



Fall 2026

Frequently Asked Questions (FAQs)

TREATMENT PERCEPTIONS SURVEY (TPS)

UCLA ISAP

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General Survey Administration

1. **When will the 2026 TPS take place?**

In general, the survey administration week is the third week of October; for 2026 it will be the week of October 19-23, 2026.

2. **What do we do when a client presents in person to the clinic for services during the survey period?**

Please invite all clients who present for services during the survey week to participate! They can be offered several options. The provider could hand the client a flyer with the survey QR code or give the client access to a desktop computer or tablet, or email or text the customized survey link to the client's smart phone so they may complete the survey online. Another option is to offer the client a paper survey form to complete. Be sure the client can complete the survey in privacy.

3. **Should all clients (e.g., Medi-Cal beneficiaries, out-of-county clients, uninsured clients) receiving services during the specified survey period, whether face-to-face, by telephone or by telehealth, be asked to complete the survey?**

Yes, unless a client is experiencing an emergency that requires immediate attention, they should be invited to participate in the survey.

4. **Should we survey clients who reside in our county but are receiving services (e.g., residential, OTP/NTP) in another county?**

Your county is not required to survey clients who reside in your county but are receiving services in another county during the survey period. However, your county has the following options:

- (1) The out-of-county provider gives the unique provider link (provided by the county of residence) to the client or gives the client a paper survey form to complete. The paper survey form would be returned to the clients' county of residence to be included with the rest of the county's survey forms for submission to UCLA for scanning; or

- (2) Request that the out-of-county/provider share with your county its TPS program-level summary reports.

Counties should work directly with each other to determine which option is preferable.

5. Should we survey clients who receive services from providers in our county but reside in another county?

Yes, regardless of their county of residence, if clients are receiving services from a provider located in your county during the survey period, they should be invited to complete a survey.

Counties that share clients have the option of:

- (1) giving clients the appropriate customized/unique provider survey link or paper survey form, which should be returned to the county of residence for submission to UCLA for scanning, or
- (2) sharing the provide-level summary reports prepared by UCLA with the county of residence. Counties should work directly with each other to determine which option is preferable.

6. If clients visit the same treatment facility more than once during the survey period, or receive services on more than one day during the survey period, should they be invited to complete the survey each time?

No. Each client should complete the survey for each facility only once during the survey period. Providers can ask clients if they have already been offered the survey during the survey period. Clients who indicate that they have not been offered the survey may be given the survey link/QR code, or paper survey form.

7. If a client visits or receives services from more than one treatment facility during the survey period, should they complete the survey for each facility?

Yes. For example, if a client receives OTP/NTP and residential treatment services at two different treatment facilities during the survey period, the individual should be invited to complete the survey for each facility.

8. Can clients receive help from a county or provider staff to complete the survey?

Yes, non-clinical provider staff, volunteers, and consumer advocates, for example, may help clients complete the survey. Be sure to provide help in a manner that ensures the client feels comfortable in answering the survey questions openly and honestly.

9. For treatment settings, we have about 1600 NTP patients and about 650 for all other services. We were wondering if it's better to take a subsample from the NTP sites, so they are not over-represented (say 250 total), or to just sample all NTP patients and disregard the unequal group sizes?

Please invite each client who presents in person for treatment or receives services by telephone or telehealth during the survey period to complete the survey. (If they indicate that they have already completed the survey during the 5-day survey period, they do not need to complete it again.)

10. The billing of services requires that the age goes up to 20 for youth, but the survey is stopping at 17 for youth. Will this cause a problem as we now must remember youth is through age 20 for billing and the youth survey is only through age 17?

The TPS for youth is intended for clients between the ages of 12 and 17 who receive treatment services during the TPS survey period. However, clients up to age 20 who are receiving these services in youth programs through the Early and Periodic Screening, Diagnostic & Treatment (EPSDT) benefit may be offered the survey for youth (rather than for adults) and will be included in the analysis.

- 11. Should the TPS be administered to clients who receive case management services during the survey period? For example, a client may be treated in OP programs but only receive case management during the target period.**

Yes, even if clients only receive case management services during the survey period, they should still be invited to complete the survey.

- 12. What is the policy for programs that are not yet certified and pending DMC contracts? Should they be excluded if their contract is pending and it is unlikely that they will be contracted by the survey period or is there some other policy?**

The TPS is meant to be administered during the survey period by programs in the county's provider network that are currently delivering DMC-ODS services (DMC certified). Contact Marylou Gilbert at MarylouGilbert@mednet.ucla.edu if you have questions specific to your county.

- 13. Clients in Opioid/Narcotic Treatment Programs typically come in daily for medication dosing. Are providers required to track and monitor which clients have and have not been surveyed?**

No. Providers can simply ask clients if they have already been invited to complete a survey during the survey period. Clients who indicate that they have not been invited can then be given the survey to complete (e.g., customized link, QR code, or paper survey form). Clients need to complete the survey only once during the survey period.

- 14. Should all methadone clients be surveyed? Should MAT clients who are receiving services under the FQHC and NOT under Drug Medi-Cal be surveyed?**

Yes, all methadone clients receiving services at the OTP/NTP or by telephone or telehealth during the survey period should be invited to complete the survey.

MAT clients who are receiving services under the FQHC (NOT under Drug Medi-Cal) would NOT be surveyed. However, if they are also receiving services in one of the five

treatment settings (OTP/NTP, Residential, OP/IOP, Detox/WM [stand-alone], Partial hospitalization), treatment providers should invite them to complete the survey.

15. Some of the clients in our OTP/NTP come every other week rather than daily. Could we extend our survey period to one more week so we can survey these clients?

No. While all client feedback is important, for the purposes of the DMC-ODS waiver evaluation and standardization of the procedures statewide, please invite only clients who receive services during the specified five-day survey period to complete the survey.

16. Could you clarify whether I need to submit a county certification document to DHCS for the TPS as we do with ASAM electronic submissions.

You do not need to submit a county certification document to DHCS for the TPS.

17. Should we survey clients who are receiving recovery or prevention services?

Surveying clients who are receiving recovery or prevention services should not be surveyed unless they receive services during the survey period.

18. Can we work with UCLA to administer the survey more than annually (e.g., quarterly)?

No. Currently UCLA only offers the TPS survey once a year.

Online Survey

1. **Will UCLA still be providing online survey links?**

Yes, we will be providing a customized survey link and QR code for each provider. County coordinators will receive a spreadsheet with provider-specific codes to share with their participating providers – these have been pre-identified and finalized with UCLA.

2. **Is it possible to save the online survey and return to complete it later?**

No, the respondent would need to restart the survey. However, the survey is relatively short and should not take too long to complete.

3. **Regarding e-mailing survey links to clients, have any other counties or providers expressed concern regarding HIPAA and 42 CFR privacy concerns, (i.e., Could e-mailing the survey links to a consumer's private e- mail account be considered a privacy breach by acknowledging that the person is a consumer?**

HIPAA does allow email to be used. <https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html>

In all cases, each program must ensure their own individual implementation of procedures adhere to 42 CFR, part 2. For example, the provider should not send the survey link by email unless the consumer has given their consent to be contacted by this method as the "FROM:" email address will disclose that the message is coming from an SUD provider. In this case, alternative methods may be used (e.g., QR code, message via telehealth, flyer, or text, assuming consumer consent has been given).

4. **How do we provide the survey link to clients?**

The link can be provided (e.g., cut and pasted) in an email message, text message, or in the chat box if using a telehealth interface to provide services. The QR code can also

be printed on paper (e.g., flyer) and handed to the client for scanning using a smart phone or shown to the client if using a video- conferencing platform (e.g., Zoom).

5. Is the TPS online survey anonymous?

Yes, similar to the paper survey forms, the online survey is anonymous. Information that can identify the client will not be collected.

6. Can the surveys be customized by the counties? Can counties add questions?

Counties that have their own Qualtrics accounts may be able to customize the survey, as long as the UCLA questions remain the same. Please contact Marylou Gilbert at MarylouGilbert@mednet.ucla.edu for pre-approval, instructions, and more information.

7. Are online surveys considered complete if clients only answer a few questions?

Yes. Online surveys are considered complete when the individual clicks the last response even if they do not commit to the end; regardless of whether they stop responding and exit, or click the "next" button and exit, and/or receives the message at the end of the survey "Thank you for taking the time to answer these questions! Your responses have been recorded", the survey has been fully completed. While we encourage clients to fully complete the survey, clients can choose not to answer any questions as they wish.

8. How will counties be able to track/monitor if clients receiving services are accessing the online survey?

UCLA will provide, via the county's UCLA Health Box folder, daily counts of the online surveys during the survey administration period. Coordinators are encouraged to review this information each day of the survey administration.

9. What equipment is needed to access the online surveys?

Online surveys can be accessed from many devices, including desktops, laptops, tablets, computers, and smart phones. The online survey is designed for use on Google Chrome, Microsoft Edge, Microsoft Internet Explorer, Mozilla Firefox, and Apple Safari.

10. What should we do if a client does not have access to the internet?

The client could fill out a paper survey form which can be downloaded from the UCLA TPS website – **do not photocopy these forms.**

11. If the survey link is not working, what can I do?

Some counties or providers have firewalls that may block access to the survey from their network. You may need to work with your county IT services to allow access to the survey. Another option is to access the survey from a smart phone or computer away from the program. You could also instead offer the client a paper survey form to complete.

12. What if a client has trouble navigating the online survey (e.g., lacks computer skills)?

A family member or non-clinical provider staff, volunteer, and consumer advocate, for example, may help clients navigate the online survey. Be sure to provide help in a manner that ensures the client feels comfortable answering the survey questions openly and honestly and does not compromise confidentiality. Another option is to hand the client the paper survey form to complete.

13. Can the TPS survey be administered using the Zoom platform polling?

No. However, if you are using a video-conferencing platform, you may type in or paste the online survey link in the chat box. Clients can click on the link and fill out the survey. You could also show the QR code to the client, and they could scan it using their phone.

14. Can UCLA customize the online survey for our county (e.g., add additional questions)?

Not currently. However, that may become possible in the future.

15. Will we be able to review client comments entered in the online survey in case immediate action needs to be taken?

Yes, client comments will be available for each county coordinator to download from the UCLA Health Box platform at the end of the survey period in a PDF format by provider. Online survey participant comments will be provided in an excel spreadsheet, and the paper survey participant comments will be provided in a PDF format at a later date than the online survey comments.

16. How would we be sure that each client responds just once?

There is always a chance that a client could complete the online survey more than once. Providers can help by inviting clients to complete the survey only once or asking whether they have already completed the survey.

17. Will the unique Online Survey link be created by facility or by facility and level of care?

A unique Online Survey link will be provided for each “program” defined for the TPS as a unique combination of CalOMS Provider ID and treatment setting and/or Program Reporting Unit ID (optional) as indicated by the county. For example, each “program” below would have a unique/customized Survey link.

CalOMS Provider ID 001027, Detox/WM (standalone), adults

CalOMS Provider ID 001027, OTP/NTP, adults

CalOMS Provider ID 000000, OP/IOP, adults

CalOMS Provider ID 000000, OP/IOP, youth

CalOMS Provider ID 000000, Reporting Unit 0411, OP/IOP, adults

CalOMS Provider ID 000000, Reporting Unit 0425, OP/IOP, adults

Paper Survey

1. **Are there any “best practices” for preparing the paper survey forms?**

Please pre-fill the CalOMS Treatment Provider ID, Reporting Unit, and treatment setting using the fillable PDF function and download/print the forms out for each of your providers. This helps avoid missing and/or inaccurate information. This information, which is to be included in the top section of the TPS form, is required for purposes of the DMC-ODS waiver evaluation. The fillable PDFs are posted on the UCLA TPS website ready for downloading.

2. **Are counties allowed to modify the TPS form?**

No, however, only those counties that have been pre-approved in advance of the TPS administration may add county-specific items to the end of the TPS form, but please do not remove or change the order of the data elements on the form (including CalOMS ID, treatment settings, questions, demographics). This information is required for the purposes of the DMC-ODS waiver evaluation. Please do not send UCLA additional county-specific data, particularly any identifying client information (e.g., names, client IDs, date of birth). For counties submitting TPS data electronically, please follow the Codebook (available as a PDF and Excel spreadsheet) that is included on the UCLA TPS website. Please contact Marylou Gilbert (MarylouGilbert@mednet.ucla.edu) if you would like to discuss further.

3. **Can we score and/or just scan/upload the TPS Survey forms to our County UCLA Health Box folder?**

No. We prefer that you send us the paper surveys you collect via Fed Ex using our pre-paid label and following our shipping instructions. Some counties are using their own Qualtrics account to collect data and will be uploading this data but have prior approval to do this. We are asking counties to NOT conduct any data entry of the paper forms.

We will provide shipping information for the paper forms; alternatively, or in addition to this you may offer the survey online. This option allows the data to come to us directly. You will not need to 'score' the surveys; the paper forms are a Teleform

version that requires specific handling on our end – we ask also that you NOT send us photocopied paper forms, only original forms that have been downloaded from the UCLA TPS website.

4. Can we photocopy blank printed Survey Forms that we downloaded from the UCLA TPS Website?

No. Please **DO NOT PHOTOCOPY** the TPS Survey Form. Please print all Survey Forms directly from the PDF file that was downloaded from the UCLA TPS Website. Photocopies impact the scanning processes at UCLA and will delay analysis.

5. What is the best way to inform clients how to make corrections to responses on the Survey Form?

To make corrections to responses on the survey form, draw one line through the bubble marked by mistake and then fill in the bubble for the correct answer. Please do not use white out, or scribble over responses. Please help the process by informing clients as needed.

CalOMS, Treatment Setting, Provider ID, and Reporting Unit

1. **We have several providers serving our county's beneficiaries. Would it be appropriate to use the Out-of-County-Reporting (OOCR) number for our county, or should providers use the CalOMS number issued by their County of residence? A few of our providers are out-of-county.**

Please have the out-of-county provider use its own CalOMS Provider ID rather than your county's OOCR number.

2. **Is the CalOMS Provider ID the six digit "ID Number" assigned by DHCS to each SUD provider that identifies the provider and the different level of treatment (residential, outpatient, etc.)?**

Yes.

3. **What treatment setting should be indicated on the TPS form for a sobering station (non-licensed overnight detox facility)?**

Detox/WM. If the facility does not have a CalOMS ID, you may create one starting with your two-digit county code, for purposes of the survey.

4. **We have a standalone MAT clinic, which mainly prescribes for alcohol use disorder (AUD) but is expanding to prescribe Suboxone for opioid use disorder (OUD). What treatment setting should we mark on the TPS form? OP/IOP or OTP/NTP?**

The treatment setting would be OP/IOP. If the clinic does not have a CalOMS ID, you may create one for the purposes of the survey, starting with your 2-digit county code.

5. What treatment setting should be selected for residential detox?

Residential or detox/WM?

If the program provides only detox/WM services (and case management services), but no treatment services, then the treatment setting would most likely be "detox/WM (standalone)."

6. What should I do if the pre-filled CalOMS Provider ID or Reporting Unit information is incorrect?

If the pre-filled Provider ID or Reporting Unit on your survey forms is incorrect, please update the information in the fillable PDF and reprint the forms before distributing them to clients.

Reprinting corrected forms is the preferred method because it helps ensure accurate data capture, reduces the risk of data entry errors, and supports proper attribution of survey responses to the correct provider and reporting unit.

Please do not rely on handwritten corrections to pre-populated Provider ID or Reporting Unit fields when a revised electronic version can be generated and reprinted.

Exception: If forms have already been distributed or collected and reprinting is not feasible, a correction may be made by drawing a single line through the incorrect information and writing the corrected Provider ID or Reporting Unit clearly in the available space as close to the original field as possible. However, updating the fillable PDF and reprinting the forms remains the preferred approach.

Shipping and Tracking

1. After the paper forms are collected, how should counties proceed with shipping the TPS forms to UCLA?

Counties must mail the paper surveys to UCLA using HIPAA compliant procedures that we have established – we will provide pre-paid fed ex shipping labels and instructions on how to send. Counties are not responsible for bearing the cost of mailing the surveys to UCLA. If some counties such as those in Southern California would like to personally drop off survey boxes, it can be arranged. **PROVIDERS SHOULD BE INSTRUCTED TO NOT SEND PAPER SURVEYS DIRECTLY TO UCLA.**

2. To ship via Fed Ex will we need to make arrangements with Fed Ex, and will we need to use only fed ex shipping materials?

You may arrange to have Fed Ex pick up your shipment or you can also drop off at a Fed Ex location. Fed Ex materials are available free of charge and are the most reliable to use but you may also use your own shipping boxes or envelopes. Be clear with providers that they should NOT send paper forms directly to UCLA.

3. If a survey does not include the CalOMS ID, does it need to be sent with the rest of the surveys?

Yes, please send ALL the surveys you receive regardless of their completion status.

4. Should treatment providers return the completed TPS forms directly to UCLA for scanning?

No. Treatment programs should return completed forms to their TPS County Coordinator, who will collect all the forms and ship them to UCLA as indicated above. Please ensure that your service providers are aware of who they should reach out to as their TPS County Coordinator.

Survey Data Access and Reporting

1. **What will UCLA do with the client comments typed in the Online Survey?**

Client comments text collected via the online survey will be sent to each county at the end of the survey period for review in case immediate attention is needed.

The client comments text will also be included in the raw data files that are made available to counties in their UCLA Health Box folders. However, UCLA does not have the resources to review, analyze, and/or summarize the written client comments.

2. **How will counties receive access to their county- and program-level reports, and raw data files prepared by UCLA?**

The UCLA Evaluation Team uses UCLA Health Box – a secure, HIPAA compliant file-sharing platform – to enable counties to access their reports/data that have been prepared by UCLA. Counties that have been pre-approved to upload data because they use their own Qualtrics account can upload to the UCLA Health Box platform.

UCLA will create a folder specifically for each county in the UCLA Health Box Platform.

- UCLA will send an email invitation to the individuals identified by the county coordinator to collaborate on the county's folder in the UCLA Health Box Platform.
- Individuals who receive the email invitation to collaborate on the county's folder in UCLA Health Box should open the email, click on "View Folder," and follow the instructions to set up a free Box account and access the county's folder. (Each user will need to create a free account. Instructions on how to use the UCLA Health Box platform will also be included in each county's folder.)
- Account holders will be able to download reports and data files during a limited time basis of not more than 30 days.
- UCLA will be using the UCLA Health Box Platform for each survey period.

3. Will counties gain access to their TPS raw data?

Yes, the raw data files will be included in each county's folder in the UCLA Health Box Platform. Please be aware that the raw data files include demographic information of clients collected in the survey. This data is for informational purposes only and should not be used to identify clients receiving services from your programs. Please suppress demographic information by program when sharing raw data with providers to prevent identification. HIPAA rules require suppressing client count by demographic or identifying categories when the count is equal to or less than 11. County TPS Reports have consumer identifiable data suppressed when < 11 . Similarly, Provider Reports will only be generated where consumers for each Provider Number were $= > 11$.

4. Does the provider-level report go directly to the provider?

No; provider-level summary reports as well as county-level reports go directly to the county representatives assigned this task. The county representative can share the reports/data with their providers as they see fit.

5. We did not receive individual provider-level reports for some of our providers. Why?

See #3 above. Most likely, less than 11 clients from the provider responded to the survey. If only a few clients' responses are received, reports are not generated to maintain the anonymity of the clients' responses. However, their responses are included in the county-level summary reports and raw data files provided to the county.

6. Will UCLA calculate response rates for counties/providers as part of the analysis?

No. However, they may be estimated at a later date based on other data sources.

Results

1. Will the results be made available to counties? If so, when can I expect the results?

Yes, the TPS results are made available to each county. County coordinators will receive county- and provider-level summary reports typically within 3-4 months from the date UCLA received the data.

2. We were comparing our scores from previous years, and we saw that across the board, our TPS results were lower in one year compared to the other. Is this something you've seen among other providers when it comes to implementation of the DMC-ODS? What might explain this?

Some counties may find their survey results to be different from the previous year's results. While some scores may have increased, others may have decreased either by domain or survey item.

Please use caution in interpreting the changes in scores from one survey period to another, as the change may not always reflect an actual decline or actual improvement in clients' perceptions of treatment. The reason for the change in score(s) could be due to different providers in different treatment settings participating from year to year. As an example, County X in Year A may have received 1,000 survey forms from 30 providers in four types of treatment settings (10 OP, 5 Residential, 10 OTP/NTP, and 5 WM). In Year B, County X may also have received 1,000 survey forms from 30 providers, but from different treatment settings (5 OP, 15 Residential, 15 OTP/NTP, and 0 WM). In Year B, the scores for each domain may have shown increases of 2%. These results should not be interpreted as real increases in clients' satisfaction with treatment because the case-mix of clients by treatment settings is different in Years A and B in County X.

It is recommended that to analyze the true differences/changes in scores from year to year, counties should make comparisons at the provider level within the same treatment setting.

3. We would like to compare our county's TPS results with statewide results. Where can we find the statewide results?

TPS statewide results for each year are included in the DMC-ODS Evaluation Reports the following year. For example, the 2025 TPS results are included in the 2026 DMC-ODS Evaluation Report. These reports are posted on [DHCS' DMC-ODS website](#) and [UCLA's California DMC-ODS Evaluation website](#). The statewide results for each survey period are posted on the [UCLA TPS website](#).

4. How is the overall response rate calculated for the TPS?

Each year the response rate is calculated as the number of surveys received divided by the number of clients that received services during the survey period as reflected in the administrative DMC claims database.