**Request for Exemption:**

**FY2023 Adult Day Health (ADH) Cost Report**

To request an exemption from filing the FY2023 ADH Cost Report, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

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| **1. Agency Name:** | Click here to enter text. |
| **2. MassHealth ID:** | Click here to enter text. *Nine-digit number plus one letter suffix* |
| **3. Agency’s FY2022**  **Reporting Fiscal Year:** | 7/1/2022 – 6/30/2023  10/1/2022 – 9/30/2023  1/1/2023 – 12/31/2023  Other: Click here to enter text. |
| **4. Reason for exemption request:**  The agency is hospital owned.  **Explanation:** Click here to enter text.  The agency was in business for less than 6 months during FY2023.  **Explanation (i.e., change of ownership, closure):** Click here to enter text.  The agency was owned by the current owner for less than 6 months during FY2023.  **Explanation (i.e., change of ownership, closure):** Click here to enter text.  The agency did not participate in the MassHealth program during its FY2023.  **Explanation:** Click here to enter text.  The agency received less than $50,000 in MassHealth revenue in its FY2023.  **Amount of MassHealth revenue received in FY2023:** $Click here to enter text. | |
| **5. Contact Person:** | Click here to enter text. |
| **6. Contact Email:** | Click here to enter text. |
| **7. Contact Phone Number:** | Click here to enter text. |

For more information, please consult the ADH Cost Report Instructions at <https://www.chiamass.gov/adult-day-health-cost-reports-2/>.

For further questions, please email [CostReports.Pricing@chiamass.gov](mailto:CostReports.Pricing@chiamass.gov).