Attachment C: Contact Script
Introductory Script for the Home- and Community-based Services Experience Survey

The following instructions pertain to the Home- and Community-based Services Experience Survey. It can be adapted as needed.
Instructions for Vendor

- The scripts provided in this document use the questions from the Home and Community Based Services (HCBS) Experience Survey.

- If you plan to include supplemental items in your questionnaire, insert them prior to the About You section of the instrument. Include no more than 10 items. These should be adapted to the format for telephone administration used in these scripts.

- Response Options
  - All questions include a “REFUSED” response option. In this case, “refused” means the respondent did not provide any answer to the questions.
  
  - If the respondent cannot use the response options of “never, sometimes, usually, and always” because of cognitive limitations, the interviewer should use the alternate survey. The alternate survey is reserved for individuals who find the “never, sometimes, usually, always” response scale cognitively challenging.
  
  - All questions include a “DON’T KNOW” response option. This is used when the respondent indicates s/he doesn’t know the answer and cannot provide a response to the question.
  
  - All questions include an “UNCLEAR” response option. This should be used when a respondent answers but the interviewer cannot clarify the meaning of the response even after minor probing or the response is completely unrelated to the question, e.g. the response to “Do your homemakers listen carefully to what you say?” is “I like to sit by Mary.”
  
  - Some responses have skip patterns, which are expressed as “if “X” go to Q#.” That means the interviewer should skip all following questions until Q#.

- Text in {italics and enclosed in braces} are fields that contain variables that should be filled in by CATI programming or by the interviewer from the case file. Allow the interviewer to modify the term based on the respondent’s choice of the word. State administrative data should include the following information:
  
  - Agency name(s)
  - Titles of staff who provide care
  - Names of staff who provide care
  - Activities each staff member provides (this will help with identifying appropriate skip logic)
  - Hours of staff who come to the home
<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Agency</th>
<th>Roles</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCA</td>
<td>Jane Doe</td>
<td>Happy Home</td>
<td>Bathing, Dressing, Prepping meals</td>
<td># of hours</td>
</tr>
<tr>
<td>Homemaker</td>
<td>John Doe</td>
<td>Happy Home</td>
<td>Cleaning</td>
<td># of hours</td>
</tr>
</tbody>
</table>

- Please be aware that you may need approval from an Institutional Review Board (IRB) in order to conduct this survey. Regardless of whether you need IRB approval, you must get the respondent’s consent to participate. In addition, there may be state statutory requirements that apply to interviewers regarding reporting suspected abuse and neglect. Although information should be kept confidential, these state laws may mandate reporting in certain cases and should be reviewed prior to implementation.

- **Singular/Plural.** Modify items such that the interviewer can use the correct form (singular or plural) of the survey item.
Instructions for Interviewer

- Interviewer instructions appear in [UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DON’T KNOW,” “UNCLEAR,” and “REFUSE” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Interviewers should read aloud all text that appears in regular text format.
- Text that is bold should be emphasized by the interviewer.

Telephone Script for Telephone Interviews

TEL-1. Hello, this is {interviewer name} calling from {data collection contractor} on behalf of {sponsor name}. May I please speak to {sample member’s name}?  
☐ YES
☐ RESPONDENT CANNOT ANSWER FOR HIM/HERSELF
☐ NOT AT THIS TIME → TEL-3

TEL-2. We’re doing a survey to learn about the about the people who are paid to help you in your home and community with everyday activities. We are also asking about the services you get. The goal of this survey is to learn about the care that you get from the people who are paid to help you and to improve the quality of services you are given.

Would you like to participate in a phone interview?

☐ YES → TEL-6
☐ NO → TEL-4

TEL-3. [SCHEDULE TIME TO CALL BACK:] Can you tell me a convenient time to call back to speak with (him/her)?

[RECORD CALLBACK TIME ON CALL RECORD (IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).]

TEL-4. [IF R DOES NOT SEEM INTERESTED IN PARTICPATING] I would like to tell you a little more about the study. What you say, along with what others say will be used to help improve services for people with disabilities. Your answers are very important to our study. This interview should take about 20 minutes.

We have randomly selected you and other people to be asked these questions. We did not choose you for any reason.
Would you like to answer some questions?

☐ YES → TEL-5
☐ NO → TEL-7.

TEL-5. Before we start, let me tell you a few things about this survey. You can choose whether or not you want to answer each question. You can also choose if you want to be interviewed at all. The services you get will not be affected by your answers. Your services will not change whether you decide to answer a question or not.

All of your answers are completely confidential. None of the people who help you will know what you say, unless you want them in the room while we talk. {State dependent mandatory reporting language: Although the information you give me is confidential, you should know that if I see or hear anything that makes me think you are being hurt or are in danger, I have a legal responsibility to tell someone in (STATE)}.

Some people may not be able to answer a question quickly. Some people may not know the answer. This is not a test. If you don’t know the answer to a question, or can’t remember it, let me know. “I don’t remember” could be the best answer.

Also, we can take as much time as you would like to go through the survey. I am not in a hurry. Let me know if you would like me to repeat a question. We can take a break if you would like. We can also stop any time you want.

I’d like to begin the interview now, but before we begin, do you have any questions about the survey?

[ANSWER ANY QUESTIONS, THEN GO TO THE SURVEY.]

[IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.]

TEL-6. I would like to tell you a little more about the study. We have randomly selected you and other people to be asked these questions. We did not choose you for any reason.

What you say, along with what others say will be used to help improve services for people with disabilities. Your answers are very important to our study.

Before we start, let me tell you a few things about this survey. This interview should take about 20 minutes. You can choose whether or not you want to answer each question. You can also choose if you want to be interviewed at all. The services you get will not be affected by your answers. Your services will not change whether you decide to answer a question or not.

All of your answers are completely confidential. None of the people who help you will know what you say, unless you want them in the room while we talk. {State dependent mandatory reporting language: Although the information you give me is confidential, you should know that}
if I see or hear anything that makes me think you are being hurt or are in danger, I have a legal responsibility to tell someone in (STATE}).

Some people may not be able to answer a question quickly. Some people may not know the answer. This is not a test. If you don’t know the answer to a question, or can’t remember it, let me know. “I don’t remember” could be the best answer.

Also, we can take as much time as you would like to go through the survey. I am not in a hurry. Let me know if you would like me to repeat a question. We can take a break if you would like. We can also stop any time you want.

I’d like to begin the interview now, but before we begin, do you have any questions about the survey?

[ANSWER ANY QUESTIONS, THEN GO TO THE SURVEY.]

[IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN INTERVIEW NOW, GO TO CALLBACK SCREEN AND ARRANGE AN APPOINTMENT TO CALL BACK.]

TEL-7. Thank you. Before we end the call, is there a reason you don’t want to participate in the survey?

☐ NOT COGNITIVELY ABLE
☐ TOO SICK
☐ CONCERN ABOUT VALIDITY OF SURVEY/DISTRUST
☐ DOES NOT WANT TO
Telephone Script for In-person Interviews

F2F-1. Hello, this is {interviewer name} calling from {data collection contractor} on behalf of {sponsor name}. May I please speak to {sample member’s name}?  
☐ YES  
☐ RESPONDENT CANNOT ANSWER FOR HIM/HERSELF → F2F-3  
☐ NOT AT THIS TIME → F2F-4

F2F-2. We’re doing a survey to learn about the about the people who are paid to help you in your home and community with everyday activities. We are also asking about the services you get. The goal of this survey is to learn about the services that you receive from the people who are paid to help you and to improve the quality of services you are given.

We would like to meet with you to ask you questions. Would you like to participate? An interviewer would come to your home or another place that is convenient for you to meet with you and it would take about a half hour.

☐ YES → F2F-5  
☐ NO → F2F-7

F2F-3. We’re doing a survey to learn about the about the people who are paid to help {sample member’s name} at {his/her} in your home and community with everyday activities. We are also asking about the services {he/she} gets. The goal of this survey is to learn about the care that {sample member’s name} receive from the people who are paid to help {him/her} and to improve the quality of services {sample member’s name} is given.

We would like to meet with {sample member’s name} to find out about {his/her} experiences. Can {he/she} participate?

[GO TO F2F-5.]

F2F-4. Can you tell me a convenient time to call back to speak with (him/her)?

[RECORD CALLBACK TIME ON CALL RECORD (IF CATI, ENTER ON CALLBACK/APPOINTMENT SCREEN).]

F2F-5. I would like to tell you a little more about the study. {Description of Data Collection Contractor}. The Centers for Medicare & Medicaid Services is funding us to do this survey. We have randomly selected you and other people to be asked these questions. We did not choose you for any reason.

What you say, along with what others say will be used to help improve services for people with disabilities. Your answers are very important to our study.

This interview should take about 20 minutes. You can choose whether or not you want to answer each question. You can also choose if you want to be interviewed at all. The services you get will
not be affected by your answers. Your services will not change whether you decide to answer a question or not.

Would it be possible to set up an interview between {day, month, date} and {day, month, date}?

What date works best for you?

☐ YES (ASK FOR POTENTIAL TIMES, COLLECT CONTACT INFORMATION)
☐ NO (ASK WHEN RESPONDENT MIGHT BE AVAILABLE, IN CASE OUR INTERVIEWS GET PUSHED BACK, COLLECT CONTACT INFORMATION)

AVAILABLE DAY __________________________ TIME ________ ET
AVAILABLE DAY __________________________ TIME ________ ET
AVAILABLE DAY __________________________ TIME ________ ET

FOR IN-PERSON INTERVIEW:
Now, where would you like to have the interview?

What is the address?

________________________________________

Let me make sure I have the spelling of your name right and your phone number. I have the following information down. Is that correct?

[ADD CORRECT CONTACT INFORMATION]

Great. Is there anything I should let the interviewer know about how to get to {place, e.g., home, café, library, center}?

[ENTER DIRECTIONS, INFORMATION ON HOW TO ARRIVE]

We will call you a day ahead of time to confirm. Is {phone number} the best one to call?

[CORRECT NUMBER]

If you have any questions or find that you can’t attend, please call us right away at {insert phone number} so that we can find a different time. Thank you for your time and for agreeing to help.

F2F-6. Thank you. Before we end the call, is there a reason you don’t want to participate in the survey?
☐ NOT COGNITIVELY ABLE
☐ TOO SICK
☐ CONCERN ABOUT VALIDITY OF SURVEY/DISTRUST
☐ DOES NOT WANT TO