STATE OF WASHINGTON
HEALTH CARE AUTHORITY
626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

March 24, 2020

Calder Lynch, Deputy Administrator & Director
Judith Cash, Director of the State Demonstrations Group
Center for Medicaid & CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Lynch and Ms. Cash:

Thank you for our recent meetings and for being so responsive to our needs. To move our discussions forward, in my capacity as the Director of the Washington State Health Care Authority (HCA), I submit this urgent request for the Centers for Medicare and Medicaid Services (CMS) to support the State's emergency response efforts by approving an emergency demonstration project under Section 1115 of the Social Security Act (the Act). This is a multi-state agency request in supplement to Governor Inslee's previous 1115/1135 request and done to complete this in the new CMS pre-print 1115 waiver format. We are also working in concert with FEMA and DOD to support our now significant joint mission.

As you know, Washington State is experiencing rapid spread of the Novel Coronavirus Disease (COVID-19) pandemic. As of March 24, 2020, there have been 2,469 confirmed cases of COVID-19 in Washington State and 123 deaths from the disease.[1] This is changing daily, and getting worse. Today additional long term care facilities across the state have experienced serious cases. COVID-19 now threatens the lives of millions and places extraordinary strain on Washington State's healthcare system in the following ways:

- ***Sharply increased demand for health care services.*** Providers are reporting major increases in the volume of emergency room and clinic visits, as well as intensive care and inpatient hospitalizations.
- ***Insufficient physical capacity to treat patients.*** Washington State ranks as one of the lowest states in the nation for number of hospital inpatient beds per capita. The high volume of patients and the need to separate potentially infectious COVID-19 patients from other patients in emergency room and clinic waiting and treatment areas is exceeding the physical space limitations of our health care providers, especially in the Seattle area.

[1] *2019 Novel Coronavirus Outbreak (COVID-19)*, Washington State Deparment of Health, https://www.doh.wa.gov/emergencies/coronavirus.

- ***Challenges ensuring sufficient clinician staffing*.** On-call pools and staffing agencies have proven insufficient to meet the demand based on patient volumes. Meanwhile, many clinical care providers have school-age children or older family members who require supportive care; we are challenged to keep our healthcare workplace at work give school closures and seniors being unable to safely remain in residential facilities or visit senior centers.

- ***Shortages of crucial supplies and equipment*.** Providers are currently experiencing a critical shortage of crucial supplies, including ventilators and various forms of personal protective equipment, as well as medications, testing kits, and blood products. Even with assistance from the Strategic National Stockpile, shortages continue to be a statewide (and national) problem.

- ***Declines in utilization that threaten provider solvency*.** Increased social distancing measures have sharply reduced utilization for many behavioral health, home health and other providers that rely on face-to-face visits for counseling and substance use disorder treatment, which may make it financial impossible for them to continue operating. The state continues to work on telephonic and telehealth options, but additional flexibility and support is needed.

The State is already exercising various emergency authorities that have been invoked under federal and state law, including the waivers approved by CMS under Section 1135 of the Act on March 19, 2020. We have engaged private/public partnership in many new ways to help solve various problems. Ongoing response efforts and a clear-eyed projection of what is ahead have made it clear, however, that the State requires additional federal flexibility and support that is available only through waivers under Section 1115. In light of the ever-escalating crisis presented by COVID-19, we urge CMS to review and approve the attached application with all haste.

We have modeled this request on both the CMS 1115 disaster waiver template, released this weekend, as well as prior actions CMS has taken using Medicaid 1115 waivers when our country faced unprecedented threats to health and safety, including in the aftermath of the September 11th terrorist attacks, Hurricane Katrina, and the discovery of high levels of lead in the water of Flint, Michigan. In the wake of Hurricane Katrina, for example, CMS acted quickly to approve uncompensated care pools to address disaster-related costs (with no requirement for budget neutrality offsets). Washington needs a similarly flexible funding vehicle to address the COVID-19 pandemic.[2]

Specifically, Washington seeks CMS approval under Section 1115 **to establish a COVID-19 Disaster Relief Fund** to help stabilize providers as they rapidly implement new, expanded care delivery sites, modalities and access needed equipment; confront unprecedented disruption in their workforce and patient revenue; act quickly to ensure access to testing and care for all

[2] Congress appropriated funds relating to the Katrina waivers, but that appropriation provided retroactive relief to states for the nonfederal share of those waivers. The appropriation was enacted on February 6, 2006, months after CMS approved the waivers**.** See, https://www.govinfo.gov/content/pkg/PLAW-109publ171/pdf/PLAW-109publ171.pdf**.** CMS approved the initial Katrina waiver on September 15, 2005 and it released a model template for other states impacted by Katrina on September 16, 2005. Washington is seeking similarly quick action from CMS on a disaster relief section 1115 waiver to address the COVID-19 public health emergency.

residents; and mitigate the surge in demand for healthcare. Specifically, the Fund would support providers as they:

- ***Transform health care delivery to reflect the realities of COVID-19***. Providers will need to make significant unanticipated investments in, among other things, telemedicine platforms, bed reconfiguration, off-site screening venues, and sites for quarantine and post-acute care. Providers will also need to purchase additional respirators, ventilators, and personal protective equipment to treat patients.
- ***Preserve access to care in light of dramatic shifts in utilization.*** The Fund would support hardship or supplemental payments to stabilize and retain crucial providers; including behavioral health providers, rural providers, school-based providers, and smaller providers of home and community-based long-term care services, that are likely to see sharp utilization declines due to social distancing measures put in place during the pandemic.
- ***Ensure an adequate healthcare workforce.*** Providers are facing a workforce crisis. With schools and childcare centers closed possibly for months, healthcare workers across the continuum of care are struggling to find appropriate childcare. To prevent absenteeism due to childcare needs, we need the flexibility to help our providers either directly or in coordination with local school districts; establish childcare for their workforce, including financial resources to find or reconfigure space and to pay the ongoing cost of childcare workers. Similarly, providers in urban areas may be reliant on public transportation; as public transit schedules are reduced and the risk of the contagion persists, we also need to furnish support for safe transportation for our providers.
- ***Ensure Access to COVID-19 Testing and Treatment.*** The State requests the ability to use the COVID-19 Disaster Relief Fund to cover uncompensated care costs of providers preventing, identifying, and treating COVID-19 in uninsured patients. This would enable the State to ensure access to needed care without destabilizing the providers on the frontlines.
- ***Slow the spread of COVID-19 by developing a statewide scheduling, testing and reporting system***. It is essential that all of Washington's residents have access to testing for COVID-19 consistent with appropriate testing protocols, and that the State has the ability to accurately report all results in order to manage highly constrained resources. There is a significant need for real time and accurate information at the WA COVID-19 Incident Command Center (ICC). While current COVID-19 incidence and triage data that is received through providers reporting to public health is useful, it does not capture the entire extent of the disease spread in real time. HCA and the Washington Department of Health (DOH) are developing an end-to-end system for COVID-19 testing, reporting and linkage to Epic (the EMR system with the broadest adoption across the State) and other facilities statewide. HCA intends to roll out a service with broad application for COVID-19 testing, scheduling, and tracking that connects to patient's medical care in an emergency department, hospital, outpatient clinic and other temporary clinical settings established to address the COVID-19 outbreak.
- ***Mitigate the surge in health care needs***. In light of the anticipated surge in demand for hospital services and nursing home care, the State needs tools to ensure that people who can be appropriately cared for outside of these institutional settings are not taking up scarce beds. To that end, the State proposes (1) providing temporary shelter for homeless people awaiting

discharge from institutional care, and (2) providing nutrition support to vulnerable populations who are at high-risk of becoming critically ill from COVID-19 and, due to social distancing, may not have access to food.

Thank you for your prompt attention to this urgent matter. Please contact us immediately if you require any additional information.

Sincerely,

[redacted]

Susan E. Birch
Director
Washington State Health Care Authority

cc: MaryAnne Lindeblad, Medicaid Director, Washington State Health Care Authority
John Wiesman, Secretary, Washington State Department of Health
Cheryl Strange, Secretary, Washington State Department of Social and Health Services

COVID-19 Section 1115(a) Demonstration Application Template

The State of Washington, Washington State Healthcare Authority proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state's Medicaid program.

I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of Washington, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.

II. DEMONSTRATION PROJECT FEATURES

A. Eligible Individuals: The following populations will be eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Population
✓	Current title XIX State plan beneficiaries
✓	Current section 1115(a)(2) expenditure population(s) eligible for/enrolled in the following existing section 1115 demonstrations: Washington Medicaid Transformation Project: • *Temporary eligibility group created under this demonstration for individuals with incomes at or below 200% FPL.* The State proposes using Medicaid funding to provide additional subsidies for people enrolled in qualified health plan (QHP) coverage with incomes at or below 200% FPL, so that they are able to purchase and use their coverage with no-to-low out of pocket costs.

B. Benefits: The state will provide the following benefits and services to individuals eligible under this demonstration. To the extent coverage of a particular service is available for a particular beneficiary under the State plan, such coverage will be provided under the State plan and not under demonstration authority.

Check to Apply	Services
✓	Current title XIX State plan benefits
✓	Others as described here: • The demonstration will reduce cost-sharing for people enrolled in QHP coverage but will not add benefits over and above services covered under the QHP

C. Cost-sharing

Check to Apply	Cost-Sharing Description
✓	There will be no premium, enrollment fee, or similar charge, or cost-sharing (including copayments and deductibles) required of individuals who will be enrolled in this demonstration that varies from the state's current state plan.
✓	Other as described here: For the temporary eligibility group created under this demonstration (individuals with incomes at or below200% FPL) the State will subsidize the cost of new or existing QHP coverage in the marketplace. Individuals in this eligibility group may be subject to premiums and co-payments that exceed the value of the subsidies.

D. Delivery System:

Check to Apply	Delivery System Description
✓	The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan.
✓	Individuals eligible under the temporary eligibility group will receive cost-sharing subsidies for their QHP coverage through Medicaid fee-for-service.

III. EXPENDITURE AND ENROLLMENT PROJECTIONS

A. Enrollment and Enrollment Impact.

i. State projects that approximately 60,700 individuals in the temporary eligibility group with incomes from 138-200% FPL, as described in section II will be

eligible for the period of the demonstration. The overall impact of this section 1115 demonstration is that these individuals, for the period of the demonstration, will continue to receive HCBS or coverage through this demonstration to address the COVID-19 public health emergency.

B. Expenditure Projection.

C. The state projects that the total aggregate expenditures under this section 1115 demonstration is $670,000,000 total computable. The maximum amount the state believes may be available as the non-federal share for the COVID-19 Disaster Relief Fund established as part of this waiver is $335,000,000. These amounts cover the estimated cost-sharing eligibility enhancements, the disaster relief fund and related requests, including $60,000,000 for housing and temporary shelter capacity that the state has allocated. The state assumes that only those federal funds for which the state is able to secure a non-federal match would be expended under this waiver. It is possible that the actual amount of non-federal match the state secures may be less than the amounts identified above. The state assumes that the figures above do not obligate the state to contributing $335,000,000 to the Disaster Relief Fund but rather sets the maximum possible amount. To wrap around premiums for households up to 200% FPL (60,700 enrollees as of Feb 19, 2020), after appropriate federal tax credits are applied, it would cost the state about $7M per month.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President's proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require States to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. States will still be required to track expenditures and should evaluate the connection between and cost effectiveness of those expenditures and the state's response to the public health emergency in their evaluations of demonstrations approved under this opportunity.

IV. APPLICABLE TITLE XIX AUTHORITIES

The state is proposing to apply the flexibilities granted under this demonstration opportunity to the populations identified in section II.A above.

Check to Apply	Program
✓	Medicaid state plan
✓	Section 1915(c) of the Social Security Act ("HCBS waiver"). Provide applicable waiver numbers below: • WA Basic Plus Waiver (0409.R03.00) • WA Children's Intensive In-Home Behavioral Support (40669.R02.00) • WA Community Protection Waiver (0411.R03.00) • WA COPES (0049.R08.00) • WA Core Waiver (0410.R03.00) • WA Individual and Family Services (1186.R01.00) • WA New Freedom (0443.R03.00) • WA Residential Support Waiver (1086.R01.00)
✓	Section 1115(a) of the Social Security Act (i.e., existing, approved state demonstration projects). Provide applicable demonstration name/population name below: • Washington Medicaid Transformation Project
✓	Other: The eligibility group established under this demonstration.

v. WAIVERS AND EXPENDITURE AUTHORITIES

A non-exhaustive list of waiver and expenditure authorities available under this section 1115 demonstration opportunity has been provided below. States have the flexibility to request additional waivers and expenditure authorities as necessary to operate their programs to address COVID-19. If additional waivers or expenditure authorities are desired, please identify the authority needed where indicated below and include a justification for how the authority is needed to assist the state in meeting its goals and objectives for this demonstration. States may include attachments as necessary. Note: while we will endeavor to review all state requests for demonstrations to combat COVID-19 on an expedited timeframe, dispositions will be made on a state-by-state basis, and requests for waivers or expenditure authorities in addition to those identified on this template may delay our consideration of the state's request.

A. Section 1115(a)(1) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2)

The state is requesting the below waivers pursuant to section 1115(a)(1) of the Act, applicable for beneficiaries under the demonstration who derive their coverage from the relevant State

plan. With respect to beneficiaries under the demonstration who derive their coverage from an expenditure authority under section 1115(a)(2) of the Act, the below requirements are identified as not applicable. Please check all that apply.

Check to Waive	Provision(s) to be Waived	Description/Purpose of Waiver
✓	Section 1902(a)(1)	To permit the state to target services on a geographic basis that is less than statewide.
✓	Section 1902(a)(8), (a)(10)(B), and/or (a)(17)	To permit the state to vary the amount, duration, and scope of services based on population needs; to provide different services to different beneficiaries in the same eligibility group, or different services to beneficiaries in the categorically needy and medically needy groups; and to allow states to triage access to long-term services and supports based on highest need.
✓	Section 1902(a)(23)(A)	To permit the state to limit beneficiaries' free choice of providers based on urgency and in coordination with other public and private resources.
✓	42 C.F.R. § 455.412	To the extent necessary to support the effective use of healthcare providers, including community health workers and doulas, who are not ordinarily licensed in the State, to furnish Medicaid-reimbursable preventive, counseling, and case management services
✓	42 CFR 441.301 and 42 CFR 441.540	To permit flexibility in the Person Centered Planning Process and Plan.
✓	42 CFR 441.535	Annual reassessments of level of care that exceed the 12 month authorization period will remain open and services will continue to allow sufficient time for the case manager to complete the annual reassessment

B. Expenditure Authority

Pursuant to section 1115(a)(2) of the Act, the state is requesting that the expenditures listed below be regarded as expenditures under the state plan.

Note: Checking the appropriate box(es) will allow the state to claim federal financial participation for expenditures that otherwise would be ineligible for federal match.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
✓	Allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for long-term care services and supports.
✓	Long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings.
✓	Ability to pay higher rates for HCBS providers in order to maintain capacity.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
✓	Ability to deviate from established payment methodologies for HCBS providers in order to maintain capacity. This may include additional add-on rates and/or hazard pay for overtime, direct care workers and administrative costs.
✓	The ability to make retainer payments to certain habilitation and personal care providers to maintain capacity during the emergency. For example, adult day sites have closed in many states due to isolation orders, and may go out of business and not be available to provide necessary services and supports post-pandemic
✓	The ability to waive the 30 consecutive day requirement for retainer payments
✓	The ability to make retainer payments to other HCBS providers.
✓	Allow states to modify eligibility criteria for long-term services and supports
✓	The ability to reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing LTSS.
✓	Allow receiving facilities or alternate settings to receive ICF/IID or SNF/NF payment if a client is moved to a specialty facility for a reason related to the COVID-19 outbreak.
✓	Allow for self-attestation or alternative verification of all elements needed to determine an individual's eligibility.
✓	Allow for fast-track eligibility process throughout the duration of the national public health emergency, including use of a simple application and without the need for additional verification paperwork.
✓	Expand the populations for which the State conducts regular presumptive eligibility under its state plan to include individuals who are 65 or older, individuals with disabilities, medically needy individuals, individuals eligible for coverage through a section 1115 demonstration, and the optional uninsured group for COVID-19 testing.
✓	Allow long term care services to be approved on a presumptive basis, using an abbreviated level of care assessment and financial eligibility screening to ensure more immediate discharge from hospitals of people who are ready but must await a final eligibility determination for long term care benefits so we can free hospital beds more timely. Also, we request the state or its' contracted entities be established as a PE entity to enroll applicants based on preliminary application information. The LTSS PE would mirror the expedited eligibility as approved under STC 54(d) of Initiative 2 (MAC/TSOA) of Washington's current 1115 Medicaid demonstration.
✓	Hold the state harmless from the requirements in 42 CFR §433.312 for any overpayments to Personal Care Providers, except for those determined to be fraud, that occur, or are discovered during the emergency period. The issuance of overpayments to these providers would put a significant strain on a fragile workforce that is already under significant pressure due to the COVID_19 outbreak.
✓	Waive the requirement for a physician's certification and accept the individual's self-attestation of housing expenses to approve a post-eligibility treatment of income deduction that allows the individual to conserve funds needed to maintain their home in the community when the individual is residing in a nursing facility

Check to Request Expenditure	Description/Purpose of Expenditure Authority
	but is expected to return home within 6 months.
✓	Provide up to thirty days of retroactive coverage for COVID-19-related services.
✓	Allow the State to cover services without regard to the post-eligibility treatment of income in long-term care.
✓	Allow the State to determine an undue hardship exists and authorize medical assistance in the event that an individual is unable to access income or assets that would otherwise be considered in the eligibility determination but which are not accessible to the individual as a result of hospitalization, displacement, or incapacity as a result of the COVID-19 pandemic.
✓	Allow the State to provide coverage for non-emergency transportation without regard to the requirements at 42 CFR 440.170(a)(4)(ii)(A) to increase the availability of NEMT.
✓	Allow the State to make managed care directed payments based on the parameters set forth in 42 CFR 438.6(c) in advance of CMS approval.
✓	Establish a COVID-19 Disaster Relief Fund that: • Covers uncompensated care costs of providers related to COVID-19; • Funds development of a statewide scheduling, testing and reporting system for use by the WA COVID-19 Incident Command Center; • Funds investments by providers necessary to adapt healthcare delivery to reflect the realities of COVID-19, including investments in telemedicine platforms, bed reconfiguration, off-site screening venues, and quarantine/post-acute care sites, and the purchase of additional respirators, ventilators, and personal protective equipment (costs of such investments would be allocated appropriately to Medicaid); • Provides payments to providers, including rural hospitals, behavioral health and other providers, necessary to preserve access to care in light of dramatic shifts in utilization; • Ensures an adequate healthcare workforce by providing funding to support childcare and transportation for healthcare workers, including costs associated with reconfiguring space or paying the ongoing cost of childcare workers as well as paying or arranging for safe, reliable transport for health care workers; • Provides temporary shelter for homeless people diagnosed with COVID-19 to open up critically needed beds; • Offers nutrition support to allow vulnerable Medicaid beneficiaries, including seniors, individuals with disabilities, and children, to comply with social distancing and home orders; and • Leverages Foundational Community Supports Network to deliver services funded through the COVID-19 Disaster Relief Fund, as appropriate. The COVID-19 Disaster Relief Fund would be retroactive to the date of the national public health emergency. All expenditures would be subject to appropriate cost allocation to Medicaid or other limits consistent with economy, efficiency, and access to care.

Check to Request Expenditure	Description/Purpose of Expenditure Authority
✓	Allow the State to make expenditures under the COVID-19 Disaster Relief Fund without regard to the prohibitions on provider donations at 42 CFR 433.66**.** The State would disclose to CMS each individual provider-related donation, and the State would provide an inventory of the payments from the COVID-19 Disaster Relief Fund made to any providers affiliated with an entity making a donation.
✓	When determining the value of a person's equity in the value of property used in a trade or business or non-business income-producing activity, the state may exclude as essential to self-support up to $6000 of an individual's equity if it produces a net annual income to the individual of at least 6 percent of the excluded equity. Since individuals may be unable to maintain self-employment and meet the 6% income producing requirement during the period of the emergency, the state requests authority to waive the requirement that the property be income-producing in order to allow this exclusion. 42 CFR 416.1222.

VI. Public Notice

Pursuant to 42 CFR 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 CFR 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

VII. Evaluation Indicators and Additional Application Requirements

A. Evaluation Hypothesis. The demonstration will test whether and how the waivers and expenditure authorities affected the state's response to the public health emergency, and how they affected coverage and expenditures.

B. Final Report. This report will consolidate demonstration monitoring and evaluation requirements. No later than one year after the end of this demonstration addressing the COVID-19 public health emergency, the state will be required to submit a consolidated monitoring and evaluation report to CMS to describe the effectiveness of this program in addressing the COVID-19 public health emergency. States will be required to track expenditures, and should evaluate the connection between and cost effectiveness of those expenditures and the state's response to the public health emergency in their evaluations of demonstrations approved under this opportunity. Furthermore, states will be required to comply with reporting requirements set forth in 42 CFR 431.420 and 431.428, such as information on demonstration implementation, progress made, lessons learned, and best practices for similar situations. States will be required to track separately all expenditures associated with this demonstration, including but not limited to administrative costs and program expenditures, in accordance with instructions provided by CMS. CMS will provide additional guidance on the evaluation design, as well as on the requirements, content, structure, and submittal of the report.

VIII. STATE CONTACT AND SIGNATURE

State Medicaid Director Name: MaryAnne Lindeblad, RN MSN
Telephone Number: (360) 725-1863
E-mail Address: maryanne.lindeblad@hca.wa.gov

State Lead Contact for Demonstration Application: Jason McGill, JD
Telephone Number: (360) 791-1546

E-mail Address: Jason.mcgill@hca.wa.gov

Authorizing Official (Typed): MaryAnne Lindeblad, RN MSN

Authorizing Official (Signature): [redacted]

Date: 3/24/2020

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 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Judith Cash at 410-786-9686.