

Appendix G

CONSENT FORMS

(1) AMERICAN INDIAN AND ALASKA NATIVE MEDICARE BENEFICIARY SURVEY

(2) AMERICAN INDIAN AND ALASKA NATIVE HEALTH CARE PROVIDER SURVEY

(3) AMERICAN INDIAN AND ALASKA NATIVE MEDICARE BENEFICIARY INTERVIEW

(4) AMERICAN INDIAN AND ALASKA NATIVE MEDICARE BENEFICIARIES AND FAMILY MEMBERS FOCUS GROUP

(5) AMERICAN INDIAN AND ALASKA NATIVE HEALTH CARE PROVIDER INTERVIEW

Centers for Medicare and Medicaid Services
Analysis of Transportation Barriers to the Utilization of Medicare Services by
American Indian and Alaska Native Medicare Beneficiaries

CONSENT FORM FOR
AMERICAN INDIAN AND ALASKA NATIVE MEDICARE BENEFICIARY SURVEY

Purpose of Study

The Centers for Medicare and Medicaid Services (CMS) is an agency of the U.S. Department of Health and Human Services with a mission to “ensure effective, up-to-date health coverage and to promote quality care for beneficiaries.”

The Federal obligation to provide health services to American Indians and Alaska Natives is based upon a unique historical government-to-government relationship established through treaties and affirmed over time through laws, Executive Orders, and court decisions. Health services in particular were guaranteed in treaties negotiated between tribes and the U.S. Government, and funding was specifically authorized by Congress in The Snyder Act of 1921.

In the mid-1970s two laws were enacted that dramatically changed the face of Indian health care delivery. The Indian Self Determination and Education Assistance Act of 1975 provided authority to federally recognized tribes to take over and administer for themselves the Federal programs of the Indian Health Service (IHS) designed to serve them, shifting the control and direction of health priorities to local tribal governments. The other significant change was the enactment of the Indian Health Care Improvement Act of 1976, which clarified Federal policy to “elevate the health status of Indians and Alaska Natives to the highest possible level” and provided specific targets for this new policy, including health professional training, health facility construction and modernization, and access to Medicaid and Medicare reimbursement for IHS and tribally provided services. Despite the availability of Medicare coverage, significant barriers prevent American Indians and Alaska Native beneficiaries from accessing care. One of the major barriers consistently mentioned is transportation barriers to accessing Medicare services.

The purpose of this project is to collect information and analyze the transportation barriers experienced by American Indian and Alaska Native Medicare beneficiaries and ultimately, to identify the solutions that could help reduce this barrier and produce meaningful improvements in health outcomes for the beneficiaries.

Participation and Confidentiality

As part of the transportation barriers project we will be conducting one-on-one surveys with American Indian and Alaska Native Medicare Beneficiaries. Your participation is entirely voluntary. You have the right to refuse to answer any question that is asked and to refuse to participate further at any point in the project.

If you agree to participate in this project, you will take part in a 45 minute survey. Your responses will be recorded either electronically on a computer or by hand on a written form. Your privacy is important to us. We will make every effort to protect the confidentiality of your comments and responses. Your name will not appear in any oral presentation or written report. Any information that you provide us will be combined with other participants' information; thus, you will not be identified. Electronic and written copies of the project will be stored without personal identifiers in secure locations and will be destroyed at the close of the evaluation. If you have any questions regarding this project or your participation, please contact Dr. Jeanette Hassin, at Kauffman & associates, Inc. at (301) 588-6800 or jeanette.hassin@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. The main benefits of your participation in the project include the enhancement of methods to best address AI/AN Medicare beneficiaries' transportation

barriers to Medicare services. Finding out this kind of information will enable CMS to better address these problems.

Participant Costs and Compensation

There is no cost to you to participate in this survey, interview, or focus group, with the exception of time. To compensate you for your time, you will receive a \$30 gift card.

Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in the transportation barriers project. By signing, I am not waiving any legal claims, rights, or remedies.

Participant's Printed Name

Participant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

According to the *Paperwork Reduction Act of 1995*, "no persons are required to respond to a collection of information unless such collection displays a valid OMB control number." The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC, 20210. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** CMS, U.S. Department of Health and Human Services, 7500 Security Blvd, Baltimore, MD, 21244-1850.

Centers for Medicare and Medicaid Services
Analysis of Transportation Barriers to the Utilization of Medicare Services by
American Indian and Alaska Native Medicare Beneficiaries

CONSENT FORM FOR AMERICAN INDIAN AND ALASKA NATIVE
HEALTH CARE PROVIDER SURVEY

Purpose of Study

The Centers for Medicare and Medicaid Services (CMS) is an agency of the U.S. Department of Health and Human Services with a mission to “ensure effective, up-to-date health coverage and to promote quality care for beneficiaries.”

The Federal obligation to provide health services to American Indians and Alaska Natives is based upon a unique historical government-to-government relationship established through treaties and affirmed over time through laws, Executive Orders, and court decisions. Health services in particular were guaranteed in treaties negotiated between tribes and the U.S. Government, and funding was specifically authorized by Congress in The Snyder Act of 1921.

In the mid-1970s two laws were enacted that dramatically changed the face of Indian health care delivery. The Indian Self Determination and Education Assistance Act of 1975 provided authority to federally recognized tribes to take over and administer for themselves the Federal programs of the Indian Health Service (IHS) designed to serve them, shifting the control and direction of health priorities to local tribal governments. The other significant change was the enactment of the Indian Health Care Improvement Act of 1976, which clarified Federal policy to “elevate the health status of Indians and Alaska Natives to the highest possible level” and provided specific targets for this new policy, including health professional training, health facility construction and modernization, and access to Medicaid and Medicare reimbursement for IHS and tribally provided services. Despite the availability of Medicare coverage, significant barriers prevent American Indians and Alaska Native beneficiaries from accessing care. One of the major barriers consistently mentioned is transportation barriers to accessing Medicare services.

The purpose of this project is to collect information and analyze the transportation barriers experienced by American Indian and Alaska Native Medicare beneficiaries and ultimately, to identify the solutions that could help reduce this barrier and produce meaningful improvements in health outcomes for the beneficiaries.

Participation and Confidentiality

As part of the transportation barriers project we will be conducting surveys with health care providers. Your participation is entirely voluntary. You have the right to refuse to answer any question that is asked and to refuse to participate further at any point in the project.

If you agree to participate in this project, you will take part in a 30 minute survey. Your responses to this self-administered survey will be recorded electronically, if you are doing it on-line or by hand, if you are completing a hard copy. Your privacy is important to us. We will make every effort to protect the confidentiality of your comments and responses. Your name will not appear in any oral presentation or written report. Any information that you provide us will be combined with other participants' information; thus, you will not be identified. Electronic and written copies of the survey will be stored without personal identifiers in secure locations and will be destroyed at the close of the project. If you have any questions regarding this project or your participation, please contact Dr. Jeanette Hassin at Kauffman & Associates, Inc. at (301) 588-6800 or jeanette.hassin@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. The main benefits of your participation in the project include the enhancement of methods to best address AI/AN Medicare beneficiaries' transportation barriers to Medicare services. Finding out this kind of information will enable CMS to better address these problems.

Participant Costs and Compensation

There is no cost to you to participate in this interview with the exception of time. To compensate you for your time, you will receive a small gift.

Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in the transportation barriers project. By signing, I am not waiving any legal claims, rights, or remedies.

Participant's Printed Name

Participant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

According to the *Paperwork Reduction Act of 1995*, "no persons are required to respond to a collection of information unless such collection displays a valid OMB control number." The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC, 20210. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** CMS, U.S. Department of Health and Human Services, 7500 Security Blvd, Baltimore, MD, 21244-1850.

Centers for Medicare and Medicaid Services
Analysis of Transportation Barriers to the Utilization of Medicare Services by
American Indian and Alaska Native Medicare Beneficiaries

CONSENT FORM FOR AMERICAN INDIAN AND ALASKA NATIVE
MEDICARE BENEFICIARY INTERVIEW

Purpose of Study

The Centers for Medicare and Medicaid Services (CMS) is an agency of the U.S. Department of Health and Human Services with a mission to “ensure effective, up-to-date health coverage and to promote quality care for beneficiaries.”

The Federal obligation to provide health services to American Indians and Alaska Natives is based upon a unique historical government-to-government relationship established through treaties and affirmed over time through laws, Executive Orders, and court decisions. Health services in particular were guaranteed in treaties negotiated between tribes and the U.S. Government, and funding was specifically authorized by Congress in The Snyder Act of 1921.

In the mid-1970s two laws were enacted that dramatically changed the face of Indian health care delivery. The Indian Self Determination and Education Assistance Act of 1975 provided authority to federally recognized tribes to take over and administer for themselves the Federal programs of the Indian Health Service (IHS) designed to serve them, shifting the control and direction of health priorities to local tribal governments. The other significant change was the enactment of the Indian Health Care Improvement Act of 1976, which clarified Federal policy to “elevate the health status of Indians and Alaska Natives to the highest possible level” and provided specific targets for this new policy, including health professional training, health facility construction and modernization, and access to Medicaid and Medicare reimbursement for IHS and tribally provided services. Despite the availability of Medicare coverage, significant barriers prevent American Indians and Alaska Native beneficiaries from accessing care. One of the major barriers consistently mentioned is transportation barriers to accessing Medicare services.

The purpose of this project is to collect information and analyze the transportation barriers experienced by American Indian and Alaska Native Medicare beneficiaries and ultimately, to identify the solutions that could help reduce this barrier and produce meaningful improvements in health outcomes for the beneficiaries.

Participation and Confidentiality

As part of the transportation barriers project we will be conducting interviews with American Indian and Alaska Native Medicare Beneficiaries. Your participation is entirely voluntary. You have the right to refuse to answer any question that is asked and to refuse to participate further at any point in the project.

If you agree to participate in this project, you will take part in a 30 minute survey. Your responses will be recorded either electronically on a computer or by hand on a written form. Your privacy is important to us. We will make every effort to protect the confidentiality of your comments and responses. Your name will not appear in any oral presentation or written report. Any information that you provide us will be combined with other participants' information; thus, you will not be identified. Electronic and written copies of the interview will be stored without personal identifiers in secure locations and will be destroyed at the close of the project. If you have any questions regarding this project or your participation, please contact Dr. Jeanette Hassin at Kauffman & Associates, Inc. at (301) 588-6800 or jeanette.hassin@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. The main benefits of your participation in the project include the enhancement of methods to best address AI/AN Medicare beneficiaries' transportation

barriers to Medicare services. Finding out this kind of information will better enable CMS to better address these problems.

Participant Costs and Compensation

There is no cost to you to participate in this interview with the exception of time. To compensate you for your time, you will receive a \$30 gift card.

Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in the transportation barriers project. By signing, I am not waiving any legal claims, rights, or remedies.

Participant's Printed Name

Participant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

According to the *Paperwork Reduction Act of 1995*, "no persons are required to respond to a collection of information unless such collection displays a valid OMB control number." The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC, 20210. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** CMS, U.S. Department of Health and Human Services, 7500 Security Blvd, Baltimore, MD, 21244-1850.

Centers for Medicare and Medicaid Services
Analysis of Transportation Barriers to the Utilization of Medicare Services by
American Indian and Alaska Native Medicare Beneficiaries

CONSENT FORM FOR AMERICAN INDIAN AND ALASKA NATIVE
MEDICARE BENEFICIARIES AND FAMILY MEMBERS FOCUS GROUP

Purpose of Study

The Centers for Medicare and Medicaid Services (CMS) is an agency of the U.S. Department of Health and Human Services with a mission to “ensure effective, up-to-date health coverage and to promote quality care for beneficiaries.”

The Federal obligation to provide health services to American Indians and Alaska Natives is based upon a unique historical government-to-government relationship established through treaties and affirmed over time through laws, Executive Orders, and court decisions. Health services in particular were guaranteed in treaties negotiated between tribes and the U.S. Government, and funding was specifically authorized by Congress in The Snyder Act of 1921.

In the mid-1970s two laws were enacted that dramatically changed the face of Indian health care delivery. The Indian Self Determination and Education Assistance Act of 1975 provided authority to federally recognized tribes to take over and administer for themselves the Federal programs of the Indian Health Service (IHS) designed to serve them, shifting the control and direction of health priorities to local tribal governments. The other significant change was the enactment of the Indian Health Care Improvement Act of 1976, which clarified Federal policy to “elevate the health status of Indians and Alaska Natives to the highest possible level” and provided specific targets for this new policy, including health professional training, health facility construction and modernization, and access to Medicaid and Medicare reimbursement for IHS and tribally provided services. Despite the availability of Medicare coverage, significant barriers prevent American Indians and Alaska Native beneficiaries from accessing care. One of the major barriers consistently mentioned is transportation barriers to accessing Medicare services.

The purpose of this project is to collect information and analyze the transportation barriers experienced by American Indian and Alaska Native Medicare beneficiaries and ultimately, to identify the solutions that could help reduce this barrier and produce meaningful improvements in health outcomes for the beneficiaries.

Participation and Confidentiality

As part of the transportation barriers project we will be conducting focus groups with American Indian and Alaska Native Medicare Beneficiaries and Family Members. Your participation is entirely voluntary. You have the right to refuse to answer any question that is asked and to refuse to participate further at any point in the project.

If you agree to participate in this project, you will take part in a 90 minute focus group. Your responses will be recorded and written notes will be taken. Your privacy is important to us. We will make every effort to protect the confidentiality of your comments and responses. Your name will not appear in any oral presentation or written report. Any information that you provide us will be combined with other participants' information; thus, you will not be identified. Electronic and written copies of the focus group will be stored without personal identifiers in secure locations and will be destroyed at the close of the project. If you have any questions regarding this project or your participation, please contact Dr. Jeanette Hassin at Kauffman & Associates, Inc.AI at (301) 588-6800 or jeanette.hassin@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. The main benefits of your participation in the project include the enhancement of methods to best address AI/AN Medicare beneficiaries' transportation barriers to Medicare services. Finding out this kind of information will better enable CMS to better address these problems.

Participant Costs and Compensation

There is no cost to you to participate in this focus group, with the exception of time. To compensate you for your time, you will receive a \$30 gift card.

Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in the transportation barriers project. By signing, I am not waiving any legal claims, rights, or remedies.

Participant's Printed Name

Participant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

According to the *Paperwork Reduction Act of 1995*, "no persons are required to respond to a collection of information unless such collection displays a valid OMB control number." The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, and complete the demographic survey. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC, 20210. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** CMS, U.S. Department of Health and Human Services, 7500 Security Blvd, Baltimore, MD, 21244-1850.

Centers for Medicare and Medicaid Services
Analysis of Transportation Barriers to the Utilization of Medicare Services by
American Indian and Alaska Native Medicare Beneficiaries

CONSENT FORM FOR AMERICAN INDIAN AND ALASKA NATIVE
HEALTH CARE PROVIDER INTERVIEW

Purpose of Study

The Centers for Medicare and Medicaid Services (CMS) is an agency of the U.S. Department of Health and Human Services with a mission to “ensure effective, up-to-date health coverage and to promote quality care for beneficiaries.”

The Federal obligation to provide health services to American Indians and Alaska Natives is based upon a unique historical government-to-government relationship established through treaties and affirmed over time through laws, Executive Orders, and court decisions. Health services in particular were guaranteed in treaties negotiated between tribes and the U.S. Government, and funding was specifically authorized by Congress in The Snyder Act of 1921.

In the mid-1970s two laws were enacted that dramatically changed the face of Indian health care delivery. The Indian Self Determination and Education Assistance Act of 1975 provided authority to federally recognized tribes to take over and administer for themselves the Federal programs of the Indian Health Service (IHS) designed to serve them, shifting the control and direction of health priorities to local tribal governments. The other significant change was the enactment of the Indian Health Care Improvement Act of 1976, which clarified Federal policy to “elevate the health status of Indians and Alaska Natives to the highest possible level” and provided specific targets for this new policy, including health professional training, health facility construction and modernization, and access to Medicaid and Medicare reimbursement for IHS and tribally provided services. Despite the availability of Medicare coverage, significant barriers prevent American Indians and Alaska Native beneficiaries from accessing care. One of the major barriers consistently mentioned is transportation barriers to accessing Medicare services.

The purpose of this project is to collect information and analyze the transportation barriers experienced by American Indian and Alaska Native Medicare beneficiaries and ultimately, to identify the solutions that could help reduce this barrier and produce meaningful improvements in health outcomes for the beneficiaries.

Participation and Confidentiality

As part of the transportation barriers project we will be conducting one-on-one interviews with health care providers. Your participation is entirely voluntary. You have the right to refuse to answer any question that is asked and to refuse to participate further at any point in the project.

If you agree to participate in this project, you will take part in a 30 minute interview. Your responses will be recorded either electronically on a computer or by hand on a written form. Your privacy is important to us. We will make every effort to protect the confidentiality of your comments and responses. Your name will not appear in any oral presentation or written report. Any information that you provide us will be combined with other participants' information; thus, you will not be identified. Electronic and written copies of the interview will be stored without personal identifiers in secure locations and will be destroyed at the close of the project. If you have any questions regarding this project or your participation, please contact Dr. Jeanette Hassin at Kauffman & associates, Inc. at (301) 588-6800 or jeanette.hassin@kauffmaninc.com.

Risks and Benefits

There are no known risks from taking part in this project. The main benefits of your participation in the project include the enhancement of methods to best address AI/AN Medicare beneficiaries' transportation barriers to Medicare services. Finding out this kind of information will better enable CMS to better address these problems.

Participant Costs and Compensation

There is no cost to you to participate in this interview with the exception of time. To compensate you for your time, you will receive a small gift.

Consent to Participate in Project

I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in the transportation barriers project. By signing, I am not waiving any legal claims, rights, or remedies.

Participant's Printed Name

Participant's Signature

Date

Interviewer's Printed Name

Interviewer's Signature

Date

According to the *Paperwork Reduction Act of 1995*, "no persons are required to respond to a collection of information unless such collection displays a valid OMB control number." The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Health and Human Services, 200 Independence Ave., SW, Washington, DC, 20210. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** CMS, U.S. Department of Health and Human Services, 7500 Security Blvd, Baltimore, MD, 21244-1850.