



**Florida Statewide Quality Assurance Program (FSQAP)
Provider Feedback Survey**

We are seeking your feedback on the Provider Discovery Review (PDR) Qlarant recently completed with your organization. Your input is very important to us. Thank you for participating.

Type of Provider (choose one): Solo Agency
 APD Region/Area _____ Month/Year of Review (MM/YYYY) _____

Please check the box that best describes your answer to the questions below.		Yes	No	N/A
Pre-Review	Did the Quality Assurance Reviewer explain the review process?			
	Did the Quality Assurance Reviewer share with you the names of potential people chosen to participate in the interview?			
	Did the Quality Assurance Reviewer explain the person's participation in the interview is voluntary?			
	Did the Quality Assurance Reviewer refer you to the Qlarant website that includes the tools and procedures?			
	Were the tools easily accessible on the Qlarant website?			
	Did you find the tools helpful when preparing for the review?			
	Did the Quality Assurance Reviewer answer your questions in preparation for the review?			
Process	Did the Quality Assurance Reviewer arrive on time?			
	If not were you notified the Quality Assurance Reviewer would be late?			
	Did the Quality Assurance Reviewer give you enough time to find the information requested?			
	Do you feel the Quality Assurance Reviewer was prepared for the review?			
	Did the review process go as explained by the Quality Assurance Reviewer?			
Post-Review	Did the Quality Assurance Reviewer answer the questions you had during the review?			
	If applicable, did the Quality Assurance Reviewer explain why a standard was Not Met?			
	If an alert was identified did the Quality Assurance Reviewer inform you of the follow up process? (Score N/A if no alerts were identified)			
Follow up	Did the Quality Assurance Reviewer provide you with the preliminary findings of your review before leaving?			
	Comment: What did you like best about the Provider Discovery Review? What would you like to see changed?			
	Would you like a manager to contact you? If so, please include your name and contact information:			

Return your survey using one of the following methods:

Mail: Qlarant 2039 Centre Ponte Blvd #202 Tallahassee, FL 32308	Fax: Re: Provider Survey 888-877-5526	Online: https://www.surveymonkey.com/r/Qlarant
--	--	---