

**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**

## Instructions to Survey Sponsors for Customizing English 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}*

Dear *{Mr./Ms.} {Participant's 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 we call you. If you decide to participate, what you have to say will be private. We will not share your individual answers 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}*