



State of Michigan
Department Health and Human Services
 C/O DataStat, Inc.
 3975 Research Park Drive
 Ann Arbor, MI 48108

GRETCHEN WHITMER
 GOVERNOR

ELIZABETH HERTEL
 DIRECTOR

*****AUTO**SCH 5-DIGIT 53562 • 1 #
 |||...|||
 PARENT/CAREGIVER OF [FNAME] [LNAME]
 [ADDRESS 1]
 [ADDRESS 2]
 [CITY] [STATE] [ZIP]

Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.

June 8, 2021

Dear Parent/Caregiver of [FNAME] [LNAME]:

How can the Michigan Department of Health and Human Services better serve your family? How can consumers choose the health care plan that is best for them?

The survey in this package gives you the chance to tell us what you think about the care and service we provide to your child through Children’s Special Health Care Services or Michigan Medicaid. It will take less than 20 minutes to complete. The person who knows the most about your child’s health care should fill out the survey. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children.

The company DataStat is working with us. No one but the research staff will see your answers. Please call the toll-free number [1-877-455-7158] if you have any questions.

You are among only a few members I am asking to help us. **It is very important that you fill out the survey and return it right away.**

Your thoughts are very important to us. Thank you for helping to improve health care for all children.

Sincerely,

Kate Massey, Senior Deputy Director
 Medical Services Administration

DKW-00469-01
 001-00001





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Padre/Guardián de [FNAME] [LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP]

If you would prefer to read this cover letter in English, please turn the page over.

8 de junio de 2021

Hola Padre/Guardián de [FNAME] [LNAME]:

¿De qué manera puede el programa de Michigan Department of Health and Human Services ofrecerle un mejor servicio a su familia? ¿Cómo pueden los consumidores escoger un plan de salud que sea mejor para ellos?

La encuesta en este paquete le da la oportunidad de decirnos lo que usted piensa sobre el cuidado y servicio que se le provee a su niño a través del Children's Special Health Care Services o Michigan Medicaid. Le tomará menos de 20 minutos completarla. La persona que conoce mas sobre el cuidado de salud de su niño debería llenar la encuesta. Por favor conteste las preguntas pensando **solamente en el niño quien tiene su nombre listado arriba**. No conteste por ninguno de sus otros niños. **Si le gustaría tomar este encuesta en español, por favor llame al [1-877-455-7158] sin cobrar.**

La empresa DataStat está trabajando con nosotros. Nadie más que el personal de investigaciones podrá ver sus respuestas. Puede llamar a DataStat a su número gratuito [1-877-455-7158] si tiene alguna pregunta.

Usted es uno de los pocos miembros de a los cuales les estoy pidiendo ayuda. **Es muy importante que usted complete la encuesta y la devuelva de inmediato.**

Sus respuestas son muy importantes para nosotros. Gracias por ayudarnos a mejorar la atención de la salud para todos los niños.

Atentamente

Kate Massey, Senior Deputy Director
Medical Services Administration

DKW-L1Eb

**Michigan Department of Health and
Human Services**

C/O Datastat, Inc.
3975 Research Park Drive
Ann Arbor, MI 48108

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DKW-00469-CE
001-00001 1

Electronic Service Requested

*****AUTO**SCH 5-DIGIT 53562
PARENT/CARETAKER OF [FNAME] [LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP]



We need your help! We recently sent you a survey about your child's health care. It should take less than 20 minutes to complete, and your answers will help us improve the health care and service we provide.

When you have completed the survey, please return it in the pre-paid envelope to DataStat. DataStat is a research firm working with us to carry out this study. Only the research staff will see your answers.

If you did not get the survey, or if you have lost it, please call DataStat at the toll-free number [1-877-455-7158]. They will mail you another one. You can also call that number if you have any questions.

If you have already sent in your survey, please ignore this message.

Thank you for your help!

DKW-CH-PC

Si le gustaría tomar esta encuesta en español, por favor llame al [1-877-455-7158] sin cobrar.



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*****AUTO**SCH 5-DIGIT 53562 • 1 #
 |||||
 PARENT/CAREGIVER OF [FNAME] [LNAME]
 [ADDRESS 1]
 [ADDRESS 2]
 [CITY] [STATE] [ZIP]

Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.

July 13, 2021

Dear Parent/Caregiver of [FNAME] [LNAME]:

About four weeks ago we sent you a survey. The survey asked about your child's care and service from the Michigan Department of Health and Human Services. If you have already answered the survey and mailed it, we thank you for your help.

If you have not had time to respond, or if you have lost the survey, please take a little time today to complete the enclosed survey now. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children. The survey should take you less than 20 minutes.

You are among only a few Children's Special Health Care Services or Michigan Medicaid members I am asking to help us. The survey gives you the chance to tell us what you think about the care and service we provide to your child.

Please complete this survey and then mail it in the envelope that came with this letter. This survey is optional. None of your answers will be shared with your child's doctor.

DataStat is a company that is working with us to carry out this survey. No one but the research staff will see your answers. If you have any questions, you can call DataStat at their toll-free number [1-877-455-7158].

Thank you for helping to improve health care for all children.

Sincerely,

Kate Massey, Senior Deputy Director
 Medical Services Administration

DKW-L2e

DKW-00469-01
 001-00001



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GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Padre/Guardián de [FNAME] [LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP]

If you would prefer to read this cover letter in English, please turn the page over.

13 de julio de 2021

Hola Padre/Guardián de [FNAME] [LNAME]:

Hace aproximadamente cuatro semanas le enviamos una encuesta. La encuesta preguntaba acerca de la atención y el servicio que Michigan Department of Health and Human Services le proporciona a su hijo. Si ya ha contestado y la ha devuelto por correo, le agradecemos su ayuda.

Le estamos enviando otra copia en caso de que se le haya perdido o no ha tenido el tiempo de llenarla. Por favor conteste las preguntas **pensando solamente en el niño que esta mencionado en la carta**. No conteste por ningún otro niño. Debería de tomarle menos de 20 minutos.

Usted forma parte de un reducido grupo de miembros de Children's Special Health Care Services o Michigan Medicaid a los que les solicitamos ayuda. Les solicitamos que nos comente lo que piensa acerca de la atención y el servicio que recibe su hijo. **Si le gustaría tomar esta encuesta en español, por favor llame al [1-877-455-7158] sin cobrar.**

Por favor complete la encuesta y devuélvala por correo en el sobre que vino con esta carta. Esta encuesta es opcional. Ninguna de las respuestas se compartirá con el médico de su hijo.

DataStat es la empresa que está trabajando con nosotros. Nadie más que el personal de investigaciones podrá ver sus respuestas. Si desea realizar alguna pregunta, puede llamar a DataStat a su número gratuito [1-877-455-7158].

Gracias por ayudarnos a mejorar la atención de la salud para todos los niños.

Atentamente

Kate Massey, Senior Deputy Director
Medical Services Administration

DKW-L2Eb



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 |||...
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 [ADDRESS 1]
 [ADDRESS 2]
 [CITY] [STATE] [ZIP]

Si usted prefiere leer esta carta en español, por favor lea la parte de atrás de la misma.

August 10, 2021

Dear Parent/Caregiver of [FNAME] [LNAME]:

About four weeks ago we sent you a survey. The survey asked about your child's care and service from the Michigan Department of Health and Human Services. If you have already answered the survey and mailed it, we thank you for your help.

If you have not had time to respond, or if you have lost the survey, please take a little time today to complete the enclosed survey now. Please answer the questions **only for the child whose name is listed above**. Do not answer for any other children. The survey should take you less than 20 minutes.

You are among only a few Children's Special Health Care Services or Michigan Medicaid members I am asking to help us. The survey gives you the chance to tell us what you think about the care and service we provide to your child.

Please complete this survey and then mail it in the envelope that came with this letter. This survey is optional. None of your answers will be shared with your child's doctor.

DataStat is a company that is working with us to carry out this survey. No one but the research staff will see your answers. If you have any questions, you can call DataStat at their toll-free number [1-877-455-7158].

Thank you for helping to improve health care for all children.

Sincerely,

Kate Massey, Senior Deputy Director
 Medical Services Administration

DKW-L3e

DKW-00469-01
 001-00001



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Department Health and Human Services
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3975 Research Park Drive
Ann Arbor, MI 48108

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Padre/Guardián de [FNAME] [LNAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY] [STATE] [ZIP]

If you would prefer to read this cover letter in English, please turn the page over.

10 de agosto de 2021

Hola Padre/Guardián de [FNAME] [LNAME]:

Hace aproximadamente cuatro semanas le enviamos una encuesta. La encuesta preguntaba acerca de la atención y el servicio que Michigan Department of Health and Human Services le proporciona a su hijo. Si ya ha contestado y la ha devuelto por correo, le agradecemos su ayuda.

Le estamos enviando otra copia en caso de que se le haya perdido o no ha tenido el tiempo de llenarla. Por favor conteste las preguntas **pensando solamente en el niño que esta mencionado en la carta**. No conteste por ningún otro niño. Debería de tomarle menos de 20 minutos.

Usted forma parte de un reducido grupo de miembros de Children's Special Health Care Services o Michigan Medicaid a los que les solicitamos ayuda. Les solicitamos que nos comente lo que piensa acerca de la atención y el servicio que recibe su hijo. **Si le gustaría tomar esta encuesta en español, por favor llame al [1-877-455-7158] sin cobrar.**

Por favor complete la encuesta y devuélvala por correo en el sobre que vino con esta carta. Esta encuesta es opcional. Ninguna de las respuestas se compartirá con el médico de su hijo.

DataStat es la empresa que está trabajando con nosotros. Nadie más que el personal de investigaciones podrá ver sus respuestas. Si desea realizar alguna pregunta, puede llamar a DataStat a su número gratuito [1-877-455-7158].

Gracias por ayudarnos a mejorar la atención de la salud para todos los niños.

Atentamente

Kate Massey, Senior Deputy Director
Medical Services Administration

DKW-L3Eb



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-877-455-7158.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks   

- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in [STATE MEDICAID PROGRAM/HEALTH PLAN NAME]. Is that right?

- Yes ➔ *Go to Question 3*
- No

2. What is the name of your child's health plan? (Please print)



HEALTH CARE FROM A SPECIALIST

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

3. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- Yes
- No → *Go to Question 7*

4. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. How many specialists has your child talked to in the last 6 months?

- None → *Go to Question 7*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

6. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- | | | | | | | | | | | |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst
Specialist
Possible | | | | | | | | | | Best
Specialist
Possible |

HEALTH CARE FOR CSHCS CONDITION

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

7. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 16*

8. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- None → *Go to Question 16*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

10. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

11. In the last 6 months, how often did your child's doctor or other health providers explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always



12. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did your child's doctors or other health providers explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always
- My child is not able to understand or speak with his or her doctor

15. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did your child get care from more than one kind of health provider or use more than one kind of health care service?

- Yes
- No → *Go to Question 18*

17. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

18. We want to know your rating of health care for your child's CSHCS condition in the last 6 months from all doctors and other health providers. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

PRESCRIPTIONS

The next questions are about prescription medicine your child needed for the CSHCS condition.

19. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → *Go to Question 22*

20. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- Never
- Sometimes
- Usually
- Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

SUPPLIES AND EQUIPMENT

22. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *Go to Question 25*



23. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get the special medical equipment or devices for your child?

- Yes
- No

SPECIAL THERAPIES

25. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → Go to Question 28

26. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

TRANSPORTATION

28. In the last 6 months, did you ask for help with transportation related to the CSHCS condition for your child?

- Yes
- No → Go to Question 31

29. In the last 6 months, when you asked for help with transportation related to the CSHCS condition, how often did you get it?

- Never → Go to Question 31
- Sometimes
- Usually
- Always

30. In the last 6 months, how often did the help with transportation related to the CSHCS condition meet your needs?

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan. If your child is not in a Medicaid health plan, please answer these questions with regard to your child's Medicaid and/or CSHCS program experience.

31. In the last 6 months, did you get information or help from customer service at your child's health plan?

- Yes
- No → Go to Question 34

32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, did your child's health plan give you any forms to fill out?

- Yes
- No → Go to Question 36



35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

CHILDREN'S MULTIDISCIPLINARY SPECIALTY (CMDS) CLINICS

The following questions are about services delivered in Children's Multidisciplinary Specialty (CMDS) clinics. CMDS clinics include a variety of physician specialties and other health professionals who meet with CSHCS clients to evaluate the child and develop a comprehensive care plan. CMDS clinics are located in large pediatric hospitals.

37. Is your child being followed now, or has he or she had an appointment in the last 6 months, in a Children's Multidisciplinary Specialty (CMDS) Clinic?

- Yes
- No → Go to Question 44
- I don't know → Go to Question 44

38. In the last 6 months, how often did you get an appointment as soon as your child needed in a CMDS Clinic?

- Never
- Sometimes
- Usually
- Always

39. Did anyone from your child's health plan, doctor's office, or clinic help you get an appointment in a CMDS Clinic for your child?

- Yes
- No

40. What is the diagnosis category that best describes the condition that is the main reason your child goes to a CMDS Clinic? (Please select only one.)

- Blood diseases, sickle cell disease, cancers, AIDS, hemophilia
- Amputation, limb loss, muscular dystrophy
- Neurology conditions, seizures
- Kidney or urinary disease
- Apnea, pulmonary (lung) and breathing difficulty conditions, cystic fibrosis, asthma
- Heart conditions
- Diabetes or endocrine disorders
- Spina Bifida
- Genetic and metabolic disease
- Stomach conditions
- Cleft Palate
- Other
- I don't know

41. Did your CMDS Clinic develop a plan of care for your child?

- Yes
- No
- I don't know

42. In the last 6 months, did anyone from your child's CMDS Clinic help coordinate your child's care?

- Yes
- No
- I don't know

43. We want to know your rating for the services that your child received in a CMDS Clinic in the last 6 months. Using any number from 0 to 10, where 0 is not useful at all and 10 is the most useful in helping your child, what number would you use to rate that CMDS clinic?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not useful at | | | | | Most useful | | | | | |
| all in helping | | | | | in helping | | | | | |
| my child | | | | | my child | | | | | |



LOCAL HEALTH DEPARTMENT SERVICES

The next section is about services your child receives at the Children's Special Health Care Services office in your local health department.

- 44. In the last 6 months, have you had any contact, either by phone, mail, or in person, with the CSHCS office at your local or county health department?
 - Yes
 - No → **Go to Question 48**
 - I don't know → **Go to Question 48**

- 45. In the last 6 months, how many times have you had contact, either by phone, mail, or in person, with the CSHCS office in your local health department?
 - 1 time
 - 2 times
 - 3 times
 - 4 or more times

- 46. From the list below, please mark all of the topics that have been covered in your contacts by phone, mail, or in person with the CSHCS office in the local health department in the last 6 months. Mark one or more.
 - Adding or changing providers
 - Arranging for a diagnostic evaluation
 - Assistance to identify other community resources
 - Financial review
 - Application to join CSHCS
 - Transportation assistance
 - Care Coordination/Plan of Care
 - Insurance or COBRA questions
 - Children with Special Needs Fund
 - Questions about Medicaid
 - Assistance as child becomes an adult
 - Other

- 47. Please mark below to show how you felt about the service you received when you contacted your CSHCS office in the local health department in the last 6 months.
 - Extremely dissatisfied
 - Somewhat dissatisfied
 - Neither satisfied nor dissatisfied
 - Somewhat satisfied
 - Extremely satisfied

FAMILY CENTER

- 48. Have you received any information about the CSHCS Family Center in the last 6 months?
 - Yes
 - No
 - I don't know

- 48a. Would you like more information about the CSHCS Family Center?
 - Yes
 - No

- 49. In the last 6 months, have you utilized any services provided by the CSHCS Family Center?
 - Yes
 - No → **Go to Question 51**

- 50. In the last 6 months, how often was it easy to get the help or information you needed from the CSHCS Family Center?
 - Never
 - Sometimes
 - Usually
 - Always

- 51. Did you know that there is a Parent-to-Parent Support Network available to support families of children with special needs?
 - Yes
 - No

- 51a. Would you like more information about a Parent-to-Parent Support Network that supports families of children with special needs?
 - Yes
 - No

- 52. Are you aware of the toll free CSHCS Family Phone Line (1-800-359-3722)?
 - Yes
 - No

- 52a. Would you like more information about the toll free CSHCS Family Phone Line?
 - Yes
 - No



If you answered "No" at Question 52, then go to Question 55.

53. In the last 6 months, did you call the toll free CSHCS Family Phone Line to get information or help for your child?

- Yes
- No → Go to Question 55

54. In the last 6 months, how often was it easy to get the help or information you needed when you called the CSHCS Family Phone Line?

- Never
- Sometimes
- Usually
- Always

BENEFICIARY HELP LINE

55. In the last 6 months, did you call the Beneficiary Help Line (1-800-642-3195) to get information or help for your child?

- Yes
- No → Go to Question 57

56. In the last 6 months, how often was it easy to get the help you needed when you called the Beneficiary Help Line?

- Never
- Sometimes
- Usually
- Always

57. In the last 6 months, have you called the Beneficiary Help Line with a complaint or problem?

- Yes
- No → Go to Question 60

58. How long did it take the Beneficiary Help Line to resolve your complaint?

- Same day
- 2-7 days
- 8-14 days
- 15-21 days
- More than 21 days
- I am still waiting for it to be settled → Go to Question 60

59. Was your complaint or problem settled to your satisfaction?

- Yes
- No

If Question 55 and Question 57 were both answered "No", please skip Question 60 and go to Question 61.

60. We want to know your rating of all your experience with the Beneficiary Help Line. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate the Beneficiary Help Line in the last 6 months?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
- Worst Experience Possible Best Experience Possible

ABOUT YOUR CHILD AND YOU

61. In general, how would you rate your child's overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

62. What is your child's age?

- Less than 1 year old
- YEARS OLD (write in)

63. Is your child male or female?

- Male
- Female

64. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino



65. What is your child's race? Mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

66. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

67. Are you male or female?

- Male
- Female

68. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

69. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone Else

70. Are you listed as either the parent or guardian on CSHCS records?

- Yes
- No

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat
3975 Research Park Drive
Ann Arbor, MI 48108

