

**APPENDIX J. SAMPLE OF FREQUENTLY ASKED QUESTIONS
FROM PARTICIPANTS ABOUT THE CONSUMER ASSESSMENT
OF HEALTHCARE PROVIDERS AND SYSTEMS HOME AND
COMMUNITY-BASED SERVICES (HCBS CAHPS®) SURVEY
FOR SURVEY VENDORS**

OVERVIEW

The questions and responses in this document have been compiled to assist survey vendor staff in responding to Frequently Asked Questions (FAQ) related to the HCBS CAHPS Survey. These questions are frequently asked by participants and proxies participating in the survey. Answers have been provided to general questions about the survey, concerns about participating in the survey, and questions about completing the survey. For additional Technical Assistance related to administering the HCBS CAHPS Survey such as interviewer guidelines, scripts, pre-notification letters, and vendor materials, survey vendors can visit <https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/cahps-home-and-community-based-services-survey/index.html>.

I. GENERAL QUESTIONS ABOUT THE SURVEY

1. Who is conducting this survey?

I am an interviewer from [*Survey Vendor Name*]. [*Sponsor*] has asked our organization to help conduct this survey, which is designed to obtain feedback from their participants.

2. Who is sponsoring this survey?

The survey is sponsored by [*Sponsor*]. [ADD ADDITIONAL INFORMATION IF APPROPRIATE].

3. What is the purpose of the survey?

The purpose of this survey is to learn about your experiences receiving services from your home and community-based services program. By answering the questions, you will help the [*HCBS program*] to provide better services in the future.

4. How will the data be used?

The data from this survey will be combined with other data without information that will identify you and will then be provided to [*HCBS program*] so they can understand how to improve services to their enrollees in the future.

5. Is there someone, such as someone from the state or sponsoring organization, that I can contact to find out more about this survey?

Yes, you can contact the [*Sponsor organization, name of person, and what they do*] at [*phone number*].

6. How long will the survey take?

The survey takes about 30 minutes to complete.

7. What questions will be asked?

The survey questions ask you about your experiences with the people who are paid to help you in your home and community with everyday activities. The survey also has several questions about you.

8. Will I receive financial compensation for participating in the survey?

While there is no financial compensation for the survey, the information will help the sponsor better improve services for [you or the participant receiving services].

II. CONCERNS ABOUT PARTICIPATING IN THE SURVEY

1. Why are you calling me?

You are being asked to participate in a survey about your experiences with the people who are paid to help you in your home and community with everyday activities. Your name was selected at random. Your participation is very important because sharing your experiences can help [*HCBS program*] provide better service.

2. Who will see my answers?

Your answers will be kept confidential and will be seen only by authorized people at the [*survey vendor*] who are conducting this survey on behalf of [*sponsor*]. Your responses will be grouped together with other responses that will be shared with [*sponsor*], which is responsible for overseeing the services you receive. Any information that could identify you will be removed. [*Sponsor*] will not see your individual results.

3. I thought privacy laws protected my confidentiality. How did you get my contact information?

The survey that we are conducting is in full compliance with privacy laws, including HIPAA (Health Insurance Portability and Accountability Act), state laws, and other privacy laws. We've been authorized by [*sponsor*] to conduct this survey and will keep all of your information private.

4. How did you get my name? How was I chosen for the survey?

Your name was randomly selected from a list of people who receive home and community-based services as of [*DATE*].

5. How did you get my phone number?

In order to conduct this survey, [*sponsor*] provided [*survey vendor*] with contact information.

6. I do not participate in surveys.

I understand. However, I hope you will consider participating. This is a very important study for [*sponsor*] to understand how to improve the services you and others like you receive.

7. I'm not interested.

[*Sponsor*] could really use your help. Your participation will assist in improving services for you and others.

8. I'm extremely busy. I don't really have the time.

Your time is valuable. It is a very important survey, and I would really appreciate your help today. The interview will take about 30 minutes. I can schedule the survey interview at another time that is more convenient for you.

9. You called my cell phone. Can you call back after [RESPONDENT SPECIFY] so that the call does not use any of my cell phone minutes?

Yes. We can call you back at [RESPONDENT SPECIFY]. [*If the call back cannot be made at the respondent specified time, then*] "Yes, but not at that time." SET A FUTURE DATE AND TIME FOR THE TELEPHONE INTERVIEW.

10. I don't want to answer a lot of personal questions.

Your concern is understandable. This is a very important survey because it can help [HCBS program] improve services for you and others. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

11. I'm very unhappy with [HCBS PROGRAM/HCBS SERVICES], and I don't see why I should help them with this survey.

I'm sorry to hear that you are unhappy. Your participation in this survey will help [*sponsor*] and [*HCBS program*] understand the issues you have and what improvements are needed. It is important for us to listen to responses from people with a variety of opinions.

12. I'm happy with the services I currently receive, so why do I have to complete the survey?

I'm excited to hear that you are happy with the services you are receiving. It is still important to have you answer the survey to make sure we get all sorts of opinions on the services at [*HCBS provider*].

13. Do I have to complete the survey?

Your participation is voluntary. There are no penalties for not participating. Please understand that this is a very important survey, and your answers will help [sponsor] improve the quality of services [HCBS program] provides.

14. Will I get junk mail if I answer this survey?

No. You will not get any junk mail as a result of participating in this survey. Names, phone numbers, and addresses are kept strictly confidential and used solely for the purpose of this survey. They will not be shared.

15. I don't want anyone to come to my house.

If you want, we can do a telephone survey instead.

16. I am on the Do Not Call List. You should not be calling me.

The Do Not Call List prohibits sales and telemarketing calls. We are not selling anything, and we are not asking for money. We are a survey research firm. The [sponsor] has asked us to conduct this survey.

17. I don't want to buy anything.

We are not selling anything. We want to ask you some questions about your experiences with the people who are paid to help you in your home and community with everyday activities.

18. Will my responses affect my benefits?

No. Your responses will not affect your benefits.

III. QUESTIONS ABOUT COMPLETING THE SURVEY

1. I am not able to complete this by myself. Can I have my _____ help me?

If you feel you are unable to complete the survey yourself, you can ask a family member or friend to help you. The person who helps you can be a family member or relative, but it could also be a caregiver or a close friend. The person who helps you answer should not be someone who is paid to care for you. This person needs to be someone who knows you very well and would be able to help you answer the questions and/or be able to answer the questions accurately for you.

2. The HCBS participant (respondent) is not able to complete this survey. Can I answer on the participant's behalf?

If the participant is unable to complete the survey, another person can help the participant answer the questions, or answer on behalf of the participant. If help is needed, it is best if a family member or close friend responds, although it could also be a caregiver. This

person needs to be someone who knows the participant very well and would be able to help the participant answer the questions and/or answer the questions accurately on behalf of the participant. Additionally, the person who helps you answer should not be someone who is paid to care for you.

3. Can I complete the survey in Spanish?

[FOR SURVEY VENDORS OFFERING THE SURVEY IN SPANISH USING CATI]:
Yes, let me connect you with our Spanish interviewers.

[FOR SURVEY VENDORS NOT OFFERING THE SURVEY IN SPANISH]: The survey is only available in English at this time.

4. Can I complete the survey in a language other than English?

[FOR SURVEY VENDORS OFFERING THE SURVEY IN OTHER LANGUAGES]: Yes, we will call you back. [FOLLOW PROCEDURES TO CONDUCT SURVEYS IN LANGUAGES OTHER THAN ENGLISH].

[FOR SURVEY VENDORS NOT OFFERING THE SURVEY IN SPANISH AND/OR OTHER LANGUAGES]: The survey is only available in English at this time.