

25. We want to look into your concerns as soon as possible. Please help us by choosing an option below that most closely relates to your issue. *

Mark only one oval.

- Financial Management Services (payroll, taxes, etc.) (Go to question 26)
- Member/AR Training and Enrollment into Services (Go to question 26)
- Attendant Enrollment (Go to question 26)
- IHSS Agency Services (Go to question 26)
- Electronic Visit Verification (EVV) (Skip to question 30 on page 7)
- ADA Accommodation & Live-In Caregiver Exemption (Go to question 26)
- Case Management Issues (Go to question 26)
- PDPPC Issues (Go to question 26)
- Attendant Employment / Compensation (Go to question 26)
- Fraud, Abuse, and / or Neglect (Go to question 26)
- Other: _____ (Go to question 26)

Issue Description

26. When did the issue start? (approximately) *

Example: January 7, 2019

27. Please describe the issue. *

28. Who have you contacted about this issue prior to now? *

Check all boxes that apply.

- My FMS Vendor
- Consumer Direct for Colorado
- PDP Inbox | HCPF_PDP@state.co.us
- My Case Manager
- A Community Advocate (i.e. CCDCC, Disability Law Colorado, etc.)
- A Health Care Policy & Financing Staff Person
- This is my first report to anyone.

Other: _____

29. On a scale of 1 to 5, how urgent would you rate this issue? *

Mark only one oval.

	1	2	3	4	5	
Not urgent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very urgent

Skip to question 45

Electronic Visit Verification (EVV) Issues

30. Who is your FMS provider?

Mark only one oval.

- Palco, Inc.
- Public Partnerships LLC.

31. What EVV application are you having issues with? *

Check all boxes that apply.

- EVV Mobile App
- Telephony
- FMS Portal (for manual entries)

32. Who have you contacted about this issue prior to now? *

Check all boxes that apply.

- My FMS Vendor
- Time4Care | Customer Service (PPL EVV App provider)
- Authenticare | Customer Service (Palco EVV App provider)
- HCPF EVV Inbox | EVV@state.co.us
- Sandata | 1-855-871-8780 / COCustomerCare@sandata.com
- This is my first report to anyone.

33. When did the issue start? (approximately) *

Example: January 7, 2019

34. Please describe the issue. *

Can't describe the issue? Say it with pictures by sending screenshots to EVV@state.co.us.

35. On a scale of 1 to 5, how urgent would you rate this issue? *

Mark only one oval.

1	2	3	4	5		
Not urgent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very urgent

Skip to question 45

Feedback

36. What is your first and last name? *

37. Please provide your email address. *

If you do not provide your email address, you will not receive an email confirmation of your issue / feedback.

38. Please provide your phone number. *

39. How are you connected to CDASS / IHSS? *

Mark only one oval.

- I am a participant of one of the programs (Member/AR/Attendant)
- I am a community advocate that works with the programs
- I work with the program/s as a staff person (Case Manager, Agency, Vendor, etc.)
- I have heard about the programs through friends, family, and/or my community
- I heard about the programs from a media story
- Other: _____

40. Your feedback is valuable and can help improve Participant Directed Programs. Please share your thoughts or suggestions. *

41. Do you attend the Participant Directed Programs Policy Collaborative (PDPPC)? *

Mark only one oval.

- Yes
- No
- Sometimes
- I don't know what PDPPC is

42. My experience with Participant Direction support and resources is: *

Mark only one oval.

- I know where to get them and they are helpful
- I know where to get them but they are not helpful
- I don't know where to find them
- I don't generally need them
- Other: _____

43. All things considered, how would you rate your experience with Participant Direction? *

Mark only one oval.

	1	2	3	4	5	
Unsatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Satisfied

44. Do you need a response from a Participant Directed Programs staff about your feedback? *

Mark only one oval.

- Yes
- No

Contact Preference

Please share how you would prefer to be contacted.

45. What is the best way to reach you? *

Mark only one oval.

- By phone
- By email

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