

MCOSA QUARTERLY CLIENT SATISFACTION SURVEY REPORT

Provider Name: _____ License #/Location: _____
 Person completing form: _____

<i>TIME PERIODS:</i>		<i>DUE DATES:</i>
<input type="checkbox"/>	1st Quarter	January 15, 20__
<input type="checkbox"/>	2nd Quarter	April 15, 20__
<input type="checkbox"/>	3rd Quarter	July 15, 20__
<input type="checkbox"/>	4th Quarter	October 15, 20__

- Consumer Satisfaction with Funded Services (if you did not conduct any consumer satisfaction surveys during this quarter, report zero).

****Example: 15 clients surveyed, 10 clients responded to survey, of those 10 responders, 8 were satisfied***

<i>Funded Substance Abuse Consumers</i>	<i>Number Surveyed</i>	<i>Number Responded to Survey</i>	<i>*NUMBER* of Responders Reporting Satisfied</i>
<i>*Example:</i>	15	10	8
Persons 18 years and older			
Persons under 18 years			

- Recipient Rights Complaints from Funded Consumers:

<i>Number of Recipient Rights Complaints Submitted this Quarter</i>	<i>Number of Recipient Rights Complaints Substantiated this Quarter</i>

- The Number of Funded Substance Abuse Consumers Discharged with Reason being Death this Quarter? _____
- The number of Outpatient and IOP (Block Grant, PA2, Medicaid, HMP) clients who **did not show** for services this quarter:

<i>Number of Outpatient clients</i>	<i>Number of IOP clients</i>

Definitions:

“Funded” means the individual received substance abuse services reimbursed through your MCOSA contract agreement, including Medicaid.

“Recipient Rights Complaint” means a formal written complaint was filed in accordance with state regulations.

“Substantiated” means that the Program, PIHP, or State investigation confirmed a recipients’ right was violated.

“Discharged with Reason Being Death” includes only those recipients whose death occurred during a treatment episode.

