

The Home Health Care CAHPS® Survey

Part A

Collection of Information

Background, Justification, Burden Estimates, Attachments

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Supporting Statement Part A
The Home Health Care CAHPS® Survey (HHCAHPS)
(OMB 0938-1066)

Background

The Centers for Medicare & Medicaid Services (CMS) implements a survey that measures and publicly reports patients' experiences with home health care they receive from Medicare-certified home health agencies through the data collection effort described in this request: the Home Health Care Consumer Assessment of Healthcare Providers and Systems Home Health Care (HHCAHPS) Survey. The Agency for Healthcare Research and Quality (AHRQ) developed and tested the HHCAHPS Survey, and it is part of the family of CAHPS® surveys. It is a standardized survey for home health patients to assess their home health care providers and the quality of the home health care they receive. HHCAHPS is the only national survey about home health care patients' experiences with their care in Medicare-certified home health agencies.

The HHCAHPS survey has been implemented nationally since 2009. Currently, HHCAHPS results are publicly reported on the Care Compare website, <https://www.medicare.gov/care-compare> and on the Provider Data Catalog, <https://data.cms.gov/provider-data/>. The HHCAHPS Survey and its implementation protocols can be found in the HHCAHPS Protocols and Guidelines (Version 17.0, January 2025) located at <https://homehealthcahps.org/Survey-and-Protocols/Survey-Materials>.

Current OMB/PRA request: CMS received its most recent clearance for the HHCAHPS survey on July 11, 2023 (OMB Control Number: 0938-1066). This clearance expires on July 31, 2026. CMS requests a three-year clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to continue implementation of the HHCAHPS Survey. We have included a table documenting the updates to the current PRA package since the 2023 submission (*Attachment A*).

In 2022, CMS and its HHCAHPS Project Team conducted a Mode Experiment (CMS 10784, OMB Control No. 0938-1404) to test a web-based mode of data collection and a shorter version of the survey. Based on the results of the mode experiment, CMS proposes survey modifications to add a few new questions, remove questions not used in the public reporting of results, and make minor wording changes to improve usability. The revised survey reduces survey burden from 34 items to 25 items in this OMB/PRA update request compared to the previously approved survey. Changes are detailed in the survey item crosswalk document (*Attachment B*) and in section 14 below.

CMS will field the ongoing survey in the same manner as it has been doing since the last OMB approval July 11, 2023. The new and revised measures on the updated HHCAHPS Survey have undergone the Pre-rulemaking Measure Review process in the 2024 cycle. CMS is also proposing these survey changes to the HHCAHPS Survey in the CY 2026 Home Health Prospective Payment System (HH PPS) Changes and Rate Update; Home Health Quality Program-Related Requirements; and Other Requirements Proposed Rule (CMS-1828-P) that are in this paperwork reduction act (PRA) package beginning with patients receiving home health care in April 2026.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The HHCAHPS Survey is necessary because it fulfills the goal of transparency with the public about home health patient experiences. The home health patients report their experiences with their care in the HHCAHPS Survey. Medicare-certified home health agencies (HHAs) use the findings from the HHCAHPS Survey to improve their internal quality assurance in the care that they provide to home health patients. The HHCAHPS Survey is also used in two Medicare payment programs. Medicare-certified HHAs must contract with CMS-approved survey vendors that conduct the HHCAHPS on behalf of the HHAs to meet their requirements in the Home Health Quality Reporting Program and the publicly-reported HHCAHPS data findings are used in the CMS Home Health Value-Based Purchasing program along with home health claims data, and clinical quality data from the OASIS program.

2. Purpose and Use of Information

The national implementation of the HHCAHPS Survey is designed to collect ongoing data from samples of home health care patients who receive skilled services from Medicare-certified HHAs. The data collected from the national implementation of the HHCAHPS Survey are used for the following purposes:

- To produce comparable data on the patients' perspectives of the care they receive from home health agencies (HHCAHPS is the only patient survey that has national data that is reliable and valid for comparisons.) The patient survey results have been publicly reported since April 2012 and they are updated quarterly, and Star Ratings were added in January 2016.
- To create incentives for agencies to improve the quality of care they provide through public reporting of survey results. (HHAs can view their data in comparison to others in their zip code, state, and the nation).

- To enhance public accountability in health care by increasing the transparency of the quality of care provided in return for the public investment (people use Care Compare on www.medicare.gov to view, access, and/or download HHCAHPS data for comparing HHAs).
- HHCAHPS is used in the pay-for-reporting Home Health Quality Reporting Program (HH QRP) and nonparticipation results in a 2% reduction in the annual payment update (APU).
- HHCAHPS is used in the pay-for-performance program, Home Health Value-Based Purchasing, and the data account for 30% of the total performance scores.

3. Technological Collection Techniques_

The HHCAHPS Survey is approved for data collection using mail-only mode, telephone-only mode, or mail with telephone follow-up (also called mixed mode). The average age of the patient respondents over time is 79 years old. In HHCAHPS, about 79% of the HHAs choose to use mail-only mode with their respective survey vendors.

4. Efforts to Identify Duplication_

This information collection does not duplicate other efforts. The HHCAHPS Survey includes 17 core survey questions about the home health experience. The survey questionnaire is revised from the prior OMB submissions and reflects a shorter instrument. The survey is designed to gather only the data that CMS needs for assessing experiences with home health care. Some HHAs may choose to conduct their own patient experience of care surveys, but those surveys do not allow for comparisons across agencies. The HHCAHPS Survey provides the only comparative performance information across all HHAs for the public and helps consumers make more informed choices when selecting an HHA. It also creates incentives for HHAs to improve the care they provide.

We allow agencies to add their own questions to the HHCAHPS Survey, but they must administer the HHCAHPS core questions; and we caution against adding questions that are similar in content to the HHCAHPS Survey questionnaire. We also caution HHAs and their approved HHCAHPS Survey vendors that additional questions may adversely affect the HHCAHPS Survey response rates. Any additional questions added are not reported to CMS.

5. Impact on Small Businesses_

Survey respondents are patients who currently receive or who have received home health care from Medicare-certified HHAs. The HHCAHPS Survey does not impact small businesses or other small entities.

6. Consequences if Information is Collected Less Frequently_

The primary reason for continuous data collection is to get feedback while patients are receiving home health care or soon after receiving home health care. Continuous data collection gives HHAs the ability to address issues of concern as quickly as possible and allows for enough survey completes to have reliable scores. Additionally, measuring the patient perspectives over the whole year does not introduce potential bias by only collecting data in one period of time.

Continuous monthly collection of the survey data is also required so that HHAs can fulfill their requirements for the annual payment update. The reporting requirements for the Home Health Quality Reporting Program were set up to count the months of survey participation. If agencies do not participate fully in HHCAHPS, they receive a 2% reduction in their annual payment update. When CMS publicly reports data, it is for a 12-month period of time, but we note if less than 12 months of data are publicly reported. To reduce patient burden, survey vendors are only permitted to send the HHCAHPS Survey to the same home health patient once every six months.

7. Special Circumstances_

There are no special circumstances with the HHCAHPS Survey that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register Notice/Outside Consultations_

Federal Register

The Agency's 60-day Federal Register published as part of the proposed rule that published on July 2, 2025 (90 FR 29108).

Outside Consultations

No new outside consultations have occurred since the last OMB submission.

9. Payments/Gifts to Respondents_

This data collection does not include incentive payments or gifts to HHCAHPS Survey respondents.

10. Assurance of Confidentiality_

Individuals who are contacted as part of this data collection are assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular A-130.

11. Questions of a Sensitive Nature

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Estimates of Annualized Burden Hours and Costs_

Wage Estimates

Individuals. To derive the average costs for individuals, we used data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for our salary estimate (www.bls.gov/oes/current/oes_nat.htm). We believe that the burden will be addressed under All Occupations (occupation code 00-0000) at \$32.66/hr. since the group of individual respondents varies widely from working and nonworking individuals and by respondent age, location, years of employment, and educational attainment, etc.

Unlike our private sector adjustment to the respondent hourly wage (see below), we are not adjusting this figure for fringe benefits and overhead since the individuals' activities would occur outside the scope of their employment.

Private Sector. To derive the average costs for HHAs, we used data from the U.S. Bureau of Labor Statistics' May 2024 National Occupational Employment and Wage Estimates for all salary estimates (www.bls.gov/oes/current/oes_nat.htm). We believe that the burden will be addressed by a Medical Records Specialist (occupation code 29-2072) at \$26.91/hr. As indicated below we are adjusting our employee hourly wage estimate by a factor of 100 percent to \$53.82/hr.

The 100 percent adjustments are rough estimates, because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

HHCAHPS Survey. We estimate the proposed, shorter HHCAHPS survey will take a home health patient 0.15 hours (9 minutes) at \$32.66/hr. to complete the survey. Our estimate is based on the written length of the survey and CMS's experience with the revised survey during the mode experiment (CMS 10784, OMB Control No. 0938-1404).

The total number of patients sampled in the most recent period (April 2023 – March 2024), was approximately 4.3 million patients. Of the 4.3 million patients, a little over 1 million returned a completed HHCAHPS survey that was submitted to the HHCAHPS Warehouse. In that same period, these patients were served by about 8,200 HHAs. If we divide 1 million patients by 8,200 agencies, we have an average of 122 patients responding to the HHCAHPS survey by agency. In the paragraphs and tables that follow we use the precise numbers to be consistent with prior PRA submission packages for this project.

The survey instrument and procedures for completing the instrument are designed to minimize burden on all respondents. In aggregate, we estimate a burden of 153,884 hours (1,025,894 patients x 0.15 hr.) at a cost of \$5,025,851 (153,884 hr. x \$32.66/hr.) or \$4.90 per survey (\$5,025,851 /1,025,894 patients).

Patient Files. Section 484.250 requires that an HHA submit HHCAHPS data to CMS in order for CMS to administer the payment rate methodologies described in §§ 484.215, 484.230, and 484.235. The burden associated with this is the time and effort put forth by the HHA to submit an HHCAHPS patient file to their approved HHCAHPS survey vendor for sampling.

Section 484.255(i) requires the submission of quality measures as specified by the Secretary. As part of this requirement, each HHA sponsoring an HHCAHPS Survey must prepare and submit

to its survey vendor a file containing data on patients served the preceding month that will be used by the survey vendor to select the sample and field the survey. This file (essentially the sampling frame) for most HHAs can be generated from existing databases with minimal effort. For some small HHAs, preparation of a monthly sample frame may require more time. However, data elements needed on the sample frame will be kept at a minimum to reduce the burden on all HHAs. The burden associated with this requirement is the time and effort put forth by the HHA to prepare and submit the file containing patient data on patients.

No significant burden is anticipated for small agencies beyond providing their contracted survey vendor with a monthly file of patients served. We estimate that the preparation of the monthly file will take 24 hours at \$53.82/hr. for the HHA Medical Records Specialist to complete each file on an annual basis. Of the 8,221 HHAs conducting the HHCAHPS Survey, we estimate a burden of 197,304 hours (8,221 HHAs x 24 hrs.) at a cost of \$10,618,901 (197,304 hrs. x \$53.82/hr.).

HHCAHPS Participation Exemption Request Form. For small HHAs serving less than 60 eligible patients in an annual period, CMS requires the completion of an HHCAHPS Participation Exemption Request (PER) form accessible from <https://homehealthcahps.org> and submitted with an agency ID and password under the secure portal on the website. CMS estimates that it takes 20 minutes (0.33) at \$53.82/hr. for the HHA Medical Records Specialist to complete the HHCAHPS PER form.

HHAs with 59 or fewer patients complete the PER form to be exempt from HHCAHPS participation period so they will still get their full annual payment update. HHAs must fill out the PER form annually because patient counts fluctuate from year-to-year.

There had been a steady decline in the number of HHCAHPS PER forms filed from the CY 2012 APU through the CY 2022 APU. Since the CY 2023 APU, we have seen an upward trend in the number of PER forms submitted. For the CY 2025 annual payment update, there were 940 HHAs that filed a PER form because their patient counts were 59 or fewer in the period of April 1, 2022 through March 31, 2023.

For the Burden Summary table below, we use “940” as the number of HHAs filing a PER form given the trend in recent years. We estimated it takes about a half hour for the HHA to complete the online PER form with easy to use drop down features for each question.

Table 1: Burden Summary without the Costs of Contracting with a Survey Vendor

Requirements	Respondents	Total Responses/	Time/ Response	Total Time (Hours)	Labor Rate (\$/Hour)	Total Cost (\$)
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	(n)	Year (n)	(Hours)			
HHCAHPS Survey	1,025,894	1,025,894	0.15	153,884	\$ 32.66	\$ 5,025,851
Monthly Patient Files	8,221	98,652	2.0	197,304	\$ 53.82	\$ 10,618,901
HHCAHPS Participation Exemption Request Form	940	940	0.33	310	\$ 53.82	\$ 16,684
TOTAL	1,035, 055	1,125,486	24.48	351,498	Variable	\$ 15,661,436

13. Capital Costs

While HHCAHPS Survey respondents do not incur any capital costs, every HHA has an annual cost to secure the services of an approved HHCAHPS Survey vendor at an average cost of \$4,000 per year, increasing from \$3,200 since the last OMB approval period.

The number of participating HHAs changes from year to year which carries over to the number of completed surveys. In this iteration we are adjusting the number of HHAs based on April 2023 – March 2024 data (for the CY 2025 APU).

We also based the number of agencies on the period of April 2023-March 2024. We think that we will not have more agencies than this in the next couple of years because the number of Medicare-certified home health agencies fluctuates between about 11,000 and 12,000 each year, with the number of HHAs in December 2024 at 12,067 compared to 11,225 HHAs in December 2020. . The home health care industry is changeable and there are mergers as well as closures every year.

Table 2: Burden Summary for HHAs' Costs to Contract with Approved HHCAHPS Survey Vendors

	Number of HHAs (n)	Number of Responses (n)	Cost per Response (\$)	Total Cost (\$)
Currently Approved (2023)	8,819	8,819	\$ 3,200	\$ 28,220,800
Proposed (2026)	8,221	8,221	\$ 4,000	\$ 32,884,000
Change	- 598	-598	\$ 800	\$ 4,663,200

For this renewal, we are presenting data from the CY 2025 APU data submissions for the period of April 2023 – March 2024, which indicates we have a slightly smaller number of respondents to HHCAHPS than we had for the CY 2023 APU period. The numbers also reflect the shorter

administration time of the proposed survey as well as changes in wage rates and the estimated average cost for contracting with approved survey vendors.

Table 3: HHCAHPS Survey Annual Number of Respondents and Burden Hours

	Number of Respondents (n)	Number of Responses (n)	Hours per Response (Hours)	Total Burden (Hours)
Currently Approved (2023)	1,043,447	1,043,447	0.20	208,689
Proposed (2026)	1,025,894	1,025,894	0.15	153,884
Change	-17,553	-17,553	-.05	-54,805

The number of participating HHAs varies from year to year which carries over to the number of completed surveys. In this iteration we are adjusting the number of HHAs based on April 2023 – March 2024 data. For the CY 2025 APU Participation period, the average number of patients completing the survey by agency was 125 patients (1,025,894 total survey completes divided by 8,221 HHAs).

Typically, the monthly patient file is done electronically by the HHAs’ software vendors that run their patient lists for many purposes in the daily operational needs of their agencies.

Table 4: Monthly Patient Files

	Number of HHAs (n)	Number of Responses (n)	Hours per Response (Hours)	Total Burden (Hours)
Currently Approved (2023)	8,819	105,828	2	211,656
Proposed (2026)	8,221	98,652	2	197,304
Change	-598	-7,176	No change	-14,352

Table 5: HHCAHPS Participation Exemption Request Forms

	Number of HHAs (n)	Number of Responses (n)	Hours per Response (Hours)	Total Burden (Hours)
Currently Approved (2023)	700	700	0.33	231
Proposed (2026)	940	940	0.33	310
Change	240	240	No change	79

14. Estimates of Annualized Cost to the Government

The annual cost to the federal government for national implementation of HHCAHPS, including survey implementation; data analysis and reporting; vendor oversight and technical assistance is approximately \$1,650,000.

15. Program Changes or Adjustments to Annual Burden

While we are proposing changes to the HHCAHPS Survey instrument that will reduce burden, we are not proposing any changes to the HHCAHPS program itself.

Information Collection Instruments and Instruction/Guidance Documents

HHCAHPS Survey. We have included a crosswalk between the current HHCAHPS Survey instrument and the revised HHCAHPS Survey instrument in **Attachment B**. We have also attached copies of the revised HHCAHPS Survey instruments in each language (**Attachment C**) and other HHCAHPS Survey materials in **Attachments D.1 through D.4**. The revised HHCAHPS Survey is available in English, Spanish, Simplified Chinese, Traditional Chinese, Russian, Vietnamese, and Eastern Armenian. The questionnaire has been shortened from 34 questions to 25 questions. Changes include removal of some questions, minor edits to existing questions, and adding several new questions that reflect topics cited as important to patients in receiving high quality home health care. These changes reflect input from focus groups, cognitive interviews, and a mode experiment. In response to an OMB directive, we have also combined the question asking about ethnicity with the question asking about race (Question 22 in the attached survey).

CMS's contractor conducted detailed analyses from the Mode Experiment that tested a revised, shortened survey. Those analyses, along with feedback from interested parties, informed CMS's proposed survey revisions that are detailed in **Attachment B**. In summary, CMS proposes adding 3 new items of importance to patients and dropping 10 items that have not been used in the publicly reported data for HHCAHPS. The revised HHCAHPS Survey and proposed public reporting measures were reviewed as part of the 2025 Measures Under Consideration list through the Pre-Rulemaking Measure Review (PRMR) Post-Acute Care/Long-Term Care (PAC/LTC) Committee and received favorable recommendations.

CMS proposes to delete the following items:

- When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? (Q2)
- When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking? (Q5)

- In the last 2 months of care, was one of your home health providers from this agency a nurse? (Q6)
- In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist? (Q7)
- In the last 2 months of care, was one of your home health providers from this agency a home health or personal aide? (Q8)
- In the last 2 months of care, did you and a home health provider from this agency talk about pain? (Q10)
- In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines? (Q12)
- In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines? (Q13)
- When you contacted this agency’s office, how long did it take for you to get the help or advice you needed? (Q23)
- In the last 2 months of care, did you have any problems with the care you got through this agency? (Q24)

CMS proposes adding the following items:

- In the last 2 months of care, how often did you feel that home health staff from the agency cared about you as a person? (Q11)
- In the last 2 months of care, did home health staff from this agency provide your family or friends with information or instructions about your care as much as you wanted? (Q12)
- In the last 2 months of care, how often have the services you received from this agency helped you take care of your health? (Q13)

CMS proposes minor wording changes to additional items to improve usability as detailed in the survey crosswalk (**Attachment B**). The proposed revisions result overall in a 3-minute reduction in our estimated completion time per survey (reducing average completion time from 12 minutes to 9 minutes).

In **Attachment E** we have also included the chapter focused on sampling (Chapter 4) from the annually issued HHCAHPS Protocols and Guidelines Manual for 2025 (Version 17.0). The Protocols and Guidelines Manual is the official “how-to” guide for the HHCAHPS Survey

implementation provided to HHAs and their survey vendors to ensure that survey implementation is occurring consistently across the nation.

Monthly Patient Files: All HHAs must give their survey vendors a list of their patients who are eligible for the HHCAHPS Survey. Table 4.1 in Chapter 4 of the HHCAHPS Protocols and Guidelines Manual contains the list of variables requested of participating HHAs.

HHCAHPS Participation Exemption Request Form: Every year, HHAs are asked to count their patients in the year prior to the HHCAHPS data collection period, and to file an HHCAHPS PER form if they have too few patients (59 or fewer patients). Most agencies that are very small do complete the exemption form, and also, CMS does verify that these agencies do in fact have very small home health patient counts. The HHCAHPS PER form on the HHCAHPS website at this time is for the CY 2026 APU. On April 1, 2025, we will post the CY 2027 HHCAHPS PER Form and remove the CY 2026 PER form. We have attached the HHCAHPS PER Form (**Attachment F**), and this form has the same OMB number as the HHCAHPS survey questionnaire.

16. Tabulation and Publication of Results_

We implement the HHCAHPS Survey so that we can provide the public with information about HHAs from the views of home health patients. We have publicly reported HHCAHPS data since April 2012 on Home Health Compare, now Care Compare, on www.medicare.gov and the survey data is updated quarterly. Before we post new data, we provide HHA provider preview reports to all participating HHAs so that they will see their own survey data before it is publicly reported on www.medicare.gov. This provides HHAs the option to send comments to us if something looks incorrect in the data. On Care Compare, the HHCAHPS data are posted for the HHAs along with the corresponding State and National averages so viewers can assess how the HHAs' data compare with the State and National averaged HHCAHPS data. We began to post Star Ratings on www.medicare.gov for HHCAHPS in January 2016 and we update the Star Ratings on a quarterly basis.

17. Display of OMB Expiration Date_

The HHCAHPS Survey materials (questionnaire and mail survey cover letters) and the online HHCAHPS PER Form display the OMB Expiration Date and the PRA Disclosure Statement.

18. Exceptions to the Certification Statement_

None.

19. Attachments

- Attachment A: Table of Updates Since the 2023 PRA Submission
- Attachment B: Crosswalk—Comparison of Current and Proposed HHCAHPS Survey Instruments
- Attachment C: Proposed HHCAHPS Survey questionnaire in all languages (English, Spanish, Simplified Chinese, Traditional Chinese, Russian, Vietnamese, and Eastern Armenian)
- Attachment D.1: HHCAHPS English Lead Letter (Survey Cover Letter) – 1st mailing
- Attachment D.2: HHCAHPS English Lead Letter (Survey Cover Letter) – 2nd mailing
- Attachment D.3: HHCAHPS English Telephone/CATI Survey Instrument – Regular version
- Attachment D.4: HHCAHPS English Telephone/CATI Survey Instrument – Proxy version
- Attachment E: Chapter 4 of the HHCAHPS Protocols & Guidelines Manual
- Attachment F: HHCAHPS Participation Exemption Request Form (CY 2026 APU)