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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 22-0018

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

ND - Submission Package - ND2022MS00020 - (ND-22-0018) - Administration

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 16, 2024

Sarah Aker
Director
North Dakota Department of Health and Human Services
Dept 325
600 E Boulevard Ave
Bismarck, ND 58505

Re: Approval of State Plan Amendment ND-22-0018

Dear Sarah Aker,

On September 16, 2022, the Centers for Medicare and Medicaid Services (CMS) received North Dakota State Plan Amendment (SPA) ND-22-0018 to amend the State Plan to identify the single state agency as the North Dakota Department of Health and Human Services.

We approve North Dakota State Plan Amendment (SPA) ND-22-0018 with an effective date(s) of September 01, 2022.

If you have any questions regarding this amendment, please contact Tyson Christensen at tyson.christensen@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 | Administration | ND2022MS0002O | ND-22-0018

CMS-10434 OMB 0938-1188

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | ND2022MS0002O | SPA ID | ND-22-0018 |
| Submission Type | Official | Initial Submission Date | 9/16/2022 |
| Approval Date | 02/16/2024 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: North Dakota

Medicaid Agency Name: North Dakota Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2022MS00020 | ND-22-0018

Package Header

Package ID ND2022MS00020
Submission Type Official
Approval Date 02/16/2024
Superseded SPA ID N/A

SPA ID ND-22-0018
Initial Submission Date 9/16/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID ND-22-0018

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| Designation and Authority | 9/1/2022 | 15-0010 |
| Intergovernmental Cooperation Act Waivers | 9/1/2022 | 15-0010 |
| Eligibility Determinations and Fair Hearings | 9/1/2022 | 15-0010 |
| Organization and Administration | 9/1/2022 | 15-0010 |
| Single State Agency Assurances | 9/1/2022 | 15-0010 |

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives Amends the State Plan to identify the single state agency as the North Dakota Department of Health and Human Services effective September 1, 2022.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2022 | \$0 |
| Second | 2023 | \$0 |

Federal Statute / Regulation Citation

42 CFR 430.10

Supporting documentation of budget impact is uploaded (optional).

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

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | ND2022MS00020 | ND-22-0018

Package Header

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Governor's Office Review

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

Describe Authority to prepare and submit Medicaid State Plans is provided to the Medicaid single state agency

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 Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | ND2022MS0002O | ND-22-0018

CMS-10434 OMB 0938-1188

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| | System-Derived | | |

A. Single State Agency

- State Name: North Dakota
2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).
- Name of single state agency:
North Dakota Department of Health and Human Services
- This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

- The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

| Name | Date Created | |
|---------------------------------------|-----------------------|---|
| AG Certification 2022 | 12/2/2022 3:51 PM EST |  |

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
 - a. The single state agency supervises the administration through counties or local government entities.
 - b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
 - c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

Designation and Authority

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D. Additional information (optional)

References to the former agency, North Dakota Department of Human Services, within the State Plan will refer to North Dakota Department of Health and Human Services as of the effective date of this SPA.

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Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News **Related Actions**

Medicaid State Plan Administration

Organization

Intergovernmental Cooperation Act Waivers

MEDICAID | Medicaid State Plan | Administration | ND2022MS0002O | ND-22-0018

CMS-10434 OMB 0938-1188

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A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver Office of Administrative Hearings

1. Name of state agency to which responsibility is delegated:

Office of Administrative Hearings

2. Date waiver granted:

12/27/2013

3. The type of responsibility delegated is (check all that apply):

- a. Conducting fair hearings
- b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

The North Dakota Legislature created an independent office of administrative hearings (OAH) to conduct hearings for various state agencies. OAH conducts all Medicaid fair hearings. The administrative law judge (ALJ) within OAH, their support staff and all of its resources are utilized for this purpose. When the Department of Human Services (Department) receives a request for a Medicaid fair hearing from an individual, it makes a written request to OAH for the assignment of an ALJ to conduct the hearing and issue recommended conclusions of law and a recommended order. After the hearing, the recommendations are mailed to both the applicant and the Department. The Department may adopt, modify or reject the ALJ's recommended conclusions of law when it issues its final decision. If the Department makes changes in the recommended decision, it must explain its rationale for changes in its final decision. The applicant may then file a request for a rehearing with OAH (to offer additional evidence) or for reconsideration with the Department (alleging legal errors). This is the last level of the Department's review. If such a request is not filed, or after Department rules in such a request, applicant may appeal to the District Court. Either party may appeal the decision of the District Court to the North Dakota Supreme Court. The Department retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OAH. DHS will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OAH and how to obtain information about fair hearings from that agency. The Department will ensure that OAH complies with all federal and state laws, regulations and policies. This process is the same for all Medicaid fair hearings. There is no written agreement between the Department and the OAH.

5. Methods for coordinating responsibilities between the agencies include:

- a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- i. A written agreement between the agencies.
- ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

N.D.C.C. Chapter 54-57
N.D.C.C. Chapter 28-32

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

Yes

No

The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

The methods of coordinating responsibilities between the Medicaid Agency and OAH for conducting fair hearings are codified in state statutes and administrative regulations. See N.D.C.C. Chapter 54-57 (Office of Administrative Hearings) and Chapter 28-32 (Administrative Agencies Practice Act). See also, N.D. Administrative Code Title 75-01-03 (Department of Human Services/Appeals and Hearings) and Title 98 (Office of Administrative Hearings).

8. Date waiver terminated:

Aug 31, 2022

Intergovernmental Cooperation Act Waivers

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B. Additional information (optional)

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Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | ND2022MS0002O | ND-22-0018

CMS-10434 OMB 0938-1188

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- a. The Medicaid agency
- b. Delegated governmental agency
- c. Local governmental entities

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

- a. The Medicaid agency
- b. Delegated governmental agency
- c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | ND2022MS00020 | ND-22-0018

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B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- c. Local governmental entities
- d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- Yes
- No

D. 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 Administration

Organization

Organization and Administration

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- a. A stand-alone agency, separate from every other state agency
- b. Also the Title IV-A (TANF) agency
- c. Also the state health department
- d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Eligibility determinations are completed by the county social service offices, and some eligibility determinations (both Medicaid and CHIP) are completed within the Department. The Department completes eligibility determination for cases that apply for long term care coverage and for foster care subadoption cases. The Medicaid Eligibility unit within the Medical Services Division retains responsibility for establishing policy, training eligibility workers, and providing technical assistance and oversight.

Counties make eligibility determinations for all Medicaid populations except for cases that apply for long term care coverage and foster care subadoption cases. Eligibility determination responsibilities of the county social service offices are outlined in North Dakota Century Code 50-01.2-03.2 and 50-01.2-00.1. There are several areas of the state where the county social service boards combined for efficiencies. When there is a consolidation, the county social service boards in the individual counties no longer exist, and rather one county social service board was created to oversee the county social service operations of the multi-county area. The Medicaid eligibility area (county eligibility workers) are part of the operations under the authority of the county social service board.

b. Fair Hearings (including expedited fair hearings)

The Office of Administrative Hearings (OAH) conducts all Medicaid fair hearings. The administrative law judge (ALJ) within OAH, their support staff and all of its resources are utilized for this purpose. When the Department of Health and Human Services (Department) receives a valid request for a Medicaid fair hearing, it makes a written request to OAH for the assignment of an ALJ to conduct the hearing and issue recommended conclusions of law and a recommended order. Medicaid fair hearings may be held at the county office (the location), but the hearing is conducted by the Office of Administrative Hearings. After the hearing, the recommendations are mailed to both the appellant and the Department. The Department may adopt, modify or reject the ALJ's recommended conclusions of law when it issues its final decision. If the Department makes changes in the recommended decision, it must explain its rationale for changes in its final decision. The appellant may file a petition for reconsideration based on new evidence or alleged legal errors. The request for reconsideration must state if a rehearing before the ALJ is being requested. This is the last level of the Department's review. If such a request is not filed, or after Department rules in such a request, appellant may appeal to the District Court. Either party may appeal the decision of the District Court to the North Dakota Supreme Court. The Department retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the recommended decisions made by OAH. The Department does not delegate ability to issue final decisions or waive its single state agency authority in administration of fair hearings. The Department will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OAH and how to obtain information about fair hearings from that agency. The Department will ensure that OAH complies with all federal and state laws, regulations and policies. This process is the same for all Medicaid fair hearings. There is no written agreement between the Department and the OAH. State statute and regulatory provisions govern the process.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Medical Services Division administers traditional fee-for-service covered benefits and services, program compliance, CHIP State Plan oversight, 1915(i) State Plan Amendment, and 1915(c) children's waivers. The Division provides oversight of managed care entities and covered services within managed care.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Within the Department of Health and Human Services, the Medical Services Division provides oversight and management of the Medicaid State Plan, waivers, and demonstrations. The Children and Family Services Section oversees the Child Welfare programs and collaborates with the Division on medical services for foster care children, such as rehabilitation, targeted case management and psychiatric residential treatment facility services. The Behavioral Health Division provides the policy

leadership and is the licensing authority for mental health and substance abuse programs. The Developmental Disabilities Section oversees the Intermediate Care Facility services and the 1915(c) waiver for individuals with a Developmental Disability. The Vocational Rehabilitation Section provides training and employment services to individuals with disabilities so they can become and remain employed. The Aging Services Section administers programs and services that help older adults and people with physical disabilities to live safely and productively in the least restrictive, appropriate setting and the Home and Community-Based Services 1915(c) waiver.

e. Administration, including budget, legal counsel

Financial support is provided by the Finance Division, including assisting the Division in developing and monitoring the budget and expenditures and filing the required Medicaid and CHIP financial reports. Legal advisory support is provided by the Legal Division including oversight of the appeals process, trust review, and legal guidance on program issues. The Human Resources Division provides Human Resources support for all Department staff and locations.

f. Financial management, including processing of provider claims and other health care financing

Medical Services Division staff process provider claims for services provided to beneficiaries. The Medical Services Division publishes provider manuals and billing guidance, provides training to providers .

g. Systems administration, including MMIS, eligibility systems

The North Dakota Information Technology Agency provides centralized information technology support. The Department has an integrated eligibility system and stand alone MMIS. The Claims Operations Unit within the Medical Services Division provides oversight of ongoing operations for MMIS. The MMIS Modernization Unit provides oversight on future system upgrades.

h. Other functions, e.g., TPL, utilization management (optional)

3. An organizational chart of the Medicaid agency has been uploaded:

| Name | Date Created | |
|---|-----------------------|---|
| DHHS Nov 2022 | 12/5/2022 9:19 AM EST |  |
| Medical Services Org Chart Feb 2023 | 3/5/2023 11:03 AM EST |  |
| Medical Services Org Chart Feb 2023 | 2/1/2024 7:42 AM EST |  |

Organization and Administration

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D. Supervision of the Administration of the State Plan through Local Government Entities

1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:

- a. Counties
- b. Parishes
- c. Other

a. Counties

2. Are all of the local government entities selected used to administer the state plan?

- Yes
- No

3. The number used to administer the state plan is:

47

4. The functions staff perform in carrying out the entity's responsibilities are described below:

- a. Eligibility Determinations
- b. Fair Hearings
- c. Other

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | ND2022MS00020 | ND-22-0018

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| Submission Type | Official | Initial Submission Date | 9/16/2022 |
| Approval Date | 02/16/2024 | Effective Date | 9/1/2022 |
| Superseded SPA ID | 15-0010 | | |
| | System-Derived | | |

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

- Yes
- No

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | ND2022MS00020 | ND-22-0018

Package Header

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|--------------------------|----------------|--------------------------------|------------|
| Package ID | ND2022MS00020 | SPA ID | ND-22-0018 |
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| Approval Date | 02/16/2024 | Effective Date | 9/1/2022 |
| Superseded SPA ID | 15-0010 | | |
| | System-Derived | | |

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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ND - Submission Package - ND2022MS0002O - (ND-22-0018) - Administration

- Summary
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Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | ND2022MS0002O | ND-22-0018

CMS-10434 OMB 0938-1188

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| Package ID | ND2022MS0002O | SPA ID | ND-22-0018 |
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| | System-Derived | | |

A. Assurances

- 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- 2. All requirements of 42 CFR 431.10 are met.
- 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.
- 7. The plan is locally administered and state supervised. The requirements of 42 CFR 432.10 are met with respect to local agency administration.

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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