

# POMP Final: Case Management Survey Instrument

(Mail Version)

This survey is about the case management services you receive. Your case manager is the person who sets up in-home services, such as homemaker or personal care services for you. The case manager also calls to check on how you are doing, or how you like your services. We would like to ask you a few questions about the person who coordinates/manages your services. It will take between 15 and 30 minutes to complete the questionnaire. We are interested in the length of time you have received case management services and if the service has helped you. Your answers will help the agency make sure that the service meets your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

The first questions are about the case management service you receive from the agency.

CS1. When was the last time you received the case management service? Was it...

- |   |                          |   |   |
|---|--------------------------|---|---|
| Today or yesterday.....                               | <input type="checkbox"/> | 1 | Thank you, but the focus of this survey is on people who have used the service within the past year. Thank you for your time. |
| More than 1 day, but not more than a week ago .....   | <input type="checkbox"/> | 2 |   |
| More than 1 week, but not more than a month ago ..... | <input type="checkbox"/> | 3 |   |
| More than 1 month ago.....                            | <input type="checkbox"/> | 4 |   |
| Over 1 year ago .....                                 | <input type="checkbox"/> | 5 |   |

CS2. Do you know how to contact your case manager when you need to?

- |          |                          |   |
|----------|--------------------------|---|
| Yes..... | <input type="checkbox"/> | 1 |
| No.....  | <input type="checkbox"/> | 2 |

CS2a. Are you the one who usually speaks to your case manager?

- |           |                          |   |              |
|-----------|--------------------------|---|--------------|
| Yes ..... | <input type="checkbox"/> | 1 | → GO TO CS3  |
| No .....  | <input type="checkbox"/> | 2 | → GO TO CS17 |

Office Use Only: Client ID: _____ Service Enrollment Date: _____ Date of Survey Administration: _____
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	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>
CS3. Does your case manager return your phone calls in a timely manner? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CS4. Does your case manager explain your services in a way that you can understand? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CS5. Does your case manager treat you with respect?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CS6. Does your case manager involve you in discussing and planning your services? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CS7. Does your case manager do a good job setting up care for you? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

CS8. Does your case manager help you get services that you did not have before?

Yes.....  1  
 No.....  2

CS9. Is your situation better because of your case manager's help?

Yes.....  1  
 No.....  2

The next questions ask a few additional questions about the services you received through the case management program.

CS10. How long have you been receiving the case management services?

6 months or less .....  1  
 More than 6 months, but less than 1 year .....  2  
 At least 1 year, but less than 2 years.....  3  
 2 to 5 years.....  4  
 More than 5 years .....  5

CS11. How would you rate the overall quality of the case management services you have received? Would you say ...

- Excellent .....  1
- Very good .....  2
- Good .....  3
- Fair .....  4
- Poor .....  5

CS12. Does your case manager help coordinate all the services you receive?

- Yes .....  1
- No .....  2

CS13. Are you able to select the services you receive?

- Yes .....  1
- No .....  2

CS14. As a result of receiving the case management services, do you have a better idea of where to get information about other services?

- Yes .....  1
- No .....  2

CS15. In general, would you say that the case management service has helped you?

- Yes .....  1 → GO TO CS15a
- No .....  2 → GO TO CS16

CS15a. How has the case management service helped you?

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CS16. Do you have any recommendations to improve the case management service?

- Yes .....  1 → GO TO CS16a
- No .....  2 → GO TO CS17

CS16a. What recommendations do you have for improving the case management service?

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CS17. Other than case management, what services do you receive? Check all that apply.

	<u>Yes</u>	<u>No</u>
a. Transportation .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Adult Day Services .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Personal Care Services .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Chore Services .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Legal Assistance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Information and Assistance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Home-Delivered Meals .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Homemaker/Housekeeper .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Medication Management .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

CS18. Are you satisfied with the services you receive?

Yes.....  1  
No.....  2

CS19. Do the services you receive help you continue to live at home?

Yes.....  1  
No.....  2

CS20. Are you receiving any other types of assistance such as ...

	<u>Yes</u>	<u>No</u>
Food Assistance/Food Stamps/SNAP .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Energy Assistance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Medicaid .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Housing Assistance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Thank you very much for your time and cooperation. Your responses have been very helpful to us.