by Board Staff? | | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

| 5. Overall satisfaction with the ADAMHS Board? | | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------|
| Very Dissatisfied  | Somewhat Dissatisfied  | Somewhat Satisfied  | Very Satisfied  | Comments: |
| | | | | |

Name of Agency: _____

Additional Comments: _____

Thank you for your input! Please forward this form to Cheryl Preston at the Hancock County ADAMHS Board by February 1, 2007. If you wish, you may FAX it to me at 419-424-2037.