



# Contractee Questionnaire

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

Agency ID#

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Date:

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Provider/Contractee Name:

City:

State:

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

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/ NOT APPLICABLE
1. My responsibilities within the agency 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 agency 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 agency'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 agency 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 agency'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 agency'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 agency 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 agency 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 agency 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 agency 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 agency 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 agency 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: \_\_\_\_\_