

**APPENDIX H. SAMPLE OF GUARDIAN AND PROVIDER  
TELEPHONE SCRIPT FOR THE CONSUMER ASSESSMENT OF  
HEALTHCARE PROVIDERS AND SYSTEMS HOME AND  
COMMUNITY-BASED SERVICES (HCBS CAHPS®) SURVEY**

## Instructions

- To contact participants and conduct the survey, vendors will need to know whether participants have guardians (e.g., legal representatives, legal guardians) and, if so, contact the guardians first to obtain consent prior to contacting the participants. In some cases, the survey sponsor’s administrative data may have the information about whether a participant has a guardian and the guardian’s contact information. In other cases, it will be necessary to contact them to confirm or identify whether they have a guardian and obtain the guardian’s contact information.
- The scripts that follow are to support contacting participants and guardians to collect information that may not be in the sponsor’s administrative data. This includes the following information:
  - Name and contact information of guardian (if applicable);
  - Names for each service provider (e.g., John Smith) for each service; and
  - Preferred language of guardian.
- Sponsors may elect to have case managers or survey vendors contact participants and guardians. It is recommended that this be done either systematically for all program participants or conducted at least three months prior to data collection if performed for only the selected sample frame of participants.
- Interviewer/Survey Vendor computer-assisted telephone interview (CATI) programmer language appears in the following format:
  - <ENGLISH UPPERCASE LETTERS ENCLOSED IN ANGLE BRACKETS>; or
  - ALL CAPS.

Many responses include an arrow with a question number to go to, for example “→GO TO Q5.” These are used to show programming instructions for CATI programmers that do not need to appear on electronic interviewing system screens.

- Text in {italics and in curly brackets} must be provided by the sponsor’s administrative data or the vendor’s data (e.g., name of survey vendor). If this script is used by survey vendors, the administrative data should be programmed by the CATI programmer.
- Text in UPPERCASE LETTERS should not be read aloud.

## Guardian and Service Identification Script

Hi, this is *{insert name}* on behalf of *{Sponsor}*. We are calling because *{Sponsor}* is conducting a survey about home and community-based services you receive and has randomly selected you to participate. Your answers are very important and will be used to help improve home and community-based services. It is your choice to answer the survey and your choice will not affect any of the services you get. The interview should take about 30 minutes to complete. The only people allowed to hear or see your answers will be the people who are doing the survey, like me, and anyone you want to listen. Your answers will be grouped with others and reported with no identifying information. Can I ask you some questions about the services you receive?

- YES → CONTINUE SURVEY
- NO → END SURVEY → “Thank you for your time.”

Thank you. Before we conduct the survey, *{Sponsor}* would like to confirm or update information about guardianship and the services you receive.

1. I am calling to verify some information about you. This is to make sure that everything is up-to-date.

<IF HAVE GUARDIAN IN RECORD> The records show that *{insert guardian name}* is your guardian such as a legal representative or legal guardian. This is a person who has the legal authority to make decisions about your treatment or care. Is this correct?

- YES → GO TO Q3
- NO → GO TO Q2

<IF UNKNOWN IF PARTICIPANT HAS A GUARDIAN> The records are unclear if you have a guardian, such as a legal representative or legal guardian. This is a person who has the legal authority to make decisions about your treatment or care. Do you have a guardian?

- YES → GO TO Q2
- NO → GO TO Q5
- DON'T KNOW → GO TO Q5

2. What is the name of your guardian?

FIRST AND LAST NAME OF GUARDIAN:

\_\_\_\_\_

3. What is the best number to use to contact your guardian?

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ [IF APPLICABLE, PROMPT THEM WITH INFORMATION ON RECORD AND RECORD CORRECT INFORMATION.]

DON'T KNOW → GO TO Q5

4. What is your legal guardian's address?

[STREET, CITY, STATE, ZIP] \_\_\_\_\_

[IF APPLICABLE, PROMPT THEM WITH INFORMATION ON RECORD AND RECORD CORRECT INFORMATION.]

DON'T KNOW → GO TO Q5

5. Now I need to ask you about the people who provide you services under {HCBS *program name*}. Our records show that you receive {*insert all HCBS services that administrative data show the participant as having, such as personal assistance, behavioral health care, homemaker service, case-manager*}. [FOR EACH SERVICE RECEIVED] What are the names of the staff who provide [TYPE OF SERVICE—GO THROUGH EACH SERVICE IN ORDER]

PERSONAL ASSISTANCE, PERSONAL CARE ATTENDANTS, OR PCA SERVICES STAFF NAMES: \_\_\_\_\_

BEHAVIORAL HEALTH SPECIALIST, COUNSELOR, PEER SUPPORT, OR RECOVERY ASSISTANT SERVICES STAFF NAMES: \_\_\_\_\_

HOMEMAKER, AIDE, OR CHORE WORKER SERVICES STAFF NAMES: \_\_\_\_\_

CASE MANAGER, CARE MANAGER, CARE COORDINATOR, SUPPORTS COORDINATOR, SOCIAL WORKER SERVICES STAFF NAMES: \_\_\_\_\_

MEDICAL TRANSPORTATION SERVICES STAFF NAMES: \_\_\_\_\_

JOB COACH, EMPLOYMENT SERVICES STAFF NAMES: \_\_\_\_\_

OTHER, SPECIFY STAFF NAMES: \_\_\_\_\_

NOTE ANY DISCREPANCIES BETWEEN DATA ON SERVICES RECEIVED:

\_\_\_\_\_

6. Finally, and we are asking this of everyone, what language do you mostly use at home?

[RECORD INFORMATION.]

ENGLISH

SPANISH

OTHER, SPECIFY: \_\_\_\_\_

Thank you for answering these questions. This has been helpful. Have a great day.