



<FMS Name>
Annual Client Satisfaction Survey

As a managing employer in the CDASS program, please rate the services provided to you by the Financial Management Services (FMS) Provider you are affiliated with. 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 NA 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 **October 29, 2018**.

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

1. Please rate trainings and/or resources provided by <FMS Name> at enrollment.

	Always 5	4	Sometimes 3	2	Never 1	N/A
Printed 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 from <FMS Name> about how to fill out and submit timesheets 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 <FMS Name> if I have questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please rate the assistance provided by your FMS with 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 timesheet submission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. 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"/>

4. 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"/>

5. 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"/>

If you have comments or suggestions, please submit them in the comment section provided on the back of this survey. Please note that your comments will not be read immediately by your FMS provider. If you need immediate assistance please contact your FMS provider directly.

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

Please flip the page.





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Please use this space for any additional feedback about services received from your FMS provider.

Draft

Client's Name (Optional*) - please print:

*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 **October 29, 2018**

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