

POMP 5 CASE MANAGEMENT SURVEY

CLIENT MODULE INSTRUCTIONS

March 23, 2004

Instructions:

- Ask to speak to the client first.
- If the client does not speak English but is willing to answer the questions with the help of an interpreter, please use this version of the questionnaire.
- If the client cannot answer the phone (because of frailty or cognitive impairment), the interviewer can suggest talking with the client's caregiver or another knowledgeable person. If a proxy is available please use the other version of the questionnaire.
- Indicate with whom the survey is conducted in the "office use only" box.

Phone script:

Use the following script when speaking to the respondent for the first time:

**Hello, may I speak to _____ [Client's name]. My name is _____
from the [NAME OF COUNTY/PROGRAM].**

Scenarios:

According to our records, you are currently receiving case management services from the [NAME OF COUNTY/PROGRAM]. I would like to talk with you today to find out how you feel about the services you are receiving from your case manager. Your case manager is the person who helps arrange for the in-home services you receive. Your participation is voluntary and very important because your answers will help us improve our services to you [IF THE RESPONDENT CANNOT OR DOES NOT WANT TO BE INTERVIEWED AT THIS POINT, THE INTERVIEWER CAN SUGGEST ANOTHER TIME. IT IS BEST FOR THE INTERVIEWER TO SUGGEST A PARTICULAR TIME, E.G.: "HOW IS WEDNESDAY AT 2PM FOR YOU?"]

POMP 5 CASE MANAGEMENT SURVEY
CLIENT MODULE INSTRUCTIONS

March 23, 2004

Verification on Survey (Read only if respondent requests verification):

If you would like to verify this survey, you may call [NAME OF CONTACT PERSON AT NAME OF AGENCY/COUNTY]. The phone number is [LIST PHONE NUMBER]. You can leave a message to get back to you if no one is there.

Statement of Confidentiality:

Before we begin I want to assure you that this is a confidential interview. Your answer sheet does not have your name on it. Your answers will not be connected to you personally. Your answers to these questions will not affect your services in any way. Please be as honest as you can in your answers.

Now I am going to read you a few statements about your case manager and the case management services you are currently receiving. As we mentioned earlier, your case manager is the person who sets up in-home services, such as homemaker or personal care services for you. He/she also calls to check on how you are doing, or how you like your services. (ADD SPECIFIC DESCRIPTIONS OF CASE MANAGEMENT SERVICES THAT ARE APPLICABLE TO YOUR AGENCY.) [IF CARD WAS SENT PLEASE READ THE FOLLOWING: Do you have the answer card that we sent you in the mail? You may follow along with the answer card. I will read one statement at a time, and then I will read the answer choices. Please tell me if, for each statement, you would Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly Disagree.

POMP 5 CASE MANAGEMENT SURVEY
CLIENT MODULE
March 23, 2004

I will now read the first statement.

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Neither</u> <u>Agree or</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>RF</u>	<u>DK</u>	<u>NA</u>
1. I know how to contact my case manager [case manager's name] when I need to. Would you say that you...?	1	2	3	4	5	-7	-8	
2. I am satisfied with the amount of time it takes for my case manager [case manager's name] to return my phone calls. Would you say that you...?	1	2	3	4	5	-7	-8	8
3. My case manager [case manager's name] explains my services in a way that I can understand. Would you say that you...?	1	2	3	4	5	-7	-8	
4. My case manager [case manager's name] knows what I need. Would you say that you...?	1	2	3	4	5	-7	-8	
5. I am satisfied with the amount of contact I have with my case manager [case manager's name]. Would you say that you...?	1	2	3	4	5	-7	-8	

For Office Use Only:

Page 1 of 5

Agency Program Name: _____

State: _____ Date: _____ Result Code: _____

Respondent: Client OR Interpreter

POMP 5 CASE MANAGEMENT SURVEY CLIENT MODULE March 23, 2004

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	Neither <u>Agree or</u> <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>RF</u>	<u>DK</u>
6. My case manager [case manager's name] respects me. Would you say that you...?	1	2	3	4	5	-7	-8
7. My case manager [case manager's name] pays attention to what I have to say. Would you say that you...?	1	2	3	4	5	-7	-8
8. On the whole, my case manager [case manager's name] does a good job setting up care for me. Would you say that you...?	1	2	3	4	5	-7	-8
9. My case manager [case manager's name] involves me in discussing and planning for my services. Would you say that you...?	1	2	3	4	5	-7	-8
10. I have enough information to make decisions about the services I receive. Would you say that you...?	1	2	3	4	5	-7	-8

POMP 5 CASE MANAGEMENT SURVEY CLIENT MODULE March 23, 2004

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	Neither Agree or <u>Disagree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>	<u>RF</u>	<u>DK</u>
11. My case manager helps me get the services I need in order to stay at home. Would you say that you...?	1	2	3	4	5	-7	-8
12. My life is better because of my case manager's [case manager's name] help. Would you say that you...?	1	2	3	4	5	-7	-8
13. My case manager [case manager's name] helps me get services that I did not have before. Would you say that you...?	1	2	3	4	5	-7	-8

POMP 5 CASE MANAGEMENT SURVEY
CLIENT MODULE
March 23, 2004

14. What services did your case manager arrange for you? (CIRCLE ALL THAT APPLY)

	Yes	No	DK
A. HOMEMAKER/HOUSEKEEPER SERVICES.....	1	2	-8
B. HOME DELIVERED MEALS.....	1	2	-8
C. PERSONAL CARE OR HOME HEALTH AIDE	1	2	-8
D. RESPITE CARE (TEMPORARY HELP FOR A CAREGIVER)....	1	2	-8
E. EMERGENCY RESPONSE SERVICE (A DEVICE TO SIGNAL FOR HELP).....	1	2	-8
F. ADULT DAY PROGRAMS	1	2	-8
G. TRANSPORTATION.....	1	2	-8
H. FOOD STAMPS.....	1	2	-8
I. MEDICAID ELIGIBILITY.....	1	2	-8
J. ENERGY ASSISTANCE.....	1	2	-8
K. MEDICAL ASSESSMENT	1	2	-8
L. MEDICATION MANAGEMENT (HELP IN REMEMBERING TO TAKE MEDICATION)	1	2	-8
M. HOUSING ASSISTANCE	1	2	-8
N. OTHER?	1	2	-8
(PLEASE SPECIFY) _____	1	2	-8

15. How long have you been receiving the case management services?

- Less than 6 months 1
- 6 months to 12 months..... 2
- Between 1 and 2 years 3
- More than 2 years 4

16. How would you rate the overall quality of the case management services you have received?
 Would you say that the services are:

- Excellent 1
- Very good 2
- Good 3
- Fair..... 4
- Poor..... 5
- Refused-7
- Don't Know-8

POMP 5 CASE MANAGEMENT SURVEY
CLIENT MODULE
March 23, 2004

17. Could you tell me in what ways you benefit from the case management services?

Please describe: _____

18. Is there anything you would like to change about the case management services you receive?

Please describe: _____

OPTIONAL - [INTERVIEWER, CHECK WITH THE AAA TO SEE WHETHER IT OFFERS SOME TYPE OF CONSUMER DIRECTED CARE. IF IT DOES, THEN SAY TO THE CLIENT: according to our records, you also received services through a program called consumer directed care. Now I would like to ask you a few additional questions about the services you received through that program]:

19. Are you able to select the services you receive?

- YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW-8

20. Are you able to choose your service provider?

- YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW-8

21. Do you have family/friends who can provide the services you are receiving if they were paid to do so?

- YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW-8