

Participant-Directed Programs Issues & Feedback Report Form

Use this form to report issues or provide feedback related to Consumer-Directed Attendant Support Services (CDASS) or In-Home Support Services (IHSS)

If you have an unaddressed or unresolved issue regarding your case manager or case management agency, please go to the Case Management Agency Complaint Form (<https://forms.gle/NyAwAzsvrhLLgvQn8>)

** Requested to be filled out. If you wish to remain anonymous, please complete as many applicable questions you are comfortable answering.*

1. What would you like to do? *

Mark only one oval.

- ☐ Report a CDASS issue *(Skip to question 17 on page 4)*
- ☐ Report an IHSS issue *(Skip to question 17 on page 4)*
- ☐ Report a Utilization Review/Utilization Management issue *(Go question 2)*
- ☐ Provide feedback *(Skip to question 36 on page)*

Utilization Review / Utilization Management (URUM) Issues

2. Please select today's date. *

Example: January 7, 2019

3. What is your first and last name? *

4. Please provide your email address. *

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

5. Please provide your phone number. *

6. Member's First Name *

7. Member's Last Name *

8. Member's Medicaid ID *
(enter "n/a" if unknown)

9. What program is the Member in?

Mark only one oval.

☐ CDASS

☐ IHSS

10. Name of the Member's Authorized Representative (if applicable) *

11. What is the Member's Case Management Agency? *

12. Who is the Member's Case Manager? *

13. Is an IHSS Agency involved? If yes, please enter the name. *

Mark only one oval.

☐ No

☐ Other:

14. Has a community advocate assisted you? If yes, please enter your advocate's name. *

Mark only one oval.

☐ No

☐ Other:

15. Please describe the issue. *

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

Mark only one oval.

☐ Phone

☐ Email

Your Information

17. What is your first and last name? *

18. Please provide your email address. *

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

19. Please provide your phone number. *

Member Information

20. Member Name *

21. Member's Medicaid ID *

(enter "n/a" if unknown)

22. Name of the Member's Authorized Representative (if applicable) *

23. What is your relationship to the Member? *

Mark only one oval.

- ☐ I am the Member
- ☐ I am the Member's Authorized Representative I am the
- ☐ Member's Attendant
- ☐ I am a family member
- ☐ I am a friend
- ☐ I am a Case Manager
- ☐ I am a community advocate
- ☐ Other:

Issue Information

24. Please select the vendor that your issue relates to. *

Check all boxes that apply.

- ☐ Palco, Inc.
- ☐ Public Partnerships LLC
- ☐ Acumen Fiscal Agent
- ☐ Consumer Direct for Colorado
- ☐ None

Other: ☐

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. CCDC, 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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