
Table of Contents

State/Territory Name: South Dakota

State Plan Amendment (SPA) #: SD-13-0019

(In addition to the SPA noted above, this package contains other state plan amendment approvals)

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 South Dakota 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/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html

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

NOV 1 8 2013

Ms. Nicki Bartel RN, RHIT Nurse Consultant South Dakota Department of Social Services Division of Medical Services 700 Governors Drive Pierre, SD 57501-2291

Dear Ms. Bartel:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPA) SD-13-0016, SD-13-0017 and SD-13-0019 submitted on September 20, 2013 and related to Modified Adjusted Gross Income (MAGI) Eligiblity have been approved with an effective date of January 1, 2014.

MAGI Eligiblity & Methods:

SPA number SD-13-0016, provides assurance on page CS15 that the state will apply methodologies based on MAGI for all separate CHIP covered groups; and using the approved MAGI conversion plan income thresholds, the state indicates on page CS7 that it will cover targeted low-income children. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Age and Income Sections 4.1.2 and 4.1.3 of the current CHIP state plan.

Establish 2101(f) Group:

SPA number SD-13-0017 describes the state's plan to provide coverage in its separate CHIP, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved state plan page (CS14) is attached, and should be incorporated within a separate subsection under Section 4.1 of South Dakota's approved CHIP state plan.

Non-Financial Eligibility:

SPA number SD-13-0019 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security numbers; and substitution of coverage. Copies of the approved state plan pages are attached and these approved pages supersede sections of South Dakota's current state plan as listed below:

Page 2 – Ms. Nicki Bartel

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0
CS19: Non-Financial Eligibility – Social Security Number	Section 4.1.9.1
CS20: Non-Financial Eligibility – Substitution of	Section 4.4.4
Coverage	

Your Title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 7.86-3413

Facsimile: (410) 786-5882 E-mail: Joyce.Jordan@cms.hhs.gov

Please copy Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office on all communications. Mr. Allen's address is:

Centers for Medicare & Medicaid Services Denver Regional Office Colorado State Bank Building 1600 Broadway, Suite# 700 Denver, CO 80202-4967

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

Eliot Fishman Director

Enclosure

cc: Richard Allen, ARA, CMS Region VIII, Denver

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help SD.0337.R00.00 - Jan 01, 2014 Logout Control Panel Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: South Dakota **Transmittal Number: Tribal Input** 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 Summary digit number with leading zeros. The dashes must also be entered. SD-13-0019 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; Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (**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:319 This SPA contains South Dakota's assurances and policy decisions in regard to residency, citizenship, social security numbers, substitution of coverage, premium lock-outs, continuous eligibility, presumptive eligibility- children, and presumptive eligibility- pregnant women for the Children's Health Insurance **Signature of State Agency Official** Submitted By: Ann Schwartz Oct 23, 2013 Last Revision Date: Submit Date: Sep 20, 2013



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



Expiration date: 10/31/20	
eparate Child Health Insurance Program Cligibility - Targeted Low-Income Children	
102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320	23238
102(0)(1)(B)(V) 01 tile 5571 and 42 et 10 457.515, 515 and 526	
Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state.	
✓ The CHIP Agency operates this covered group in accordance with the following provisions:	
ge	
Must be under age 19.	
ncome Standards	
Income standards are applied statewide. Yes	
Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income	
standard or a county income standard?	
Statewide Income Standards	
Begin with lowest age range first.	
Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-	
level children for the same age group or groups entered here.	
From Age To Age Above (% FPL) Up to & including (% FPL)	
+ 0 19 182 204 X	
Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each	
income standard that has overlapping ages and the reason for having different income standards.	
Special Program for Children with Disabilities	
Does the state have a special program for children with disabilities? No	
2000 and commo man a openiar program for common man accommon	
PRA Disclosure Statement	

Approval Dat NOV 1 8 2013



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.20130709

NOV 1 8 2013



CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

	parate Child Health Insurance Program AGI-Based Income Methodologies CS15
210	02(b)(1)(B)(v) of the SSA and 42 CFR 457.315
√	The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).
	In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.
	If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
	In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
	C The pregnant woman is counted just as herself.
	C The pregnant woman is counted just as herself, plus one.
	The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
	Financial eligibility is determined consistent with the following provisions:
	When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
	When determining eligibility for current beneficiaries, financial eligibility is based on:
	© Current monthly household income and family size.
	C Projected annual household income for the remaining months of the current calendar year and family size.
	In determining current monthly or projected annual household income, the state will use reasonable methods to:
	☑ Include a prorated portion of the reasonably predictable increase in future income and/or family size.
	Account for a reasonably predictable decrease in future income and/or family size.
	Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
	Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.
	The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.
	An attachment is submitted.

PRA Disclosure Statement

NOV 1 8 2013

Approval Date:

Effective Date: January 1, 2014

Page 1 of 2



CHIP Eligibility

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.

Approval Date: NOV 1 8 2013



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards CS14
Section 2101(f) of the ACA and 42 CFR 457.310(d)
Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards
The CHIP agency provides coverage for this group of children as follows:
The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.
The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).
Describe the methodology used by the state to identify and enroll children in a separate CHIP who are subject to the protection afforded by Section 2101(f) of the Affordable Care Act:
The state has demonstrated and CMS has agreed that all children qualifying for section 2101(f) protection will qualify for the state's existing separate CHIP.
The state will enroll all children in a separate CHIP who lose Medicaid eligibility because of an increase in family income at their first renewal applying MAGI methods.
The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.
% FPL
The state will enroll children in a separate CHIP who are found to be ineligible for Medicaid based on MAGI but whose family income has not increased since the child's last determination of Medicaid eligibility or who would have remained eligible for Medicaid (based on the 2013 Medicaid income standard) if the value of their 2013 disregards had been applied to the family income as determined by MAGI methodology.
← Other.
Describe the benefits provided to this population:
This population will be provided the same benefits as are provided to children in the state's Medicaid program.
C This population will be provided the same benefits as are provided to children in the state's separate CHIP.
C Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).
Describe premiums and cost sharing required of this population:
Cost sharing is the same as for children in the Medicaid program.
NOV 1 8 2013 Effective Date: January 1 2014

Approval Date:

Page 1 of 2



CHIP Eligibility

- Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
- No premiums, copayments, deductibles, coinsurance or other cost sharing is required.
- C Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

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.

NOV 1 8 2013

Approval Date: _____ Effective Date: January 1, 2014



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):

NOV Approval Date:	1	8	2013	Effective Date: January 1, 2014
				Page 1 of 2



CHIP Eligibility

On	ne 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:
	An individual is not a South Dakota resident if s/he is in South Dakota temporarily to attend school (e.g., college, boarding school, vocational school).

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.

NOV 1 8 2013
Approval Date:



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship

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.

Yes

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.

Yes

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 first day of the month in which the application containing the declaration of citizenship or immigration status was received.

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).

No

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.

No

SPA # SD-13-0019

Approval Date NOV 1 8 2013



CHIP Eligibility

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.

NOV 1 8 2013

Approval Date : _____ Effective Date: January 1, 2014

Page 2 of 2



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.

SPA # SD-13-0019

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.

- 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

Approval Date. 1 8 2013

Effective Date: January 1, 2014

Page 1 of 2



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.

NOV 1 8 2013

Approval Date: _____ Effective Date: January 1, 2014

Page 2 of 2



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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

CS20

457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the SSA

Subs

Subst	itution of coverage prevention strategy:	
	Name of policy	Description
+		X
A waiting	g period during which an individual is in	neligible due to having dropped group health coverage. Yes
How	long is the waiting period?	
\circ	One month	
O 1	Two months	
• 9	90 days	
0	Other	
	The state allows exemptions from the w	vaiting period for the following reasons:
	The premium paid by the family fo household income.	r coverage of the child under the group health plan exceeded 5 percent of
		igible for advance payment of the premium tax credit for enrollment in a QHP ne ESI in which the family was enrolled is determined unaffordable in c)(3)(v).
	■ The cost of family coverage that in	cludes the child exceeded 9.5 percent of the household income.
	The employer stopped offering covinsurance plan.	verage of dependents (or any coverage) under an employer-sponsored health
	A change in employment, including insurance (other than through full p	g involuntary separation, resulted in the child's loss of employer-sponsored payment of the premium by the parent under COBRA).
	The child has special health care no	eeds.
	■ 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? No

NOV 18 2013 Approval Date:

SPA # SD-13-0019



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

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.20130718

NOV 1 8 2013

Approval Date: _____ Effective Date: January 1, 2014