

Sample Survey for CDC-Recognized Organizations

1. CDC-recognized Organization Name
2. Primary contact (First, Last)
3. Address (Address 1, Address 2 City, State, Zip)
4. What is your current CDC-Recognition status?
5. Which delivery mode do you use to offer the National DPP? *Indicate all that apply* (in-person, online, distance learning, combination)
6. Do you currently operate in <<state>>?
7. In what other states does your organization currently deliver National DPP services?
8. Are you contracting with Medicaid Managed Care Organizations (MCOs) currently?
9. Are you interested in partnering with <<state>> Medicaid MCOs?
10. What is your capacity to accept new program participants in <<state>>? (i.e., maximum enrollment capacity for the first year of service delivery)
11. What are your current program retention rates?
12. What does your data reporting package include?
13. What language(s) is your program available in?
14. What is the reading level of your program material?
15. Do you have coding and billing support?
16. Are you currently using claims to bill Medicaid, Medicare DPP or similar services?
17. Do you run your classes out of multiple locations or a single location?

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18. What platform(s) do you use to deliver the National DPP? *Indicate all that apply* (i.e., Computer; Smart phone/app based; In-person location; Multiple locations)
 19. For in-person, are your locations accessible for persons with disabilities?
 20. For virtual: How often do you initiate a new class?
 21. Are you interested in learning more about <<state's National DPP>> enrollment?