

**APPENDIX D. SAMPLE OF BENEFICIARY AND GUARDIAN
PRENOTIFICATION LETTERS FOR THE ADMINISTRATION OF THE
CAHPS HOME AND COMMUNITY-BASED SERVICES SURVEY**

Instructions to Survey Sponsors for Customizing English Letters and Emails

The sample letters that follow have been provided to help sponsors and survey vendors draft prenotification letters. 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 letterhead so that the beneficiary or guardian can easily identify the source of the survey. Letterhead also lends the study credibility and has a note of authority.
2. 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 sponsor makes regarding which modes the sponsor will support and whether an institutional review board (IRB) makes suggestions. The letters will need to be customized on the basis of whether the survey will be conducted by phone only, in-person only, or by both.
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. 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 responses will only be used 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 are expected to call beneficiaries or guardians, indicate the general time frame survey vendors are expected to call (e.g., 7 days).
6. The sample letter indicates the approximate time required to complete the survey. Please fill in the amount of time needed for your questionnaire. On average, the CAHPS Home and Community-Based Services Survey takes about 30 minutes to complete. Adding supplemental questions will increase this time. If more questions are added, it may be helpful to test the revised survey to determine the time needed to complete it.

APPENDIX D1. SAMPLE OF BENEFICIARY PRENOTIFICATION LETTER

{Sponsor or Survey Vendor Logo or Letterhead}

{Date}

{First and last name of beneficiary}
{Line one of address}
{Line two of address (if any)}
{City, state ZIP}

Dear {Mr./Ms.} {Last name}:

Because you receive services and support from {**HCBS program name**}, we are asking for your help so that we can meet our goal of providing people with the best-quality care and services available.

This letter is to let you know that someone from {Survey vendor name} should call you in about a week, asking you to answer questions about the people paid to help you and the services and supports you get from {**HCBS program name**}.

{Sponsor name} is sponsoring this survey. {Survey vendor name} is working with {Sponsor name} to find out about people's experience with the {**HCBS program name**}. If you say yes, {Survey vendor name} will {either ask you these questions over the phone or at your home or another place you choose}. Your answers will help {Sponsor name} find ways to improve the {**HCBS program name**}. The survey should only take about {time} minutes or less of your time.

You have been chosen at random from a list of all people in {**HCBS program name**}. You have not been picked for any other reason. We hope you will say yes to answering the questions if you are called. If you decide to participate, what you have to say will be private. Your individual answers will not be shared with {Sponsor name} or any of the people who provide you with services. {Survey vendor name} will be combining your answers with the answers from other people and reporting them all together, so no one will see your individual answers.

It is your choice whether to answer the questions. If you decide not to, that will not change any of the services you get from {HCBS program name**}.**

If you have any questions about the study, please call {Survey vendor name} toll-free at {xxx-xxx-xxxx}. You can also call {contact name} at {Sponsor name} at {xxx-xxx-xxxx}.

Thank you in advance for your help!

Sincerely,

{Signature of key person from sponsor}

{Name of key person from sponsor}
{Title of key person from sponsor}

APPENDIX D2. SAMPLE OF GUARDIAN PRENOTIFICATION LETTER

{Sponsor or Survey Vendor Logo or Letterhead}

{Date}

{First and last name of guardian}

{Line one of address}

{Line two of address (if any)}

{City, state ZIP}

Dear Guardian of {beneficiary's first and last name}:

Our records show that you are the guardian of {beneficiary's first and last name} and {he/she} receives home and community-based services from {**HCBS program name**}. Because {he/she} receives services and support from {HCBS program name}, {Sponsor name} is asking for your help so that {Sponsor name} can meet its goal of providing people with the best quality care and services available.

{Sponsor name} is sponsoring a survey to ask people who receive services and supports from {HCBS program name} about their experiences with the program. We are requesting consent from you to contact and interview {beneficiary's first and last name}. Someone from {Survey vendor name} should call you in about a week, asking for consent to contact {him/her} and ask for assent from {beneficiary name} to answer the survey. The survey would ideally be conducted with {him/her} alone, but can also be conducted together with you, or solely by you. The survey should only take about {time} minutes or less of your time.

If you say yes, {Survey vendor name} will {either ask you and/or the beneficiary's name these questions over the phone or at home or at another place you or the beneficiary's name chooses}. {Beneficiary's first and last name}'s or your answers will help {Sponsor name} find ways to improve the {HCBS program name}. {Beneficiary's first and last name} has been chosen at random from a list of all people in {HCBS program name}. {He/she} has not been picked for any other reason. We hope {he/she} and/or you will answer the questions when you are called.

If you decide to participate, what {he/she} or you say will be private. No one's individual answers will be shared with {Sponsor name} or any of the people who provide {beneficiary's first and last name}'s services. {Survey vendor name} will be combining the answers with the answers from other people and reporting them all together, so no one will see the individual answers.

It is your choice whether you or {beneficiary's first and last name} answer the questions. If either of you decides not to, that will not change any of the services {he/she} gets from {HCBS program name}.

If you have any questions about the study, please call {Survey vendor name} toll-free at {xxx-xxx-xxxx}. You can also call {contact name} at {Sponsor name} at {xxx-xxx-xxxx}.

Thank you in advance for your help!

Sincerely,

{Signature of key person from sponsor}

{Name of key person from sponsor}

{Title of key person from sponsor}