

**POMP 5 CASE MANAGEMENT SURVEY  
PROXY MODULE INSTRUCTIONS**

March 23, 2004

**Instructions:**

- If the client cannot answer the phone, (because of frailty, hearing or cognitive impairment) the interviewer can suggest talking with the client's caregiver or another knowledgeable person. Please use this version of the questionnaire for a proxy.
- Indicate with whom the survey is conducted in the "office use only" box.

**Phone script:**

Use the following script when speaking to the proxy:

**Hello, My name is \_\_\_\_\_ from the [NAME OF COUNTY/PROGRAM].**

**According to our records, [client's name] is currently receiving case management services from the [NAME OF COUNTY/PROGRAM]. I would like to talk with you today to find out how [client's name] feels about the services he/she is receiving from his/her case manager. His/her case manager is the person who helps arrange for the in-home services [client's name] receives. Your participation is voluntary and very important because your answers will help us improve our services to [client's name] [IF THE PROXY 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?"]**

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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 or [client's name] personally. Your answers to these questions will not affect the services that [client's name] receives in any way. Please be as honest as you can in your answers.**

**Now I am going to read you a few statements about [client's name] case manager and the case management services he/she is currently receiving. As we mentioned earlier, [client's name] case manager is the person who sets up in-home services, such as homemaker or personal care services for him/her. The case manager also calls to check on how [client's name] is doing, or how he/she likes 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 [client's name] 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, [client's name] would Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly Disagree.**

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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	2	3	4	5	-7	-8	
1. [Client's name] knows how to contact his/her case manager [case manager's name] when he/she needs to. Would you say that he/she...?								
2. [Client's name] is satisfied with the amount of time it takes for his/her case manager [case manager's name] to return his/her phone calls. Would you say that he/she...?	1	2	3	4	5	-7	-8	8
3. [Client's name] case manager [case manager's name] explains his/her services in a way that he/she can understand. Would you say that he/she...?	1	2	3	4	5	-7	-8	
4. [Client's name] case manager [case manager's name] knows what he/she needs. Would you say that he/she...?	1	2	3	4	5	-7	-8	

For Office Use Only:	Page 1 of 5
Agency Program Name: _____	
State: _____ Date: _____ Result Codes: _____	
Respondent: <input type="checkbox"/> Caregiver OR <input type="checkbox"/> Proxy	

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	Strongly <u>Agree</u>	<u>Agree</u>	Neither Agree or <u>Disagree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>	<u>RF</u>	<u>DK</u>
	1	2	3	4	5	-7	-8
5. [Client's name] is satisfied with the amount of contact he/she has with his/her case manager [case manager's name]. Would you say that he/she...?	1	2	3	4	5	-7	-8
6. [Client's name] case manager [case manager's name] respects him/her. Would he/she...?	1	2	3	4	5	-7	-8
7. [Client's name] case manager [case manager's name] pays attention to what he/she has to say. Would you say that he/she...?	1	2	3	4	5	-7	-8
8. On the whole, [client's name] case manager [case manager's name] does a good job setting up care for him/her. Would you say that he/she...?	1	2	3	4	5	-7	-8
9. [Client's name] case manager [case manager's name] involves him/her in discussing and planning for his/her services. Would you say that he/she...?	1	2	3	4	5	-7	-8

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	Strongly <u>Agree</u>	<u>Agree</u>	Neither Agree or <u>Disagree</u>	<u>Disagree</u>	Strongly <u>Disagree</u>	<u>RF</u>	<u>DK</u>
	1	2	3	4	5	-7	-8
10. [Client's name] have enough information to make decisions about the services he/she receives. Would you say that he/she...?	1	2	3	4	5	-7	-8
11. [Client's name] case manager helps him/her get the services he/she needs in order to stay at home. Would you say that he/she...?	1	2	3	4	5	-7	-8
12. [Client's name] life is better because of his/her case manager's [case manager's name] help. Would you say that he/she...?	1	2	3	4	5	-7	-8
13. [Client's name] case manager [case manager's name] helps him/her get services that he/she did not have before. Would you say that he/she...?	1	2	3	4	5	-7	-8

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14. What services did [client's name's] case manager arrange for him/her? (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? .....			
(PLEASE SPECIFY) _____	1	2	-8

15. How long has [client's name] 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 [client's name] rate the overall quality of the case management services he/she has received? Would he/she say that the services are:

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

17. Could you tell me in what ways [client's name] benefits from the case management services?

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Please describe: \_\_\_\_\_

\_\_\_\_\_

18. Is there anything [client's name] would like to change about the case management services he/she receives?

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, [client's name] also received services through a program called consumer directed care. Now I would like to ask you a few additional questions about the services [client's name] received through that program]:**

19. Is [client's name] able to select the services he/she receives?

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

20. Is [client's name] able to choose his/her service provider?

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

21. Does [client's name] have family/friends who can provide the services [client's name] is receiving if they were paid to do so?

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