**Request for Exemption:**

**FY2018 Adult Day Health (ADH) Cost Report**

To request an exemption from filing the FY2018 ADH Cost Report, please complete this form and email it as an attachment to [chia.data@state.ma.us](mailto:chia.data@state.ma.us).

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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 FY2018**  **Reporting Fiscal Year:** | 7/1/2017 – 6/30/2018  10/1/2017 – 9/30/2018  1/1/2018 – 12/31/2018  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 not in business for the full year of the reporting period.  **Explanation (i.e., change of ownership, closure):** Click here to enter text.  The agency received less than $50,000 in MassHealth revenue in its FY2018.  **Amount of MassHealth revenue received in FY2018:** $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.

Still have questions? Feel free to email us at [chia.data@state.ma.us](mailto:chia.data@state.ma.us)

or call CHIA’s Pricing Cost Report Helpdesk at 617-701-8156.