

POMP 5 CASE MANAGEMENT SURVEY

PROGRAM ADMINISTRATOR MODULE

March 8, 2004

This module is about your program. PROGRAM ADMINISTRATIVE STAFF NEEDS TO COMPLETE A QUESTIONNAIRE FOR EACH PROGRAM.

1. For your case management program, what was your TOTAL caseload on December 31, 2003? _____
2. How many FULL-TIME EQUIVALENT case managers¹ did you have on December 31, 2003? _____
3. How many FTE case managers left between January 1 and December 31, 2003?

4. How many FTE case managers were hired between January 1 and December 31, 2003? _____
5. For each of the reasons for terminating case management services listed below: Please indicate the percent of clients, for the 12 month period (January 1, 2003 thru December 31, 2003), whose services were terminated for that reason.

Reason for termination of case management services	Percent of clients in prior 12 months who terminated for this reason
5a. Deceased	
5b. Nursing home placement	
5c. Condition improved	
5d. Moved	
5e. Withdrew from program: client dissatisfied	
5f. No longer financially eligible	
5g. Switched to another program	
5h. Other (please specify)	
5i. Unknown	

¹ Do not include case aides. For example, 2 half-time case managers equal 1 FTE.

For Office Use Only

Agency/Program Name: _____

County: _____ State: _____

Program Administrator: _____ Date: _____