

HOME HEALTH CARE CAHPS SURVEY EXCEPTIONS REQUEST FORM

To submit this form online, please go to <https://homehealthcahps.org/>.

Date Submitted:

I. GENERAL INFORMATION

The following general information should be filled out about the survey vendor organization.

1. Survey Vendor Organization Information

Organization Name:

Mailing Address 1:

Mailing Address 2:

City:

State:

ZIP Code:

(Area Code) Telephone number:

(Area Code) Fax number:

Website address:

2. Survey Vendor Contact Person

First Name, Middle Initial, Last Name:

Title:

Degree/License (e.g., BA, PhD, MBA, PMA):

Mailing Address 1:

Mailing Address 2:

City:

State:

ZIP Code:

(Area Code) Telephone number:

(Area Code) Fax number:

E-mail address:

II. EXCEPTIONS REQUEST INFORMATION

Please complete Items 1 and 2 below.

1. Exception Request

1a. Exception Request Classification (Check one)

- New Exception
- Update List of Applicable Home Health Agencies
- Appeal of Exception Denial

1b. Exception Request for (Check one)

- Using a Different Sampling Method
- Other (specify)

2. Description of Exception Request

2a. Purpose of requested exception (e.g., sampling, data issues)

2b. How the exception will be implemented

2c. Evidence that exception will not affect survey results

III. LIST OF HOME HEALTH AGENCIES IMPACTED BY THIS EXCEPTION REQUEST

Vendor should submit a New Exception Request if additional agencies are added after this form is submitted.

If this Exceptions Request is applicable to all of your organization's existing and future client home health agencies, enter "ALL" in the Home Health Agency Name and CMS Certification Number fields next to bullet #1 below.

1. Home Health Agency Name:
CMS Certification Number:
2. Home Health Agency Name:
CMS Certification Number:
3. Home Health Agency Name:
CMS Certification Number:
4. Home Health Agency Name:
CMS Certification Number:
5. Home Health Agency Name:
CMS Certification Number:

Reason for updating request (if applicable):