

# IL PACE ASSOCIATION

## CALL MYSTERY SHOP PROGRAM

# INSTRUCTIONS

## QUESTIONNAIRE

Using a specific scenario, call a counseling service to understand the programs and services communicated as being available to a person (yourself or your parent) who is unable to fully care for themselves due to a medical or cognitive disability. You will not enroll in a plan.

### Before You Begin

- Review your shop confirmation
- Know your scenario
- Know the opening statement
- Know the question to ask
- Be prepared to answer questions

### Don't Forget!

- Call on an approved day/time
- Present yourself using your scenario
- Ask for the name of the counselor
- Ask the required question
- Take detailed notes

### General Requirements

- Read all instructions and the entire questionnaire before you complete the call.
- Submit your report to [shopperhub.cxgroup.com](http://shopperhub.cxgroup.com) within 12 hours of completing the shop.
- Retain all documentation for six months following your shop.

### Shop Instructions

#### Step #1: Prepare for the call (know the programs, when to call, and where to say you live)

- The phone number can be found in your shop confirmation.
  - Call Monday-Thursday between 9:00am-11:00am or 1:00pm-4:00pm.
  - Call in the time zone in your shop confirmation to ensure it is in these hours local time.
  - Do not call Friday, Saturday, or Sunday.
- Check your shop confirmation for the city, state, zip code, and county you must say you live in.
  - Look up an address in the city and zip code assigned, and be prepared to give it.
- [Click here to understand the differences between Medicare, Medicaid, PACE, and PACE Bus.](#)
  - Familiarize yourself with these programs to identify which one is being discussed.
- Be prepared to take notes during the call. A detailed summary of the discussion is required.

#### Step #2: Choose a scenario to present when calling

- Choose one of the following scenarios. Read through your chosen scenario before calling so that you know what to say and how to respond to questions.

### Scenario 1: Inquiring on behalf of an elderly parent who is on Medicare and Medicaid

- Role-play that your parent is older than 65 and has a medical condition resulting in an inability to fully care for themselves. They are on Medicare (due to age) AND they have Medicaid.
- Your parent has one of the following medical conditions (choose one):
  - **Stroke:** Needs assistance with bathing, dressing, and meal preparation
  - **Congestive Heart Failure and Diabetes:** Needs assistance with medication, meal preparation, and household chores
  - **Dementia:** Needs assistance with medication, bathing, dressing, and meal preparation
  - **Depression:** Needs assistance with medication, meal preparation, and household chores
- Your parent is on Medicare and Medicaid (they qualify for Medicaid due to low income).
- The doctor said your parent may need to live in a nursing home, but your parent would like to continue living at home.
- You live alone and now have your parent living with you.
- You work full time and really want to keep your parent with you, but you'll need help with their needs while you are at work.

### Scenario 2: Inquiring on behalf of yourself (you are on Medicare and Medicaid)

- Role-play that you are older than 65 and have Medicare and Medicaid. You have a medical condition and one or more disabilities resulting in an inability to fully care for yourself.
- You have one of the following medical conditions (choose one):
  - **Stroke:** Need assistance with bathing, dressing, and meal preparation
  - **Congestive Heart Failure and Diabetes:** Need assistance with medication, meal preparation, and household chores
  - **Depression:** Need assistance with medication, meal preparation, and household chores
- You are on Medicare and Medicaid (you qualify for Medicaid due to low income).
- The doctor said you may need to live in a nursing home, but you would like to continue living at home.
- You live alone and want to continue to do so but would require assistance.

### Step #3: Call the location using the phone number found in your shop confirmation

- All call attempts must be made Monday-Thursday between 9:00am-11:00am or 1:00pm-4:00pm.
- If you get voicemail, leave a message, and wait 1 business day (24 hours) for a return call.
  - If you do not get a return call after 1 business day, call again.
  - If you get voicemail again, leave another message, and wait 1 more business day.
  - If your call is not returned after 2 call attempts and 2 business days, submit your report.
- If someone returns your call and you miss it, you must call back to complete the shop.
- If you cannot complete the call on the first attempt because the call is disconnected, you receive a busy signal, or the office is closed, make at least one more attempt on a different day.
- If given another number to call for information about PACE, write down the number and ask what agency the number belongs to (if not identified). Include this in your report.
- If asked to call back on a different day/time to speak to a specific person, you must do so.
- If unable to reach a counselor within 24 hours, notify your scheduler to prevent shop withdrawal.

### Step #4: Make the opening statement that corresponds to your chosen scenario

- Make the opening statement upfront when the call is answered.
- Follow the script below, but use your own verbiage to sound natural.

Calling for your parent (Scenario 1)	Calling for yourself (Scenario 2)
<ul style="list-style-type: none"> <li>• My (mom or dad) is not doing well. They live with me and can no longer be independent.</li> <li>• They qualify for nursing home care but would like to stay with me if possible.</li> <li>• I want to help but can't be there full time.</li> <li>• What programs or services are available to take care of them and help fill in for me when I'm working?</li> <li>• Can you help me understand the options?</li> </ul>	<ul style="list-style-type: none"> <li>• I had a (stroke or heart failure) and am having a hard time taking care of myself.</li> <li>• I live alone and don't have family nearby.</li> <li>• My son is worried I'm going to get hurt and wants me to go to a nursing facility.</li> <li>• If I had a little extra help, I think I'd be able to remain at home.</li> <li>• My friend has some kind of service that arranged for help. Is there anything like that for me? What are my options?</li> </ul>

### Step #5: Speak with a counselor

- After making the opening statement, let the counselor take the lead in the conversation.
  - Use the information from your chosen scenario to answer questions.
  - Say you live in the city, state, zip code, and county listed in your shop confirmation.
- Write down all the programs, services, or options they provide initially without prompting.
  - Ask for the specific name of the program/service being discussed if not provided or clear.
- Give the counselor ample time to mention the PACE program before you ask about it.
- **Required question:** If they do not specifically mention the PACE program by name after all options are mentioned, you must say, "I've heard of the PACE program. What is that?"
  - If they talk about the PACE bus program, indicate that's not the PACE program you're talking about. You (or your parent) need help with home care/everyday living tasks.
  - You do not want information about the PACE bus program.
- Get the name of the counselor you speak to (ask for their name if not provided).
- If they suggest scheduling an appointment in-person, say you are just looking for some information and you'll reach out later if you want to make an appointment.
- Be prepared to answer questions. You may be asked:
  - Your (or your parent's) name, address, city, state, zip code, and county
  - Your (or your parent's) birthday – must be older than 65, so the year is 1960 or earlier
  - What the medical condition is – identify based on your scenario
  - What form of assistance is needed – identify based on your scenario
  - If you have Power of Attorney/advanced medical directive for your parent – say yes
  - If you (or your parent) are Medicaid eligible – say already on Medicaid due to low income
    - i. If asked, you (or they) make less than \$11,000 per year and have no savings.
  - If you (or your parent) own or rent your home – any answer is fine
  - What your Medicare or Medicaid number is – you don't have it but could provide it later
  - If you (or your parent) qualify for nursing home level care – say yes



# QUESTIONNAIRE

Shop date:

Start time:

End time:

## Call Results

1. What day of the week did you speak to a counselor?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

N/A – I could not reach a counselor after two attempts

2. Date and time you left a voicemail message (if required):

*If you did not reach a counselor on the first call attempt, enter the date and time you left a voicemail message. Enter N/A if you did not have to leave a message. Format required: MM/DD/YYYY HH:MM AM/PM*

3. Date and time you spoke with a counselor:

*Enter the date and time you spoke to a counselor. Format required: MM/DD/YYYY HH:MM AM/PM*

4. Did you call on behalf of yourself or your parent?

Myself

My parent

N/A – I could not reach a counselor after two attempts

5. Name of the counselor you spoke to:

6. List all plans/services the counselor communicated as options upon your initial inquiry:

*List the options the counselor stated after your initial inquiry for the types of programs you or your parent can enroll in (without any prompting). If no plans/services were communicated, explain what happened instead.*

7. Did the counselor recommend or attempt to steer you toward a specific plan/service?

Yes

No

N/A – I could not reach a counselor after two attempts

8. If yes, which plan/service did the counselor recommend or attempt to steer you toward, and what was said to steer you?

9. How was the discussion about PACE initiated?

PACE home care was mentioned without prompting (no mention of the bus program)

Both the PACE home care and PACE bus program were mentioned without prompting

I had to ask about PACE home care (only PACE bus program mentioned initially)

I had to ask about PACE home care (PACE not mentioned at all initially)

N/A – I could not reach a counselor after two attempts

10. What did the counselor say about the PACE home care program?

*Be detailed and specific. Include everything you were told about the home care program without prompting and/or after you asked.*

**11. If the PACE bus program was mentioned, at what point during the call was it mentioned, and what did the counselor say about it?**

*Enter N/A if the bus program was not mentioned.*

**12. Did the counselor in any way indicate you would lose home care, home care aides, or other benefits with the PACE home care program?**

*Answer Yes if it was stated or implied that with the PACE program, you would lose home care, home care aides, or other benefits, but other programs include them.*

Yes

No

N/A – I could not reach a counselor after two attempts

**13. If yes, describe what the counselor said about loss of home care, home care aides, or other benefits with the PACE home care program:**

**14. Did the counselor sound as if they were steering you away from choosing the PACE home care program?**

Yes

No

N/A – I could not reach a counselor after two attempts

**15. If yes, what was said to steer you away from the PACE home care program?**

**16. Additional commentary:**

*Enter N/A if you have no additional comments. If you could not reach a counselor, please explain why, including the date, time, and outcome of each call attempt.*

**17. Zip code shopper presented from:**

*Enter the zip code listed in your shop confirmation (this is the zip code you should have given to the counselor).*

**18. Time zone shopper called from:**

*Select the time zone you were in when you made the call.*

Eastern

Central

Mountain

Pacific

Hawaiian

Alaskan

**END OF QUESTIONNAIRE**