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State/Territory Name: IL

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

IL - Submission Package - IL2021MS0001O - (IL-21-0006) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services



Center for Medicaid & CHIP Services

June 24, 2022

Theresa Eagleson
Director
Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, IL 62763

Re: Approval of State Plan Amendment IL-21-0006

Dear Theresa Eagleson,

On September 09, 2021, the Centers for Medicare and Medicaid Services (CMS) received Illinois State Plan Amendment (SPA) IL-21-0006 to transition Illinois children enrolled through the separate CHIP program to Medicaid expansion coverage through the Optional Targeted Low Income Children eligibility group.

We approve Illinois State Plan Amendment (SPA) IL-21-0006 with an effective date(s) of July 01, 2022.

If you have any questions regarding this amendment, please contact Courtenay Savage at courtenay.savage@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006

CMS-10434 OMB 0938-1188

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|--------------------------|---------------|--------------------------------|------------|
| Package ID | IL2021MS0001O | SPA ID | IL-21-0006 |
| Submission Type | Official | Initial Submission Date | 9/9/2021 |
| Approval Date | 6/24/2022 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Illinois

Medicaid Agency Name: Department of Healthcare and Family Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006

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Package ID IL2021MS0001O
Submission Type Official
Approval Date 6/24/2022
Superseded SPA ID N/A

SPA ID IL-21-0006
Initial Submission Date 9/9/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID IL-21-0006

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 7/1/2022 | New |
| Mandatory Eligibility Groups | 7/1/2022 | New |
| Optional Eligibility Groups | 7/1/2022 | New |
| Optional Targeted Low Income Children | 7/1/2022 | IL-14-0003-MM1 |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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| Approval Date | 6/24/2022 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives The transition Illinois children enrolled through CHIP to Medicaid expansion coverage through the Optional Targeted Low Income Children eligibility group (42 CFR 435.229). This SPA implements Illinois Public Act 102-0043 (SB2294) which was signed into law by the Governor on July 6, 2021.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2021 | \$0 |
| Second | 2022 | \$0 |

Federal Statute / Regulation Citation

Illinois Public Act 102-0043 (SB2294); <https://ilga.gov/legislation/publicacts/102/PDF/102-0043.pdf>

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created |
|--------------------|--------------|
| No items available | |

Submission - Summary

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe This SPA implements Illinois Public Act 102-0043 (SB2294) which was signed into law by the Governor on July 6, 2021.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

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CMS-10434 OMB 0938-1188

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| Superseded SPA ID | New | | |
| | User-Entered | | |

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

● 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

● 2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

● 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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| | User-Entered | | |

Mandatory Coverage










A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

| Eligibility Group Name | Covered In State Plan | Include RU In Package | Included in Another Submission Package | Source Type |
|--|-------------------------------------|--------------------------|--|-------------|
| Infants and Children under Age 19 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Parents and Other Caretaker Relatives | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Deemed Newborns | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Transitional Medical Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | Covered In State Plan | Include RU In Package | Included in Another Submission Package | Source Type |
|--|-------------------------------------|--------------------------|--|-------------|
| Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name |  | Covered In State Plan | Include RU In Package  | Included in Another Submission Package | Source Type  |
|---|---|-------------------------------------|---|--|---|
| Individuals Deemed To Be Receiving SSI |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Disabled and Working Individuals |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Specified Low Income Medicare Beneficiaries |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualifying Individuals |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006




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| Superseded SPA ID | New User-Entered | | |

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

| Eligibility Group Name | Covered In State Plan | Include RU In Package  | Included in Another Submission Package | Source Type  |
|---|-------------------------------------|---|--|---|
| Adult Group  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Eligibility

Optional Eligibility Groups

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| Superseded SPA ID | New | | |
| | User-Entered | | |

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

| Eligibility Group Name | Covered In State Plan | Include RU In Package | Included in Another Submission Package | Source Type |
|---|-------------------------------------|-------------------------------------|--|-------------|
| Optional Coverage of Parents and Other Caretaker Relatives | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Reasonable Classifications of Individuals under Age 21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Children with Non-IV-E Adoption Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Independent Foster Care Adolescents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Optional Targeted Low Income Children | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Individuals above 133% FPL under Age 65 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Family Planning Services | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="radio"/> | NEW |
| Individuals with Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Electing COBRA Continuation Coverage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|-------------------|-------------------------------------|---|--|-------------------------------|
| Individuals Eligible for but Not Receiving Cash Assistance | ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Cash Except for Institutionalization | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules | ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Optional State Supplement Beneficiaries | ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals in Institutions Eligible under a Special Income Level | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| PACE Participants | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Hospice | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children under Age 19 with a Disability | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Age and Disability-Related Poverty Level | ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Basic | ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Family Opportunity Act Children with a Disability | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers | ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006

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| Superseded SPA ID | New User-Entered | | |

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No


The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults



| Eligibility Group Name | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Pregnant Women  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Children under Age 18  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled


| Eligibility Group Name | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|-------------------------------------|--------------------------|--|---------------|
| Protected Medically Needy Individuals Who Were Eligible in 1973  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

2. Optional Medically Needy:

Families and Adults

| Eligibility Group Name | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Reasonable Classifications of Individuals under Age 21  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Medically Needy Parents and Other Caretaker Relatives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|-------------------------------------|--------------------------|--|---------------|
| Medically Needy Populations Based on Age, Blindness or Disability  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006

Uninsured children who meet the definition of optional targeted low income children at 42 C.F.R. §435.4, who have household income at or below a standard established by the state.

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| | User-Entered | | |

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

- Yes
- No

The age of children covered under this eligibility group is:

- a. Under age 19
- b. Under age 18
- c. Under other age

D. Income Standard Used

The income standard for this eligibility group is:

FPL 313.00%

Optional Targeted Low Income Children

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E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ix. 200% FPL
- x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

FPL 313.00%

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | IL2021MS0001O | IL-21-0006

Package Header

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|--------------------------|----------------|--------------------------------|------------|
| Package ID | IL2021MS0001O | SPA ID | IL-21-0006 |
| Submission Type | Official | Initial Submission Date | 9/9/2021 |
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| | User-Entered | | |

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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