

**APPENDIX C. SAMPLE OF PARTICIPANT PRE-
NOTIFICATION LETTER FOR THE ADMINISTRATION OF
THE CONSUMER ASSESSMENT OF HEALTHCARE
PROVIDERS AND SYSTEMS HOME AND COMMUNITY-
BASED SERVICES (HCBS CAHPS®) SURVEY—SPANISH**

Instructions to Survey Sponsors for Customizing Spanish Letters and Emails

The sample letters that follow can help sponsors and survey vendors draft pre-notification letters for the HCBS CAHPS Survey. The following tips can help customize the text to suit a sponsor's particular needs:

1. A sponsor may wish to use the sponsor's or the survey vendor's letterhead. Make the decision based on likely credibility. Print the letter on the survey sponsor's or survey vendor's letterhead so that the participant can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority;
2. A sponsor may wish to tailor the letter. Any text that can be personalized is noted in curly brackets with the text in italics. Some of the information will come from a sponsor's administrative data, and some will be based on decisions that the sponsor makes regarding which modes the sponsor will support and whether an institutional review board (IRB) makes suggestions. The sponsor or vendor will need to customize the letters on the basis of whether respondents will take the survey by phone only, in-person only, or either method. Consider including messaging encouraging general participation in the survey such as the purpose of the survey and how responses will be used by the sponsor;
3. If the sponsor has an IRB that reviews research involving human subjects, customize the privacy and consent statement as appropriate to meet the requirements of the IRB. There also should be language about the risks or benefits for someone participating;
4. The sponsor should include a sentence or two about how the results will be used. This provides the respondent with a concrete reason for participating in the survey. If the sponsor will only use the responses in aggregate with all responses so they cannot be personally identified, then it is good to point this out because it can ensure confidentiality of their responses;
5. Depending on the schedule and when survey vendors expect to call participants, the sponsor should indicate the general time frame survey vendors expect to call (e.g., seven days); and
6. The sample letter should indicate the approximate time required to complete the survey. Please fill in the amount of time needed for your questionnaire. On average, the HCBS CAHPS Survey takes about 30 minutes to complete. Adding supplemental questions will increase this time. If the sponsor adds more questions, it may be helpful to test the revised survey for validity and to determine the time needed to complete the survey.

{Sponsor or Survey Vendor Logo or Letterhead}

{Date}

{First and last name of participant}

{Line one of address}

{Line two of address (if any)}

{City, State ZIP}

Estimado/a *{Señor/Señora}* *{Participant's last name}*:

Debido a que usted recibe servicios y apoyo de ***{HCBS program name}*** le estamos pidiendo su ayuda para que podamos cumplir nuestra meta de proporcionar a la gente con la mejor calidad de cuidados y servicios disponible.

Esta carta es para informarle que alguien de *{survey vendor name}* le llamará en aproximadamente una semana, y le pedirá que conteste unas preguntas sobre las personas a quien se les paga por ayudarle y sobre los servicios y sistemas de apoyo que usted recibe de *{HCBS program name}*.

{Sponsor name} está patrocinando esta encuesta. *{Survey vendor name}* está trabajando con *{sponsor name}* para aprender más sobre las experiencias de las personas con *{HCBS program name}*. Si dice que sí, *{survey vendor name}* *{le hará estas preguntas por teléfono, o en su casa o cualquier otro lugar que usted escoja}*. Sus respuestas ayudarán a *{sponsor name}* identificar modos de mejorar *{HCBS program name}*. La encuesta tomará aproximadamente *{time}* minutos o menos de su tiempo.

Usted ha sido seleccionado/a al azar de una lista de todas las personas en *{HCBS program name}*. Usted no ha sido seleccionado por ninguna otra razón. Esperamos que diga que sí a contestar nuestras preguntas si le llaman por teléfono. Si decide participar, lo que usted diga se mantendrá privado. Sus respuestas no serán compartidas con *{sponsor name}* o con ninguna de las personas que le dan servicios. *{Survey vendor name}* combinará sus respuestas con las respuestas de otras personas y las reportará todas juntas en combinación, nadie verá sus respuestas individuales.

Es su decisión si contesta las preguntas. Si decide no contestarlas, eso no cambiará nada de los servicios que usted recibe de *{HCBS program name}*.

Si tiene preguntas sobre este estudio, por favor llame a *{survey vendor name}* gratuitamente al número de teléfono *{xxx-xxx-xxxx}*. Usted también puede llamar a *{contact name}* de *{sponsor name}* al número de teléfono *{xxx-xxx-xxxx}*.

¡Gracias de antemano por suayuda!

Sinceramente,

{Signature of key person from sponsor}

{Signature of key person from sponsor}

{Name of key person from sponsor}

{Title of key person from sponsor}