



As a managing employer in the CDASS program, please rate the services provided to you by the Financial Management Services (FMS) vendor you were affiliated with throughout the majority of 2021.

Please rate your experiences, using a 5 to 1 scale, with 5 being best (Excellent/Most Satisfied) and 1 being worst (Very Poor/Least Satisfied). Use N/A if the question does not apply. A place for comments has been provided on the back of the survey. Please complete the survey below and return it in the envelope provided by **April 30, 2022**.

For best results, please use **BLACK** ink. Fill circles in like this: Not like this:

1. Which FMS Provider are you rating with your responses? (Please select only one)

Palco ☐

PPL ☐

2. Please rate trainings and/or resources provided by your FMS at enrollment.

	Always 5	4	Sometimes 3	2	Never 1	N/A
Enrollment materials are easy to read/understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training I received about how my attendant/s track and submit their work hours was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to contact my FMS if I have questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The enrollment process for myself and my attendant/s was easy to complete.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Please rate the assistance provided by your FMS to the questions you have about online resources.

	Excellent 5	4	Average 3	2	Very Poor 1	N/A
Using my FMS' website.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online or mobile app timesheet submission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

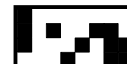
4. When contacting your FMS with a question or concern, staff members...

	Always 5	4	Sometimes 3	2	Never 1	N/A
Are respectful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answer the phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return your call or email within one (1) business day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly answer your question or concern?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This survey is administered by Consumer Direct Care Network Colorado. If you have questions about this survey, please call us at 1-844-381-4433 for assistance.

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Please flip the page.





5. Please rate these services provided by your FMS.

	Excellent 5	4	Average 3	2	Very Poor 1	N/A
Assistance completing FMS enrollment paperwork. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness in processing FMS enrollment paperwork. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your Attendants - on time. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your Attendants - accurately. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing accurate and timely tax documentation. _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. My overall satisfaction with my FMS can be described as:

Very Satisfied 5	4	Neither Satisfied Nor Dissatisfied 3	2	Very Dissatisfied 1	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use this space for any additional feedback about your experience working with your FMS.

Please note that your comments will not be read immediately by your FMS vendor. If you need immediate assistance please contact your FMS customer service center directly.

FOR REFERENCE

Name (Optional*) - please print: _____

Who completed this survey? Member ☐ Authorized Representative ☐

*Do not write your name if you'd prefer that your comments remain anonymous.

If you have additional comments or suggestions, please submit them on another piece of paper with this survey.

Thank you for completing this survey.
Your responses will help improve the CDASS Program!
Please return in the enclosed envelope by **May 6, 2022**

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