

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health,  
Developmental Disabilities  
and Substance Abuse Services



## 2021 MH/SUD Client Perceptions of Care Survey

### Survey Administration Guidelines for Providers

**LME-MCO:** Alliance Health

**Survey Coordinator:** Jamie Rizza, jrizza@alliancehealthplan.org

**Survey Administration Period:** August 1 – September 13, 2021

The LME-MCO above is requesting your assistance with the annual Client Perceptions of Care Survey. Survey options adopted in 2020 in response to the COVID-19 emergency, including use of paperless surveys and distance technologies, will be available again this year. Please review these guidelines and contact the LME-MCO Survey Coordinator above with any questions.

### Surveys and Populations

**English** and **Spanish** language surveys are available for each of three populations:

**Adult Survey**—clients ages 18 years and older

**Youth Survey**—clients ages 12 through 17 years

**Child Family Survey**—parents/family/guardians of clients ages 11 years and younger

The LME-MCO Coordinator will provide guidance on target numbers of surveys to administer.

### Survey Sections

#### **Provider Questions (Page 1 of web-based survey, Pages 1-2 of printed surveys)**

Please complete all questions in this section before the client begins the survey.

- The National Provider Identifier (NPI) is used to authenticate survey submissions. **This field is REQUIRED.** Please work with the LME-MCO to ensure your agency's surveys are submitted with the correct NPI.
- Document each client's **Medicaid status** (Yes or No) and either the LME-MCO or the NC Medicaid Plan that manages their current services. **These fields are REQUIRED.**

*As of July 1, 2021, Medicaid beneficiaries may continue to be served by the LME-MCO or by one of the new NC Medicaid Plans. For previous LME-MCO members who recently transitioned to a NC Medicaid Plan, select the new NC Medicaid Plan.*

- For LME-MCO members, enter the LME-MCO Client Number assigned by the LME-MCO. **This field is REQUIRED for LME-MCO members.** Please work with the LME-MCO to ensure each LME-MCO member's survey is submitted with the correct 7-digit Client Number.

## Background Information, Services, Teletherapy/Telehealth, and COVID-19 Pandemic

These sections are answered by the client.

### Options for Survey Administration and Submission

The following options for survey administration are available depending on whether or not the provider-client contact takes place in person and the provider is able to offer the client a computing device with internet access. All surveys must be submitted online using the survey links provided. Please consult with your LME-MCO Survey Coordinator if you have questions about which option(s) to use.

**Option 1, In person, web-based: Client completes web-based survey at provider service site**

Provider accesses the web-based survey online, completes the provider questions on Page 1, and pages to the next screen. Client completes remainder of the survey using the provider laptop, desktop computer, tablet, or kiosk.

**Option 2, In person, paper: Client completes paper survey, provider enters responses online**

Provider completes the provider questions on Pages 1-2 of a paper copy of the survey. Client completes remaining sections of paper survey. Provider enters all survey responses online.

**Option 3, Telephonic or two-way audio-video: Provider verbally administers survey to client and enters client's responses online**

Provider establishes distance contact with client, completes all of the provider questions, and administers client survey questions verbally. Provider enters client's responses online as the survey is administered, or records responses on a paper copy and enters them online after the survey is completed.

### Selecting Clients for Survey Participation

Invite clients with ongoing Mental Health or Substance Use Disorder services during the survey administration period to complete a survey, until the target number of completed surveys requested by the LME-MCO is obtained.

- Beginning on August 1, 2021, invite *every client who receives a service during the survey administration period* to complete the survey, until the target number of surveys is obtained.
- As long as they have not been discharged from services, clients who received a service in June 2021 or July 2021 may also be surveyed, even if they do not receive a service during the survey period. Please consult with the LME-MCO Survey Coordinator for guidance on ***if, when, and how*** to include these individuals.

## Introducing, Administering and Submitting the Survey

- Whenever possible, rely on non-clinical personnel such as clerical or quality assurance staff, consumer/peer assistants, or advocate volunteers to introduce and administer the survey.
- Provide the following information to all clients who agree to complete the survey:

- The purpose of the survey is to learn what you think about the quality of the services you have received, and to find areas where services can be improved.
  - The survey is voluntary. Your responses and decision to participate will not affect your services in any way.
  - Your answers are completely confidential. Your name and personal information won't be associated with your answers.
  - There are no right or wrong answers. We are interested in your honest opinions to help improve services.
- Provide a private, quiet area for clients to complete surveys. If using a distance method, encourage the client to find a private space just as they would for a teletherapy session.
- Provide all needed assistance to clients who have difficulty reading or require help for any reason. Assistance should be provided by a peer or advocate volunteer whenever possible.
- If the client completes a paper copy of the survey, or if the provider administers the survey and records client responses on a paper copy, enter and submit the survey responses online, and then shred the paper copy. **Do not mail completed paper copies of the surveys to the LME-MCO or the DMH/DD/SAS.**
- For the health and safety of staff and clients, use all applicable health and safety precautions described at <https://covid19.ncdhhs.gov/>, including the three Ws.

## If you leave home, know your Ws!



**WEAR**  
a cloth face  
covering.



**WAIT**  
6 feet apart. Avoid  
close contact.



**WASH**  
your hands often or  
use hand sanitizer.

@NCDHHS

#StayStrongNC

## Accessing and Completing the Surveys

1. Use the [Community MH/SUD Client Surveys Provider Page](#) link to access surveys. Navigate to the page by clicking on the link above, or enter the following into the address bar of your internet web browser:

[www.ncdhhs.gov/mhddsas/perceptions-of-care-surveys](http://www.ncdhhs.gov/mhddsas/perceptions-of-care-surveys)



*Bookmark the survey page on your web browser so you can easily return to it.*



*Access the surveys from the Provider Page **each time** a new survey is started. Using the browser back button (←) to return to the first page and enter a new survey would cause the previous survey to be overwritten and deleted.*

**The Client Surveys Provider Page should be accessed ONLY by authorized personnel at your agency. DO NOT share the web link or any of the individual survey links with clients or others outside your agency.**

2. When you reach the main Client Surveys Provider Page, select the correct survey based on client age and primary/preferred language.
3. Complete the provider questions on Page 1 of the survey. Then select the Next button at the bottom of the page.



*The survey will not advance to the next page unless responses to all required questions have been entered.*

4. Begin the client sections of the survey by asking the client to complete each page of the web-based survey using the computer or other electronic device you provide, by entering the client's responses online as you verbally administer the survey, or by entering responses online from a completed paper copy of the survey.



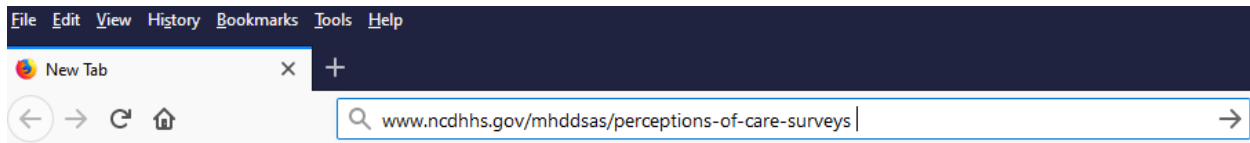
*Selecting the "Next" button at the bottom of each page will save responses for that page. However, in the case of a power outage or other situation that causes the browser to close midway, it will be necessary to start over and re-enter previous responses.*



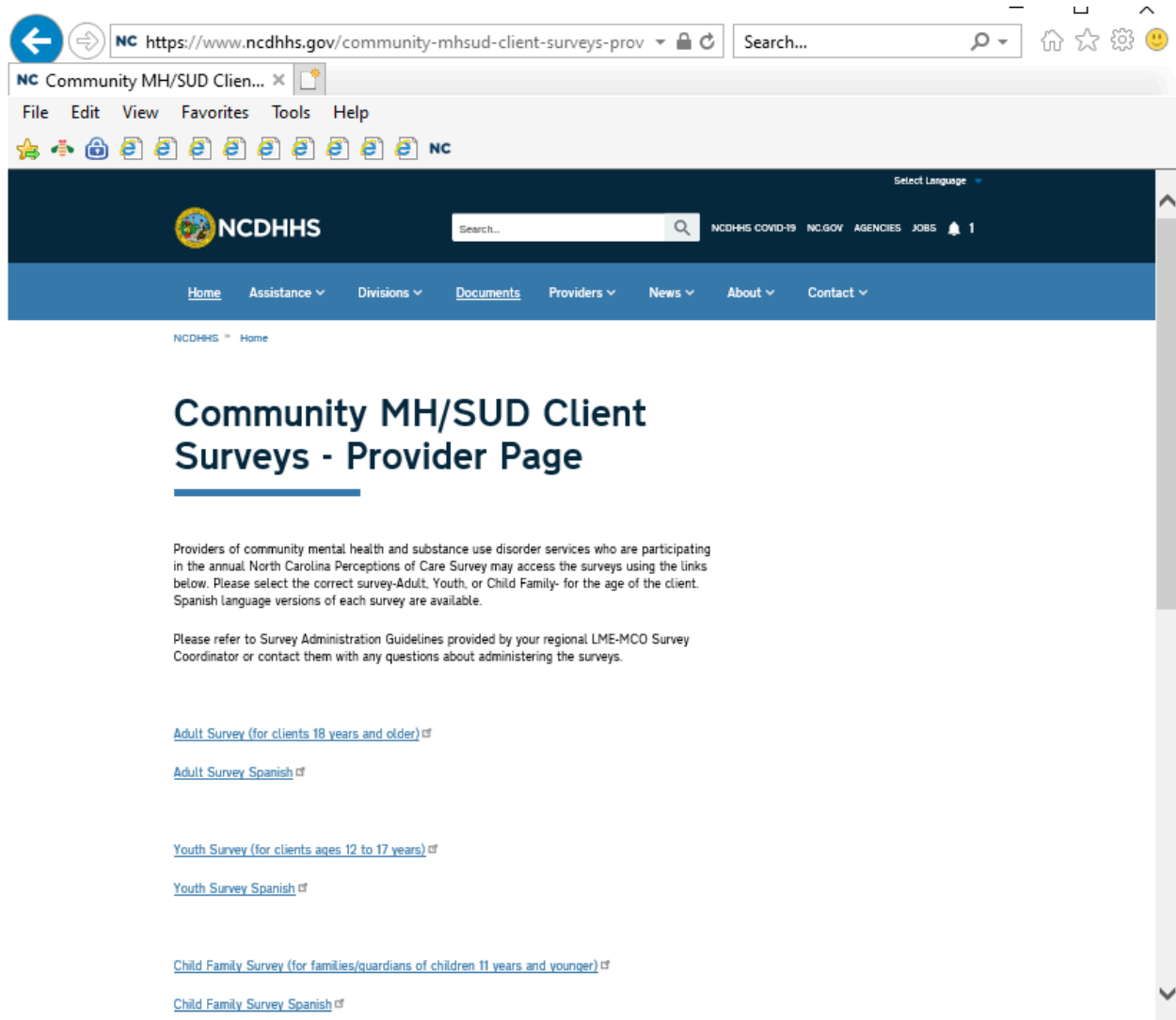
*Selecting "Done" at the end of the survey will take the user to a "Survey Completed" message.*

## Step-by-Step Illustration: Accessing and Completing Web-Based Perceptions of Care Surveys

1. **Navigate to the [Community MH/SUD Client Surveys Provider Page](https://www.ncdhhs.gov/mhddsas/perceptions-of-care-surveys) by clicking the link or typing the address into your internet web browser**

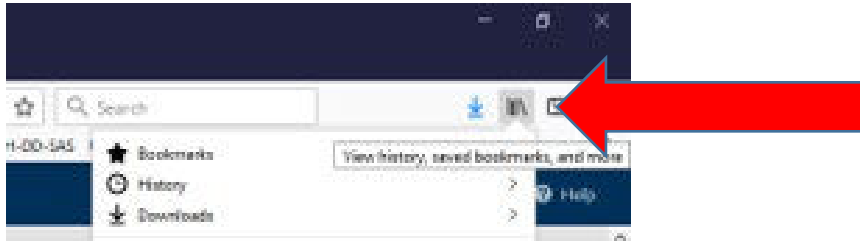


The page will look something like this once it has loaded (or slightly different, depending on the web browser you are using).

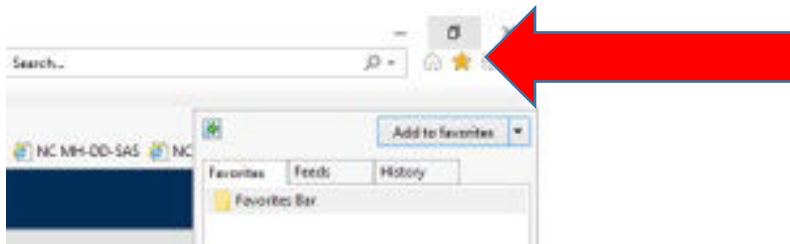


**1a. OPTIONAL: Add the Provider Page to your web browser bookmarks.**

For example, if your browser is Firefox, select the image of the book stack in the upper right-hand corner of the page and select “Bookmarks,” and then “Bookmark This Page.”

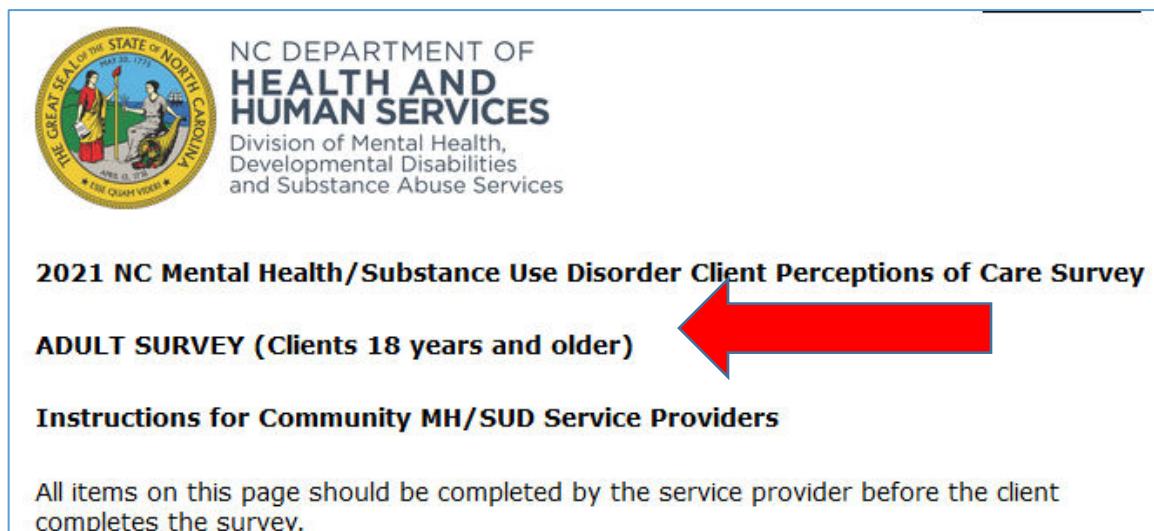


If your browser is Internet Explorer, select the star in the upper right hand-corner and then select “Add to favorites.”



**2. Select the appropriate survey for the client’s age and primary or preferred language.**

For example, this is the top of the first page you will see when you select the Adult Survey, English version:



**3. Enter your provider agency NPI and the survey respondent's Medicaid beneficiary status.**

PLEASE WORK WITH THE LME-MCO TO DETERMINE THE CORRECT NATIONAL PROVIDER IDENTIFIER (NPI) YOUR AGENCY SHOULD USE TO SUBMIT SURVEYS.

**Provider NPI\***

Enter the provider's 10-digit National Provider Identifier number. Contact the LME-MCO if you do not know which NPI to enter

**Is this member a Medicaid beneficiary?\***

- ☐ Yes  
☐ No  
☐ Don't know

Please work with the LME-MCO to ensure all surveys are submitted with the correct Provider NPI for your agency.

**4. Select the LME-MCO (first seven options) or NC Medicaid Plan (last seven options) that manages the member's current MH or SUD services.**

**Member's LME-MCO or NC Medicaid Plan\***

Select one.

- ☐ Alliance Health  
☐ Cardinal Innovations Healthcare  
☐ Eastpointe  
☐ Partners Behavioral Health Management  
☐ Sandhills Center  
☐ Trillium Health Resources  
☐ Vaya Health  
☐ AmeriHealth Caritas of North Carolina  
☐ Blue Cross and Blue Shield of North Carolina  
☐ UnitedHealthcare of North Carolina  
☐ WellCare of North Carolina  
☐ Carolina Complete Health, Inc.  
☐ Eastern Band of Cherokee Indians (EBCI) Tribal Option  
☐ NC Medicaid Direct (fee for service)

Medicaid beneficiaries may be served either by an LME-MCO or by a NC Medicaid Plan.

**5. For members served by a LME-MCO, enter the person's unique LME-MCO Client Number.**

**Member's LME-MCO Client Number**

Enter the person's unique Client Number assigned by the LME-MCO. Contact the LME-MCO if you do not know the member's correct LME-MCO Client Number. NC Medicaid Plan members will not have a LME-MCO Client Number. If the person is a NC Medicaid Plan member leave this item blank.

Please work with the LME-MCO as needed to ensure each member's correct LME-MCO Client Number is submitted.

**6. Select one option to indicate how the client is completing the survey.**

**Please indicate how the client survey is being administered.\***

- ☐ Client is completing electronically using computer or other device
- ☐ Client is completing paper copy
- ☐ Clinical provider staff is administering by telephone or camera connection
- ☐ Non-clinical provider staff is administering by telephone or camera connection
- ☐ LME/MCO is administering by telephone or camera connection
- ☐ Other (please describe):

Select the "Next" button below to go to the first page of the client survey.

Next

**7. Select the green "Next" button to move to the first page of survey questions for the client.**

If the client is using an electronic device to complete the web-based version of the survey, pass the device to the client after selecting "Next." Provide a quiet, private place to complete the survey and offer any assistance needed.



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Thank you for helping our agency make services better by agreeing to answer some questions about your services. Your answers are confidential and will not influence current or future services you receive.

**BACKGROUND INFORMATION**

Please tell us a little about yourself.

8. Survey responses are submitted when the green “Next” button at the bottom of each page is selected.

**What is the primary reason you are currently receiving services?**

☐ Mental Health

☐ Substance Use

**Back** **Next**


9. The following message will appear when all pages of survey responses have been submitted. Select “Done” to end the session.

**Thank you for completing the survey!**

**Who to Contact with Concerns about Your Services**

The N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Customer Service and Community Rights Team, is committed to addressing the needs of consumers and family members through timely and quality customer service. Contact us at 919-715-3197, Toll-Free at 1-855-262-1946, by email at [dmh.advocacy@dhhs.nc.gov](mailto:dmh.advocacy@dhhs.nc.gov), or on the web at [www.ncdhhs.gov/mhddsas](http://www.ncdhhs.gov/mhddsas) by scrolling down to the Customer Service and Consumer Empowerment link.

Please select the "Done" button below to end the session.



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**Back** **Done** **Enter Next Response**

## OPTIONAL: Take a Tour

Before beginning to administer the surveys or enter response data, you can navigate through the web-based surveys to get familiar with the layout. Select any survey from the main [Client Survey Provider Page](#), then enter test responses to the provider questions on Page 1 before paging through the rest of the survey.

### ***When touring a survey, to mark any responses you enter as test data...***

- Use all 1s or 9s to mark Provider NPI and LME-MCO Client fields. (*Only use real NPIs and LME Client numbers when entering real survey data.*)
- Select “Other” and enter “test” for the survey administration question at the bottom of Page 1.

### **Example: Marking your responses as test data when touring a survey**

#### **Provider NPI\***

Enter the provider's 10-digit National Provider Identifier number. Contact the LME-MCO if you do not know which NPI to enter.

1111111111

#### **Member's LME-MCO Client Number**

Enter the person's unique Client Number assigned by the LME-MCO. Contact the LME-MCO if you do not know the member's correct LME-MCO Client Number. NC Medicaid Plan members will not have a LME-MCO Client Number. If the person is a NC Medicaid Plan member leave this item blank.

9999999

#### **Please indicate how the client survey is being administered.**

- ☐ Client is completing electronically using computer or other device
- ☐ Client is completing paper copy
- ☐ Clinical provider staff is administering by telephone or camera connection
- ☐ Non-clinical provider staff is administering by telephone or camera connection
- ☐ LME/MCO is administering by telephone or camera connection

☒ Other (please describe):

test