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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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