

# POMP Final: Case Management Survey Instrument

(Telephone Version)

Hello. My name is \_\_\_\_\_. I am calling from the (name of AAA). I understand that you receive case management services. 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. The interview will take about 15 to 30 minutes. 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 us make sure that the service meets your needs. Participation in the interview is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

Now we are going to talk about the case management service you receive from (agency/provider name).

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

- |                                                       |    |                                                                                                                    |
|-------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------|
| Today or yesterday .....                              | 1  | Thank you, but the focus of this survey is on people who have used the service within the past year. END INTERVIEW |
| More than 1 day, but not more than a week ago .....   | 2  |                                                                                                                    |
| More than 1 week, but not more than a month ago ..... | 3  |                                                                                                                    |
| More than 1 month ago .....                           | 4  |                                                                                                                    |
| Over 1 year ago.....                                  | 5  |                                                                                                                    |
| Refused .....                                         | -7 | } END INTERVIEW                                                                                                    |
| Don't Know .....                                      | -8 |                                                                                                                    |

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

- |                  |    |
|------------------|----|
| Yes.....         | 1  |
| No.....          | 2  |
| Refused .....    | -7 |
| Don't Know ..... | -8 |

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

- |           |   |              |
|-----------|---|--------------|
| Yes ..... | 1 | → GO TO CS3  |
| No .....  | 2 | → GO TO CS17 |

Office Use Only:

Client ID: \_\_\_\_\_

Service Enrollment Date: \_\_\_\_\_

Date of Survey Administration: \_\_\_\_\_

	<u>Always</u>	<u>Usually</u>	<u>Some- times</u>	<u>Rarely</u>	<u>Never</u>	<u>Refused</u>	<u>Don't Know</u>
CS3. Does your case manager return your phone calls in a timely manner?	1	2	3	4	5	-7	-8
CS4. Does your case manager explain your services in a way that you can understand?	1	2	3	4	5	-7	-8
CS5. Does your case manager treat you with respect?	1	2	3	4	5	-7	-8
CS6. Does your case manager involve you in discussing and planning your services?	1	2	3	4	5	-7	-8
CS7. Does your case manager do a good job setting up care for you?	1	2	3	4	5	-7	-8

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

Yes.....	1
No.....	2
Refused .....	-7
Don't Know .....	-8

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

Yes.....	1
No.....	2
Refused .....	-7
Don't Know .....	-8

Now I would like to ask you 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
Refused .....	-7
Don't Know .....	-8

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
Refused .....	-7
Don't Know .....	-8

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

Yes.....	1
No.....	2
Refused .....	-7
Don't Know .....	-8

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

Yes.....	1
No.....	2
Refused .....	-7
Don't Know .....	-8

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
Refused .....	-7
Don't Know .....	-8

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

Yes.....	1	→ GO TO CS15a
No.....	2	} GO TO CS16
Refused .....	-7	
Don't Know .....	-8	

CS15a. How has the case management service helped you?

---



---



---

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

- Yes..... 1 → GO TO CS16a  
 No..... 2  
 Refused ..... -7 } GO TO CS17  
 Don't Know ..... -8 }

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

---



---



---

CS17. Other than case management, what services do you receive? CIRCLE ALL THAT APPLY

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
a. Transportation .....	1	2	-7	-8
b. Adult Day Services .....	1	2	-7	-8
c. Personal Care Services .....	1	2	-7	-8
d. Chore Services .....	1	2	-7	-8
e. Legal Assistance .....	1	2	-7	-8
f. Information and Assistance .....	1	2	-7	-8
g. Home-Delivered Meals .....	1	2	-7	-8
h. Homemaker/Housekeeper .....	1	2	-7	-8
i. Medication Management .....	1	2	-7	-8
j. Other .....	1	2	-7	-8

CS18. Are you satisfied with the services you receive?

- Yes..... 1  
 No..... 2  
 Refused ..... -7  
 Don't Know ..... -8

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

Yes.....	1
No.....	2
Refused .....	-7
Don't Know .....	-8

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

	<u>Yes</u>	<u>No</u>	<u>Refused</u>	<u>Don't Know</u>
Food Assistance/Food Stamps/SNAP.....	1	2	-7	-8
Energy Assistance.....	1	2	-7	-8
Medicaid .....	1	2	-7	-8
Housing Assistance .....	1	2	-7	-8

**Note to Interviewer:**

**Additional modules may be used with this survey:**

- 1. Physical Functioning and Health Module**
- 2. Social and Emotional Well-Being Module**
- 3. Demographics Module**

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