

# 2025 Financial Management Services Annual Satisfaction Survey

## Introduction

This survey is for Consumer-Directed Attendant Support Services (CDASS) employers to rate the services they received from their Financial Management Services (FMS) contractor. Your ratings and comments will be reviewed by the Colorado Department of Health Care Policy and Financing and your FMS to identify areas of good performance and areas needing improvement. A member's CDASS benefit is not impacted by completing this survey. You will remain anonymous unless you identify yourself at the end of the survey.

Consumer Direct for Colorado conducts this survey for the Department of Health Care Policy and Financing. Consumer Direct will present the final results report on June 25, 2025 at the Participant-Directed Programs Policy Collaborative. If you have questions about this survey, the results report, or presentation of the results, please call Consumer Direct at 1-844-381-4433.

## Due Date

Return your survey in the enclosed envelope by **May 9, 2025**. You must return your survey by this date in order for your responses to be included in the final results report.

## Instructions

Please rate the FMS which you worked with for most of 2024. Some questions may be best answered if you talk to your attendants.

- Rate each question using the 5-point scale. 5 means excellent/most satisfied/greatest and 1 means very poor/least satisfied/least.
- Use black ink. Fill circles in like this: 

  Not like this:
  Mot like this:
- Mark N/A circle if the question does not apply to you.
- You may add written comments in boxes under questions A and B.
- Please go to the next page to start the survey.

This is a draft survey. It is intended to be shared during the March 2025 Participant-Directed Programs Policy Collaborative for stakeholder feedback. CDASS employers will receive the final survey to complete in April. Do not complete this survey.





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

Palco O Public Partnerships (PPL) O

2. Please rate the enrollment process for you and your	Very		Neutral	l	Not at a	all
attendants.	5	4	3	2	1	N/A
How easy to read/understand are the enrollment materials?	0	0	0	0	0	0
How easy is it to understand the corrections to enrollment paperwork that it requires?	0	0	0	0	0	0
How easy is it to contact your FMS if you have enrollment questions?	0	0	0	0	0	0
How quickly does it process enrollment paperwork when paperwork is free of errors?	0	0	0	0	0	0
How helpful was the training you received about how attendants track and submit their work hours?	0	0	0	0	0	0
How easy was the enrollment process to complete from start to finish for yourself and your attendant(s)?	0	0	0	0	0	0

3. Please rate how easy it is to access your FMS's	Very		Neutral		Not at a	ll
electronic systems and materials. How accessible	5	4	3	2	1	N/A
Is its website?	0	0	0	0	0	0
Is its EVV mobile app?	0	0	0	0	0	0
Is its EVV telephone reporting technology?	0	0	0	0	0	0
Is its online portal (timesheet and budget tracking system)?	0	0	0	0	0	0
Are its electronic documents?	0	0	0	0	0	0

4. Please rate your FMS's assistance and communication.	Very		Neutral		Not at al	l
How well or reliably	5	4	3	2	1	N/A
Does it assist you when you need help navigating its website?	0	0	0	0	0	0
Does it assist you when you need help with its online portal?	0	0	0	0	0	0
Does it assist you when you need help completing its paperwork?	0	0	0	0	0	0
Is its communication when action from you or your attendant is needed?	0	0	0	0	0	0
Is it when you request contact from customer service or enrollment staff?	0	0	0	0	0	0





5. Please rate your FMS's customer service. How often	Very		Neutral		Not at a	ll
does its customer service	5	4	3	2	1	N/A
Answer the phone in a reasonable amount of time?	0	0	0	0	0	0
Treat you with respect?	0	0	0	0	0	0
Clearly answer your question or concern?	0	0	0	0	0	0
Provide you with accurate information?	0	0	0	0	0	0
Return your call or email within one business day?	0	0	0	0	0	0
6. Please rate your FMS's payroll and tax services. How	Very		Neutral		Not at a	ıll
timely or accurately does your FMS	5	4	3	2	1	N/A

timely or accurately does your FMS	5	4	3	2	1	N/A
Send updates such as denied timesheets and updated payroll resources (i.e. annual payroll calendar)?	0	0	0	0	0	0
Pay your attendants?	0	0	0	0	0	0
Deliver tax documentation?	0	0	0	0	0	0
Adjust payroll and tax information, such as rates of pay or payment method?	0	0	0	0	0	0

Federal law requires CDASS attendants use Electronic Visit Verification (EVV) for clocking in and out of work shifts. If you and all of your attendants have an EVV Live-In Caregiver Exemption, select the N/A circle for each question.

7. Please rate the EVV technologies your FMS provides	Very		Neutra	ıt	Not at	all
your attendants. How	5	4	3	2	1	N/A
Well did it prepare your attendants to complete EVV reporting?	0	0	0	0	0	0
Easy is it to use its EVV technologies (mobile app, telephone reporting, online portal)?	0	0	0	0	0	0
Reliably do its EVV technologies capture clock in/clock out data?	0	0	0	0	0	0
Helpful is its EVV customer support when you or your attendants need help?	0	0	0	0	0	0
Confident do you feel using its EVV technologies?	0	0	0	0	0	0

	Very Well		Neutral		Very Poorly	
	5	4	3	2	1	N/A
8. How well do you feel your data is securely managed by your FMS?	0	0	0	0	0	0

	Very Satisfied		Neutral		Very Dissatisfied	
	5	4	3	2	1	N/A
9. How would you rate your overall satisfaction with your FMS?	0	0	0	0	0	0
Rev 03/12/2025 Page	e 3 of 4		0			



## Written Comments

You may use the space below to share additional feedback about your experience working with your FMS. If you need more space for your comments, please use another piece of paper and include it with this survey. Comments will not be reviewed immediately by your FMS. If you need immediate assistance from your FMS, please see the customer service contact information for each at the bottom of the page.

A. What comments would you like to share about your experience working with your FMS?

## B. What resources and tools would help you be more successful in the CDASS program?

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C. Who completed this survey? \*Do not write your name if you prefer that your comments remain anonymous.

First and Last Name:

I am the... Member O Member's Authorized Representative O

# FMS Contact Information

Public Partnerships LLC. (PPL) <u>ppcdass@pplfirst.com</u>, 1-888-752-8250; <u>ppl\_cs\_evv@pplfirst.com</u> (EVV Help Desk), 1-833-204-9041 (EVV Help Desk)

Palco, Inc.: <u>CO-CDASS@palcofirst.com</u>, 1-866-710-0456, 1-800-441-4667 (EVV Support Line, press 1 then 3)

Thank you for completing this survey. Your responses will help improve the CDASS Program!

