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| **Section 1: MCO CAHPS® Survey Notification Point of Contact** ***(Individual listed below shall be able to address questions from AHCCCS related to the survey)*** |
| **Contractor:** | **Contact Name:** |
| **Email:**  |
| **Section 2: Survey Details**  |
| **Notification Submission Date:**  Click or tap to enter a date.  | **Anticipated Survey Administration Dates**  **Start Date:** Click or tap to enter a date.  **End Date:** Click or tap to enter a date. |
| **Survey Type(s) – Click All That Apply**[ ]  **Adult Survey tool version to be utilized:** [ ]  **Child Survey tool version to be utilized:**  **If checked, indicate if the survey includes the following:****Children with Chronic Conditions (CCC) Item Set:** [ ]  **Yes** [ ]  **No**  |
| **Programs included within the survey(s):** [ ]  **ACC** [ ]  **ALTCS-DD** [ ]  **ALTCS-EPD** [ ]  **DCS CHP** [ ]  **SMI Designated**  **If conducting both child and adult surveys, please note any variation in the programs included:** **Populations included within the survey(s):** [ ]  **Medicaid** [ ]  **KidsCare (SCHIP)**  **If conducting both child and adult surveys, please note any variation in the populations included:**  |
| Survey conducted by certified NCQA Vendor | [ ]  **Yes** [ ]  **No Additional Notes:** **If yes, name of the vendor/entity conducting the survey:** |
| Results to be Submitted to NCQA | [ ]  **Yes** [ ]  **No Additional Notes:** |
| Results to be Submitted to AHRQ | [ ]  **Yes** [ ]  **No Additional Notes:** |
| Additional Comments: |  |

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