

Exhibit B

PA IEB Proposed Call Script

Section 1: Inbound Call

- Thank you for calling Pennsylvania Independent Enrollment Broker. My name is _____.
- Are you calling today to get information on our services for the first time?

If YES, go to section 3.

If NO, go to Section 2.

Section 1: Outbound Call

- Hello, my name is _____. I am calling from the PA Independent Enrollment Brokers. I have received a referral from _____ that you may need personal in-home services. May I continue with some survey questions?

If YES, go to Section 3.
call.

If NO, terminate
call.

Section 2: Not calling for the first time

- **[Obtain personal identifier. Pull the record]**
- How may I help you?
- **[If this is a status call – relay status. If there must be changes to the scheduled In-home visit or other changes to the record, then take appropriate action]**
- May I help you with anything else?

Section 3: If the applicant is calling for the first time/Outbound call following referral

- Please let me briefly describe home and community based programs. If you are an adult with a physical disability, traumatic brain injury or HIV/AIDS, you may be able to receive services in your home or in the community. Those services may include, for example, assistance with bathing and dressing,

- meal preparation, light housekeeping, installation of an emergency alert system or home modifications. To qualify for these services you must be eligible financially, and you must meet all program guidelines.
- Are you interesting in applying for these services for yourself or are you calling in for someone else?
 - I now need to obtain personal information for [you/person seeking services]. May I please have **[For person seeking the services:]**
 - Full name - Last, First and Middle.
 - Address (physical location)
 - Gender (complete gender drop down box)
 - Social Security #(may use Placeholder)
 - Date of birth? (go back to top of screen)
 - I would also like to obtain some contact information.
 - **[If caller is different than person seeking services]**
Full name and relationship to person seeking services.
 - Contact address
 - Contact telephone number
 - May I put you on hold to bring up our survey regarding the need for assistance? **[Look up MA# in CIS Database. Put # in Pending Case Screen. If they are currently in a Waiver Program, please make a note of it in IEB Intake Tab “Actions Taken” (40, 42, ACX, MHX)]**
 - [Have/has you/the person seeking services] ever been evaluated for Home and Community Based Services? **[If “YES”]** When and by whom? **[Look up call record from Misc. Tab if this is an applicant trying again.]**
 - [Do/does you/the person seeking services] have any communication difficulties such as the need for an interpreter, or use of a communication device or need for someone else to speak for you? **NOTE: LSC requires 5 days notice so keep this in mind when scheduling an intake visit.**
 - Is [your/his or her] home wheelchair accessible?

- [Do/does you/person seeking services] have a legal guardian or power of attorney? Which one? **[note type; response is for informational purpose only - continue with the rest of the interview regardless of the answer]**
 - **[If “YES”]**Contact name, address, telephone number.
 - [Are/is you/person seeking the services] scheduled to enter a health care facility, like a nursing facility or hospital? **[If “YES”]**
 - What is the name and location of facility?
 - What is the scheduled entry date?
 - In case we cannot reach you, is there anyone else you would like us to contact? If yes: Contact name, address and telephone number.
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- Our next step is to set an appointment for an in-home visit.
- **[Verify address for In-Home Visit]**
- **[Verify county – which has been populated when zip code was entered from above]**
- May I place you on hold for a brief moment while I access our schedule? Thank you. **[Try to keep hold times less than 2 minutes. Search calendar for appropriate appointment date/ time and appropriate EB. If consumer identified as having a brain injury, attempt to schedule with BIA EB. (Please refer to separate BIA EB Schedules)]**
- The next appointment that I have available is **[DATE]**. **[UNLESS THE CONSUMER REQUESTS A LATER DATE, THE INTAKE VISIT MUST BE SCHEDULED WITHIN 7 DAYS OF THE CALL.]** Is that date good for you? Our Enrollment Broker will arrive at your location between the hours of _____ and _____. In order to serve the greatest number of people, we do not provide a specific time for your appointment but a window of time. We will arrive within the block of time we have scheduled.

- Before we end this call I would like to confirm that our representative will be out to see you at **[confirm the address and make sure that you have the correct spelling]** on **[date]** between the hours of ____ and _____. The appointment will take approximately one to one and a half hours. You will receive a reminder call prior to your appointment to confirm that you will be home and available at the scheduled time and advise you of additional information they you may need.
- For verification purposes, when the Enrollment Broker arrives, please make sure you have some form of identification available, such as driver's license or other photo ID or social security number, financial information, and any medical information you have, such as insurance, MA Access Card #, Doctor's name, address, and fax number.
- Should you have a question, need to cancel or reschedule or if you have an address or phone change, please call us back at the number you called today. Please note that we will not speak to anyone in regards to your application without your written or verbal permission.
- Is there anything else I can assist you with or do you have any questions? Thank you for calling the PA Independent Enrollment Broker. Have a great day. *****CALL
DONE*****