

DO NOT MAIL BACK; FOR YOUR RECORDS ONLY.

Consent to Participate

| Survey intervious manda needs | Project in California. I understand my information will be kept confidential. Knowledge Services ewers are acting on behalf of the California Department of Health Care Services and will follow ted reporting requirements. I understand the purpose of this survey is to better understand people's getting long term care. I understand that I am not required to participate and that if I choose to pate, I can withdraw at any time. |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| particip | rate, I can witharaw at any time. |
| | YES, I CHOOSE TO PARTICIPATE |
| | NO, I CHOOSE NOT TO PARTICIPATE |
| SIGNE | D: |
| | DATE dd/mm/yyyy |
| | DIAN SIGNATURE |
| (if appl | DATE DD/MM/YYYY |
| Call Kn | owledge Services toll free at 866-228-5859 to opt in or opt out of the survey |
| For Surveyor Use Only | |
| choose | ction of the form is for Knowledge Services Surveyors to complete if participants or their guardians to provide verbal consent <i>or</i> do not provide a signature at the time of the interview. This information o be entered electronically. |
| VERBA | L CONSENT WAS OBTAINED FROM: |
| | PARTICIPANT |
| | GUARDIAN AND/OR POWER OF ATTORNEY |
| INTER | VIEWER SIGNATURE |
| | DATE dd/mm/yyyy |

FAQ: California National Core Indicators – Aging and Disabilities™ Survey

We invite you to participate in a survey. <u>To schedule a survey or opt-out of the survey</u>, please call Knowledge Services toll free at 866-228-5859.

1. Why is California doing the survey?

DHCS partnered with the National Core Indicators project to hear from Medi-Cal members about their experiences in receiving home and community-based services (HCBS).

DHCS is working with Knowledge Services, a survey company, to learn more about the experiences and quality of life of older adults and people with physical disabilities.

2. Why should I participate?

Participating in the NCI-AD Adult Consumer Survey allows members receiving HCBS to share their perspective on the services they receive and how they feel about their lives. When participants and their legal guardians share their stories in the survey, they can help California plan for future program improvements.

3. Do I have to take the survey?

No. Participating is optional. Whether or not you participate in the survey will not impact your services now or in the future.

4. What will happen if I participate?

An interviewer will call you between January and May 2025 to discuss the survey and next steps. You or your legal guardian can choose the time and place of the interview, decide to meet in person or via secure technology, and determine when and where you feel comfortable.

5. How will my privacy be protected?

All answers are confidential, secure, and combined with other participant responses for reporting purposes. Individual answers will not be shared. The information you share will not impact your services now or in the future.

6. What are the survey questions about?

The questions are about your quality of life, health, safety, transportation, people who help you, where you live, supports and services, and things you do in the community. You can stop the interview at any time, and you do not have to answer any questions you do not feel comfortable answering. There are no right or wrong answers. Your responses to these questions will not change anything about your care, now and in the future.

7. How long does the survey take?

The survey generally takes about 45-60 minutes.

8. What if I am a legal guardian?

Knowledge Services will call you first and ask for your consent. Once legal guardian consent is obtained, Knowledge Services will contact the member to ask if they would like to participate in the survey.

You can be present at the interview, but you do not need to be. If you prefer, you can ask someone else to attend on your behalf.

9. What should I do if I received this letter instead of the participant or legal guardian?

Please forward this communication as well as any future NCI-related correspondence to the potential participant and their legal guardian. Call Knowledge Services toll-free at 866-228-5859 if this information should be directed elsewhere.

