

Dear Health First Colorado Member Guardian:

This letter is about a survey for Health First Colorado members. You are listed as the legal guardian for [Member Name]. Your member has been randomly chosen from a list of Colorado residents receiving long-term services and supports to participate in a survey called *National Core Indicators - Intellectual and Developmental Disabilities (NCI-IDD)*. As this member's legal guardian, we would like your permission for this person to take part in this survey.

By participating in the survey, they will have an exciting and important opportunity to tell us how they feel and share their ideas about their Home and Community-Based (HCBS) waiver services and supports. Their opinion will be used to help make Colorado HCBS waiver services and supports better.

The member does **NOT** have to take the survey. Your decision will not affect their services or benefits in any way.

What to expect if you choose to participate:



Opt-in or Opt-Out of Your Survey



To schedule your survey or opt-out, scan the QR Code, and enter your survey access code: [VRID].

By selecting "yes," you'll be on your way to sharing your thoughts!

By selecting "no," you will be removed from our contact list, and will not be contacted.

To learn more about this project, please visit:



https://hcpf.colorado.gov/nci-survey
https://vitalresearch.com/colorado/nci/

If you have any questions or would like additional information, please call Vital Research toll-free at 1-888-833-9956 or call the state relay at 711.

Sincerely,

Rachel Newton

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