

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE
Provider Monitoring Review Questionnaire

Provider Name:		Region:		Review Dates:		Reviewers:	
Name of Person Completing Form:						Phone Number:	

Please answer the questions by rating the review process using the scale provided.

Number	Item	3: Agree	2: Neutral	1: Disagree	0: N/A
1.	You received an initial phone call from the Collaborative Training Coordinator a week (5 business days) prior to the scheduled review.				
2	Information regarding the review process that was given to you prior to the review was sufficient to prepare for the review.				
3.	During the entrance conference, the reviewers provided detailed information regarding the on-site review process.				
4.	The reviewers included you, when necessary, to help locate documents required for review of the clinical records.				
5.	The reviewers were professional and conducted themselves in a courteous manner with staff, as well as clients/consumers, when applicable.				
6.	The reviewers provided you with effective, on-site training specific to PPR and CPG reviews when training needs were identified during the course of the reviews.				
7.	During the exit conference, the reviewers provided enough information to allow for a clear understanding of the review results.				
8.	As an agency, you utilize the Illinois Mental Health Collaborative website to locate monitoring tools and information.				

Please complete this questionnaire and mail to:

Mary E. Smith, Ph.D.
Associate Director
IL DHS/Division of Mental Health
160 North LaSalle Street, 10th Floor
Chicago, Illinois 60601
Attn: Survey

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