**Request for Exemption:**

**FY2021 Adult Day Health (ADH) Cost Report**

To request an exemption from filing the FY2021 ADH Cost Report, please complete this form and email it as an attachment to [data@chiamass.gov](mailto:data@chiamass.gov).

|  |  |
| --- | --- |
| **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 FY2021**  **Reporting Fiscal Year:** | 7/1/2020 – 6/30/2021  10/1/2020 – 9/30/2021  1/1/2021 – 12/31/2021  Other: Click here to enter text. |
| **4. Reason for exemption request:**  Your agency is hospital owned.  **Explanation:** Click here to enter text.  Your agency was in business for less than 6 months during FY2021.  **Explanation (i.e., change of ownership, closure):** Click here to enter text.  You owned the agency for less than 6 months during FY2021.  **Explanation (i.e., change of ownership, closure):** Click here to enter text.  Your agency did not participate in the MassHealth program during its FY2021.  **Explanation:** Click here to enter text.  Your agency received less than $50,000 in MassHealth revenue in its FY2021.  **Amount of MassHealth revenue received in FY2021:** $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/>.

Still have questions? Feel free to email us at [CostReports.Pricing@chiamass.gov](mailto:CostReports.Pricing@chiamass.gov).