

Appendix D.1 Data Collection Pre-Notification Communication Nursing Home Administrator Letter



7500 SECURITY BOULEVARD • BALTIMORE, MD 21244



OMB number: 0938-xxxx
Expiration Date: xx/xx/20xx

[FACILITY ADDRESS]

XXXXXX xx, 2026

Dear [NURSING HOME ADMINISTRATOR NAME],

The Centers for Medicare & Medicaid Services (CMS) is conducting a brief telephone survey to learn directly from our nursing home facilities how the CMS Quality Improvement Program can best support the healthcare services you provide to your residents. The survey will be conducted among facilities that serve Medicare beneficiaries as part of the CMS Quality Improvement Program evaluation of its services. Through this survey, your feedback contributes valuable information on the effectiveness and delivery of CMS quality improvement support to nursing homes.

Within two weeks, you will be contacted to conduct the survey or to schedule a time to complete it. This survey should take no more than 20 minutes to complete.

For this survey, we seek to talk with the person who is most knowledgeable about your facility's participation in programs or other resources used to ensure high-quality healthcare services over the last 12 months. If your nursing home is part of a corporate chain, we would like to interview someone who works at [FACILITY NAME], rather than someone at corporate headquarters who is responsible for healthcare quality for several facilities. If you believe you are not the appropriate person to complete this survey, please forward this pre-notification letter to the nursing home administrator, quality improvement director, or other staff at your facility who are most knowledgeable about your facility's quality improvement efforts.

While your participation in this survey is voluntary, your feedback directly informs the decisions CMS leadership makes about services that affect you, your work, and Medicare beneficiaries. All responses will be securely managed by Booz Allen Hamilton, the contractor conducting an independent evaluation of provider feedback related to CMS's quality improvement programs. We are collecting input from hundreds of nursing home facilities nationwide. All results will be reported in aggregate only; neither you nor your organization will be identified, and your responses will not affect your relationship with CMS in any way.

You may confirm this is not a phishing attempt via a public message confirming this survey activity posted on the CMS website at this link: {insert link}

Prior to completing the survey, it may be helpful for you to review your facility's processes and protocols for quality improvement of healthcare services.

If you have questions, please contact us at CMS.LTCare_QIsurvey@bah.com or 844-615-3115. Thank you in advance for your participation in this important survey.

Sincerely,

[SIGNATURE]

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