



Contractee Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Org ID#

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Date:

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Organization Name:

City:

State:

Instructions: Please answer each question by marking the circle under or next to your response. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. My responsibilities within the organization and as a contracted provider are clear and established in writing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. There is an effective mechanism for resolving conflicts between the organization and contracted service providers, including conflicts of interest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a contracted provider, I receive information about the organization's performance (outcomes and consumer satisfaction).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The organization has an effective quality improvement process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I participate in the organization's quality improvement activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Outcome data is used to improve service delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The organization's services are well coordinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The organization facilitates timely and easy access for consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Access to emergency and crisis intervention services for consumers is available 24/7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The organization maintains good working relations with its contracted service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The organization works in partnership with the community to improve services and advocates on behalf of consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The organization adequately addresses liability issues regarding its contracted service providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The organization has informed me of its confidentiality policy and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The organization monitors and evaluates the quality of the services I provide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking time to complete the survey.

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: _____ Phone: _____ Ext: _____ Best time to call: _____

Title _____ E-mail address: _____

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