

**APPENDIX H. SAMPLE OF GUARDIAN AND PROVIDER UPDATE
TELEPHONE SCRIPT FOR THE CAHPS HOME AND COMMUNITY-
BASED SERVICES SURVEY**

Instructions

- To contact beneficiaries and conduct the survey, vendors will need to know whether beneficiaries have guardians and, if so, contact the guardians first to obtain consent prior to contacting the beneficiaries. In some cases, the survey sponsor's administrative data may have the information about whether a beneficiary has a guardian and the guardian's contact information. In other cases, it will be necessary to contact beneficiaries to confirm or identify whether a beneficiary has a guardian and obtain the guardian's contact information.
- The scripts that follow are to support contacting beneficiaries 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
 - Preferred language
- Sponsors may elect to have case managers or survey vendors contact beneficiaries and guardians. It is recommended that this be done either systematically for all program participants or conducted at least 3 months prior to data collection if performed for only the selected sample frame of beneficiaries.
- Interviewer/Survey Vendor CATI Programmer appear in <ENGLISH UPPERCASE LETTERS ENCLOSED IN ANGLE BRACKETS> or simply 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}. {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 LEGAL GUARDIAN IN RECORD> The records show that {insert legal guardian name} is your 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 BENEFICIARY HAS A LEGAL GUARDIAN> The records are unclear if you have a legal guardian. This is a person who has the legal authority to make decisions about your treatment or care. Do you have a legal 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 beneficiary 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 ATTENDENTS, 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.