



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



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2025 MH/SUD Client Perceptions of Care Survey

Survey Administration Guidelines for Providers

LME-MCO: Partners Health Management

Survey Coordinator: Keehanna Avinger

Survey Administration Period: August 11- September 19, 2025

The Tailored Plan above is requesting your assistance with the annual Client Perceptions of Care Survey. The survey administration options created during the pandemic continue to include a paperless survey option. Please review the guidelines and contact the Tailored Plan Survey Coordinator 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 members, and guardians of clients ages 11 years and younger

The Tailored Plan Survey Coordinator will provide guidance on target numbers of surveys to administer.

Survey Sections

Provider Questions (Page 1-2)

All questions on Page 1 and 2 of the survey are required and should be completed by the provider before the client begins the survey. Surveys with inaccurate information on this page cannot be used.

NPI and Tailored Plan client numbers are used for data linkage only, not to individually identify the client.

Enter the NPI associated with the provider site, not the corporate office, if different.

Background Information, Services, and Teletherapy/Telehealth Questions

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 Tailored Plan Survey Coordinator if you have questions about which option(s) to use.

Option 1, In person, web-based: Client completes web-based survey

Provider accesses the web-based survey online, completes the provider questions on Page 1-2, 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 Page 1-2 of a paper copy of the survey. Client completes remaining sections of paper survey. Provider enters client's survey responses online.

Option 3, Telephonic or with computer/smartphone cameras: Provider verbally administers survey to client and enters client's responses online

Provider establishes distance contact with client, completes the provider questions on Page 1 and 2, 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 Tailored Plan is obtained.

- Beginning on August 11, 2025, invite *every client who receives a Tailored Plan 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 LME/MCO/TP service in June 2025 or July 2025 may also be surveyed, even if they do not receive a service during the survey period. Please consult with the Tailored Plan 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 self-administered 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 Tailored Plan.**

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



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 or preferred language.
3. Complete the five provider questions on Page 1 and 2 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 four questions have been entered.

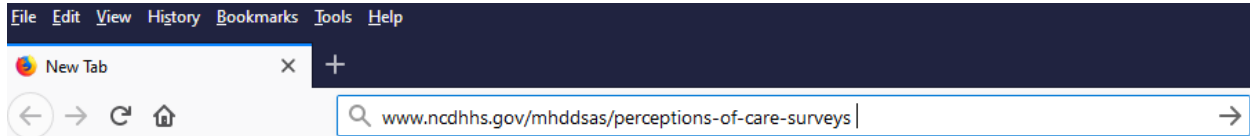
4. Begin the client sections of the survey by asking the client to complete each page of the web-based survey using the computer or other electronic device you provide, by entering the client's responses online as you verbally administer the survey, or by entering responses online from a completed paper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



*Selecting the "Next" button at the bottom of each page does **NOT** save responses for that page. *You must click the "submit" button at the end of the survey to save and submit responses.**

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

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



Community MH/SUD Client Surveys Provider Page

Providers of community mental health and substance use disorder services who are participating in the annual North Carolina Client Perceptions of Care Survey may access the surveys using the links below. Please select the correct survey- Adult, Youth, or Child Family- for the age of the client. Spanish language versions of each survey are available.

Please refer to Survey Administration Guidelines provided by your regional LME-MCO Survey Coordinator or contact them with any questions about administering the surveys.

[Adult Survey \(for clients 18 years and older\)](#)

[Adult Survey, Spanish](#)

[Youth Survey \(for clients ages 12 to 17 years\)](#)

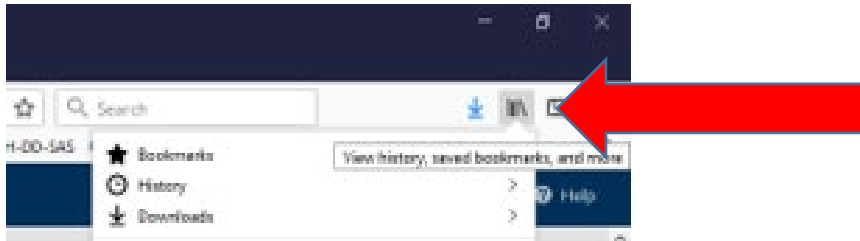
[Youth Survey, Spanish](#)

[Child Family Survey \(for families/guardians of children 11 years and younger\)](#)

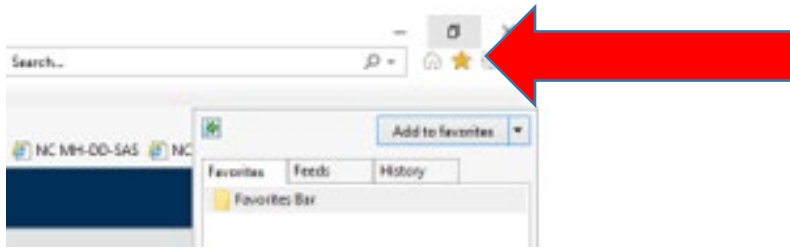
[Child Family Survey, Spanish](#)

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

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.”

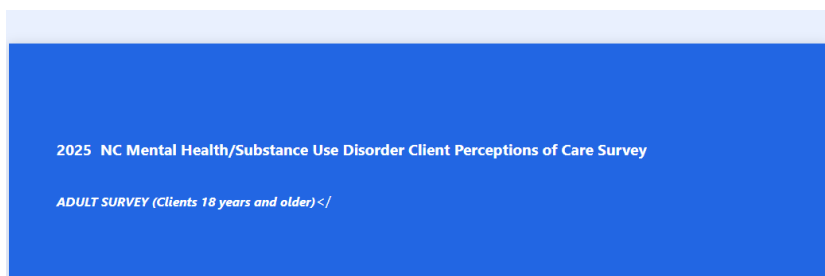


2. Select the appropriate survey for the client’s age and primary or preferred language.

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

ADULT SURVEY (Clients 18 years and older)

3. Answer the five provider questions, then select “Next” to move to the client pages of the survey.



Instructions for Community MH/SUD Service Providers:

ALL ITEMS ON THIS PAGE SHOULD BE COMPLETED BY THE SERVICE PROVIDER BEFORE THE CLIENT COMPLETES THE SURVEY.

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

****Survey responses do not auto save. You must click the "submit" button at the end of the survey to save and submit responses.****

1. 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. *

Enter your answer

2. Is this member a Medicaid beneficiary? *

- ☐ Yes
- ☐ No
- ☐ I Don't Know

3. Member's LME-MCO or NC Medicaid Plan

Select one. *

[Back](#)

[Desktop](#) [Mobile](#)

* Required

PLEASE WORK WITH THE LME-MCO TO DETERMINE THE CORRECT LME-MCO CLIENT NUMBER TO SUBMIT WITH EACH MEMBER SURVEY. THE LME-MCO CLIENT NUMBER UNIQUELY IDENTIFIES THE MEMBER WITHIN THE LME-MCO AND IS DISTINCT FROM OTHER IDENTIFIERS SUCH AS THE PROVIDER AGENCY INTERNAL RECORD NUMBER, COMMON NAME DATA SERVICE (CNDS) NUMBER, MEDICAID ID, OR OTHER INSURANCE ID.<

4. 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.

Enter your answer

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

- ☐ Client is completing electronically using computer or other device

Be sure to correctly enter your provider site NPI and the person's Tailored Plan Client Number, or it will not be possible to use the survey. Then select "Next" to proceed to save and move to the next page.

- 4. Proceed past the page below to begin the consumer demographic information and perceptions of care portion of the survey.**

2025 NC Mental Health/Substance Use Disorder Client Perceptions of Care Survey

ADULT SURVEY (Clients 18 years and older) </

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. Click the "next" button to continue.

Back

Next



ADULT SURVEY (Clients 18 years and older) </

Background Information

Please tell us a little about yourself.

6. What is your age?

Enter your age in years on your most recent birthday.

Enter your answer

7. Gender:

☐ Male

☐ Female

☐ Other

8. Are you Hispanic or Latino/a?

5. The following message will appear on the final page. Select "Submit" to end the session. **You MUST hit "Submit" or all survey responses will be lost.**

22. Is there anything else you'd like to tell us about your experience with teletherapy or telehealth services?

Enter your answer

Back

Submit

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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 and 2 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 Tailored Plan Client fields. (*Only use real NPIs and Tailored Plan 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.

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.

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. To take a tour, select any survey from the main [Client Survey Provider Page](#), then enter responses to the provider questions on Page 1 before paging through the rest of the survey. You can enter any number, including a single digit, for NPI and Tailored Plan Client Number, to take a tour. Please **DO NOT** enter real NPIs or Tailored Plan Client Numbers to tour the surveys. Please **DO** select “Other” and enter “test” for the survey administration question when touring.

Example: Marking your responses as test data when touring 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):

test