



DISTRICT OF COLUMBIA MENTAL HEALTH FULL-TIME EQUIVALENT (FTE) SURVEY



Identifiable information from this survey will be used exclusively for calculating population-to-provider ratios for the District's applications for geographic and population health professional shortage area (HPSA) designations for mental health. This information must be collected for each provider practicing in the District; complete and accurate responses will greatly assist the District in identifying areas with limited access to mental health care so that these areas can be made eligible to receive additional mental health resources. Please respond to all questions. Call 202-724-7668 for assistance.

First Name: _____

Middle Initial: _____

Last Name: _____

Suffix: _____

Date of Birth: MM/DD/YYYY

Provider's DC License Number: _____

Provider Status: [] Active [] Not in practice [] Moved out of the District

[] Other (explain) _____

Is Provider a Resident or Intern? [] Yes [] No

Is Provider a J1 Visa Holder? [] Yes [] No

Is Provider a Federal Employee? [] Yes [] No

Is Provider a National Health Service Corps (NHSC) Employee? [] Yes [] No

Specialty: _____

Percent of Practice: _____

Subspecialty: _____

Percent of Practice: _____

Contact phone (with area code): _____ - _____ - _____

Email: _____@_____._____

Practice Address 1 (Main): Street Address: _____

City: _____ State: _____ Zip: _____

Hours per week in DIRECT patient care activities at this site: _____

Practice Address 2 (Additional): Street Address: _____

City: _____ State: _____ Zip: _____

Hours per week in DIRECT patient care activities at this site: _____

Does Provider have hospital privileges? [] Yes [] No If, yes, are hospital patient care hours included in practice location hours? [] Yes [] No If yes, how many per week? _____

Out of a 40-hour week, approximately how many hours are spent in administration, teaching, paperwork, semi-retirement, lunch breaks, etc.? _____ Please circle the activities above or otherwise indicate which activities are included in this calculation: _____



DISTRICT OF COLUMBIA MENTAL HEALTH FULL-TIME EQUIVALENT (FTE) SURVEY



Does Provider serve the following patient groups?

Percentage of patients seen in practice:

| | | | |
|----------------------------------|------------------------------|-----------------------------|-------|
| Homeless: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Medicaid: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Migrant Farmworkers: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Migrant/Seasonal Workers: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Native Americans: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Annual number of **Medicaid claims:** _____

Does Provider offer **sliding fee scale** based on income or ability to pay?

Yes No Percentage of all patients that are sliding fee: _____

Does Provider practice offer **language interpretation** for patients? Yes No

What language? _____ Percentage of Patients: _____

What language? _____ Percentage of Patients: _____

What language? _____ Percentage of Patients: _____

Is Provider **accepting new patients**? Yes No

How long is the average **waiting time (days)** for a routine, non-urgent appointment?

New Patients (Days): _____ **Established Patients (Days):** _____

On average, how long do patients wait **once they have arrived in the office**?

New Patients (Minutes): _____ **Established Patients (Minutes):** _____

Does the Provider use an **electronic health record**? Yes No

Can DOH **share your response** regarding electronic health records and **your contact information ONLY** with the federally-funded Regional Extension Center (REC) that is assisting District providers with the transition to electronic health records? Yes No

RETURN BY FAX, EMAIL OR POST TO:
Primary Care Bureau
Community Health Administration
DC Department of Health
899 N. Capitol Street NE, 3rd Floor
Washington, DC 20002
Fax: 202-442-4947 Email: HPSA@DC.GOV

THANK YOU FOR YOUR ASSISTANCE WITH THIS IMPORTANT EFFORT.