

Dear Children’s Special Health Care Services Client:

In an effort to better understand our customer’s needs, the Macomb County Health Department is conducting a customer satisfaction survey of families participating in the Children’s Special Health Care Services (CSHCS) Program. Please complete the following short survey **along with your annual update**.

Survey results will not be shared with program staff, unless you indicate below that a contact is requested. Total results from this confidential survey will be compiled and used to measure your satisfaction and make improvements in the CSHCS program. Please complete all questions, checking the most appropriate box. Additional comments can be entered in the space provided.

Children’s Special Health Care Services Survey

Survey completed on behalf (please check one): <input type="checkbox"/> Self <input type="checkbox"/> Family Member
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Please check a box that most accurately describes how you heard about the CSHCS Program.
I learned about the CSHCS Program the following ways (check all that apply)

<input type="checkbox"/> Agency website at health.macombgov.org	<input type="checkbox"/> Referred by Intermediate School District Staff (ISD)
<input type="checkbox"/> Other website: _____	<input type="checkbox"/> Referred by Physician Office
<input type="checkbox"/> Contacted by Health Department Staff	<input type="checkbox"/> Referred by Different Agency (please identify)

Please rate how strongly you agree or disagree with each of the following statements by placing a check mark in the most appropriate box:

My experience when calling/visiting the local CSHCS office:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
When visiting the office, my wait time for my appointment is less than 10 minutes.						
Phone calls are returned promptly.						
CSHCS staffs are helpful and professional.						
CSHCS staffs answer all my questions.						
The information shared by the CSHCS staff is easy to understand.						
My experience with CSHCS staff regarding patient care:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
Scheduling an appointment with CSHCS staff is easy.						
If a home visit is scheduled, CSHCS staff arrive on-time.						
CSHCS staff is well prepared for the appointment.						
CSHCS staff is polite and professional.						
CSHCS staff is knowledgeable about available resources.						
The information provided by CSHCS staff is accurate and consistent.						
CSHCS staff is able to explain the health diagnosis and care information in an understandable way.						

CSHCS Family Phone Line (800)359-3722
www.michigan.gov/cshcs

My experience with CSHCS staff regarding receiving help with insurance questions and medical equipment:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
CSHCS staff collaborates with other providers to get equipment in a timely manner.						
CSHCS staff was helpful when assisting with travel arrangements to appointments.						
CSHCS staff responds quickly to questions concerning health insurance.						
CSHCS staff works hard with my health care providers to get answers to my questions.						
CSHCS staff works hard with other agencies to make sure I get the assistance needed.						
Overall, during my experience, I found that:	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
The renewal process is easy to complete.						
The CSHCS Representative has been helpful in coordinating services I needed.						
The CHSCS nurse was helpful in creating a written plan of care.						
Program renewals are completed in a timely manner.						
Staff is available to address my concerns.						
The renewal process did not require multiple trips/phone calls to CSHCS staff.						
I am satisfied with my overall experience.						

If you disagreed with a statement above, please explain so that we can work to improve our service.

What changes could be made to improve your experience with the CSHCS Program?

What did the CSHCS Staff do well?

If you would like to be contacted regarding the quality of service you received, please provide your contact information.

Name: _____

E-mail: _____ Phone: _____

Date:

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