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## Table of Contents

**State/Territory Name: Kansas**

**State Plan Amendment (SPA) #: KS-14-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for Kansas consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/chip/state-program-information/chip-state-program-information.html>



**Children and Adults Health Programs Group**

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**APR 03 2015**

Susan Mosier, MD  
State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson Street, Suite 900-N  
Topeka, KS 66612-1220

Dear Dr. Mosier:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number KS-14-0013, submitted on March 27, 2014. This SPA is related to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number KS-14-0013 describes the state's non-financial eligibility policies on residency, citizenship, social security numbers, substitution of coverage, non-payment of premiums, continuous eligibility and presumptive eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Kansas' current state plan as detailed below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Sections 4.1.5 and 4.3 on citizenship
CS19: Non-Financial Eligibility – Social Security Number	Section 4.1.9
CS20: Non-Financial Eligibility – Substitution of Coverage	Section 4.4.4
CS21: Non-Financial Eligibility – Non-Payment of Premiums	Section 8.7
CS27: General Eligibility – Continuous Eligibility	Section 4.1.8
CS28: General Eligibility - Presumptive Eligibility for Children	Section 4.3 on presumptive eligibility

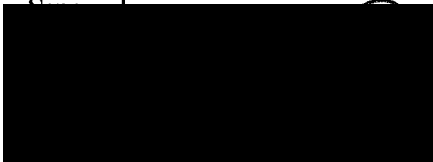
Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3246  
Facsimile: (410) 786-5882  
E-mail: [Martin.Burian@cms.hhs.gov](mailto:Martin.Burian@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. James G. Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Richard Bolling Federal Building  
601 East 12<sup>th</sup> St, Room 355  
Kansas City, MO 64103-2808

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719. We look forward to continuing to work with you and your staff.

Signature  
  
Director

Enclosures

cc:

James G. Scott, Associate Regional Administrator, CMS Region VII

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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**APR 03 2015**

Susan Mosier, MD  
State Medicaid Director  
Kansas Department of Health and Environment  
Division of Health Care Finance  
Landon State Office Building  
900 SW Jackson Street, Suite 900-N  
Topeka, KS 66612-1220

Dear Dr. Mosier:

The Centers for Medicare & Medicaid Services (CMS) has recently completed the review and approval of Kansas CHIP state plan amendment (SPA) KS-14-0013 related to non-financial eligibility matters, including the state's substitution strategy. In the course of our review of SPA KS-14-0013, however, we determined that state systems are not yet in full compliance with the federal CHIP rules regarding coordination of coverage for children subject to a waiting period. This letter documents the agreed upon mitigation strategies associated with the state coming into full compliance with our regulations regarding this area.

Consistent with final rulemaking published in the Federal Register on July 15, 2013, states are required to implement processes to coordinate coverage of children subject to a waiting period with other insurance affordability programs. The processes must ensure a smooth transition for children from coverage through the Marketplace or other insurance affordability program to CHIP, and enrollment of otherwise CHIP-eligible children at the end of a waiting period as specified at 42 CFR 457.340. In addition, states must promptly transfer each individual's electronic account to the applicable insurance affordability program and notify such program of the date on which the waiting period ends for each individual. Kansas informed us during the SPA review process that current system functionality is incapable of transferring electronic accounts to the Marketplace. The state is working closely with CMS to implement a system change to correct this lack of functionality.

In the interim, the state has been approved to implement a mitigation strategy to inform families regarding possible eligibility under all other insurance affordability program coverage options during a waiting period. A phone contact will be made for children subject to a waiting period due to previous enrollment in other health insurance. If phone contact is not successful, Kansas will send a letter to the impacted families. If the member is interested in coverage during the waiting period, the state will initiate a direct contact with a Navigator. The Navigator will work directly with the Marketplace to discuss coverage options during the waiting period, including the application of special enrollment periods offered to the child. The Navigator will also assist with the enrollment process after the waiting period is over, and help facilitate coverage for a

child that is subsequently eligible for CHIP without requiring a new application or information already provided by the family.

We are available to provide technical assistance during this time. If you have any questions or wish to discuss this issue further, your staff may contact Martin Burian at (410) 786-3246. He will provide or arrange for any technical assistance that you may require. Thank you for your cooperation.

Sincerely,



Kelly Whitener  
Director  
Division of State Coverage Programs

cc:

James G. Scott, Associate Regional Administrator, CMS Region VII

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

## Children's Health Insurance Program Eligibility

KS.0841.R00.00 - Jan 01, 2014

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## Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Kansas

### Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

KS-14-0013

### Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

### Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

### Federal Statute/Regulation Citation

42 CFR 457.320; 42 CFR 457.320(b)(6), (c) and (d); 42 CFR 457.340(b); 42 CFR 457.340(d)

### Federal Budget Impact

 This SPA has a budget impact.

Total budget impact:

State Funds:

\$

Federal Funds:

\$

### Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 59 out of 2000

KS CHIP MAGI Non-Financial Eligibility State Plan Amendment

### Signature of State Agency Official

Submitted By: KIM Tjelmeland

Last Revision Date: Apr 1, 2015

Submit Date: Mar 27, 2014

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Residency

CS17

42 CFR 457.320

### Residency

- The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or
  2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  1. Residing in the state, with or without a fixed address, or
  2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):





# CHIP Eligibility

One or more interstate agreement(s).  No

A policy related to individuals in the state only for educational purposes.  Yes

Provide a description of the policy:

Not considered KS residents.

### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20130917



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship

CS18

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)

### Citizenship

The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens,  including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.

The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:

Who are citizens or nationals of the United States; or

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

The date benefits are furnished is:

The date of application containing the declaration of citizenship or immigration status.

The date the reasonable opportunity notice is sent.

Other date, as described:

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

**APR 03 2015**



# CHIP Eligibility

## PRA Disclosure Statement

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Social Security Number

CS19

42 CFR 457.340(b)

### Social Security Number

As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.

- The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:

Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or

Individuals who are not eligible for an SSN, or

Individuals who are issued an SSN only for a valid non-work purpose.

- The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.

- The CHIP Agency informs individuals required to provide their SSN:

By what statutory authority the number is solicited; and

How the state will use the SSN.

- The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.

The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.

The state requests non-applicant household members to voluntarily provide their SSN.

Yes

- When requesting an SSN for non-applicant household members, the state assures that:
  - At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and
  - The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

### PRA Disclosure Statement



# CHIP Eligibility

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V.20130917



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: KS - 14 - 0013

Expiration date: 10/31/2014

**Separate Child Health Insurance Program** **CS20**  
**Non-Financial Eligibility - Substitution of Coverage**

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

### Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

	Name of policy	Description	
<b>+</b>			<b>X</b>

A waiting period during which an individual is ineligible due to having dropped group health coverage.

How long is the waiting period?

- One month
- Two months
- 90 days
- Other

The state allows exemptions from the waiting period for the following reasons:

- The premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income.
- The child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a QHP through the Marketplace because the ESI in which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v).
- The cost of family coverage that includes the child exceeded 9.5 percent of the household income.
- The employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan.
- A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA).
- The child has special health care needs.
- The child lost coverage due to the death or divorce of a parent.

Does the state allow other exemptions in addition to those listed above?



# CHIP Eligibility

	Describe	
+	Lifetime maximum reached	X

- Describe the processes the state employs to facilitate enrollment of CHIP-eligible children who have satisfied the waiting period.

Applications for children eligible for CHIP except for their previous enrollment in other health insurance are held until the expiration of the waiting period. Children are not denied eligibility, or required to reapply for CHIP, at the end of the waiting period. Once the waiting period has been satisfied, the agency prospectively conducts an eligibility determination for the child using information provided by the family on the application. Should additional information be needed, the state accepts self-attestation or checks electronic data sources to verify information. If the child is determined eligible for CHIP after satisfying the waiting period, the agency notifies the family and initiates the enrollment process. No additional action is required by the family.

- Describe the processes the state employs to coordinate coverage of children subject to a waiting period with other insurance affordability programs, including safeguards to prevent gaps in coverage for children transitioning from another insurance affordability program to CHIP after satisfying the waiting period.

The agency has an integrated eligibility system for Medicaid and CHIP and interoperable with the Exchange. A child is screened for Medicaid and then CHIP, and enrolled in the appropriate program based on the eligibility determination. If a child is eligible for CHIP except for their previous enrollment in other health insurance and subject to a waiting period, the state transfers the account to the applicable (e.g., Exchange) insurance affordability program, and notifies the program of the date on which the waiting period ends.

The state provides assurance that:

- It does not require a new application or the submission of information already provided by the family immediately preceding the waiting period for the purpose of enrolling CHIP-eligible children who have satisfied a waiting period.
- For children subject to the waiting period, it will promptly transfer each individual's electronic account to the applicable insurance affordability program and notify such program of the date on which the waiting period ends for each individual.

- If the state covers pregnant women, the waiting period does not apply to pregnant women.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- The waiting period does not apply to children eligible for dental only supplemental coverage.

## PRA Disclosure Statement

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V.20140415



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums CS21

42 CFR 457.570

### Non-Payment of Premiums

Does the state impose premiums or enrollment fees?

Yes

Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?

Yes

Does the state have a premium lock out period?

Yes

Please describe the lock-out period:

Families who fail to pay premiums for two consecutive months are considered delinquent and shall be ineligible for CHIP coverage through the end of the lock out period.

What is the length of the time premium lock-out period?

Select a length of time:

- One month
- Two months
- 90 days
- Other (not to exceed 90 days)

Are there exceptions to the required lock-out period?

Yes

- Individual's income decreased to a level where no premium is required or within Medicaid standards
- Other financial hardship
- Other

	Describe	
+	Family income decreased to within Medicaid standards.	X

The state assures that:

It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment once the lock-out period has expired; and

It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordance with section 457.1130(a)(3); and

The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment fees.





# CHIP Eligibility

## PRA Disclosure Statement

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V.20130917



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.  Yes

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the  months continuous eligibility period.

Exceptions to the continuous eligibility period:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

Other

### PRA Disclosure Statement

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V.20130917



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Separate Child Health Insurance Program** **CS28**  
**General Eligibility - Presumptive Eligibility for Children**

42 CFR 457.355 and 435.1102, 2107(e)(1)(L) and 1920A of the SSA

The CHIP Agency covers children when determined presumptively eligible by a qualified entity.  Yes

- Describe the population of children to whom presumptive eligibility applies:

Children between the ages of 0 and 18 (through the month of the 19th birthday)

- Describe the duration of the presumptive eligibility period and any limitations:

Duration policies are consistent with those used in the Medicaid program:  
The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

\*The date the eligibility determination for regular coverage is made, if an application is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

\*The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date

No more than one period of presumptive eligibility is given within one twelve-month period, starting with the effective date of the initial presumptive eligibility period.

- Describe the application process and eligibility determination factors used:

The determination is integrated with the Medicaid Presumptive Eligibility process. A written application is not required for presumptive eligibility. A separate application is used. Self-declaration of the following are accepted:

The child's age.

Household income must not exceed the highest applicable CHIP income standard

State Residency

Citizenship

- The CHIP Agency uses qualified entities, as defined in section 1920A, to determine eligibility presumptively for children.

**Separate Child Health Insurance Program** **CS30**  
**General Eligibility - List of Qualified Entities**

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select the types of entities used to determine presumptive eligibility:

- Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan



# CHIP Eligibility

<p><input type="checkbox"/> Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)</p> <p><input type="checkbox"/> Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)</p> <p><input type="checkbox"/> Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs</p> <p><input type="checkbox"/> Is a state or Tribal child support enforcement agency under title IV-D of the Act</p> <p><input type="checkbox"/> Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act</p> <p><input type="checkbox"/> Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act</p> <p><input type="checkbox"/> Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 <i>et seq.</i>)</p> <p><input type="checkbox"/> Any other entity the state so deems, as approved by the Secretary</p> <p><input checked="" type="checkbox"/> The CHIP Agency assures that it has communicated the requirements for qualified entities. at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"><b>An attachment is submitted.</b></div>	
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### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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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