

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 21-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

[Records](#) / [Submission Packages - View All](#)

AK - Submission Package - AK2021MS0001O - (AK-21-0001) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

Related Actions

CMS-10434 OMB 0938-1188

Package Information

| | | | |
|----------------------------|---|------------------------|----------------------|
| Package ID | AK2021MS0001O | Submission Type | Official |
| Program Name | N/A | State | AK |
| SPA ID | AK-21-0001 | Region | Seattle, WA |
| Version Number | 1 | Package Status | Approved |
| Submitted By | Courtney King | Submission Date | 1/14/2021 |
| Package Disposition |  | Approval Date | 4/8/2021 1:07 PM EDT |
| Priority Code | P2 | | |

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



Center for Medicaid & CHIP Services

April 08, 2021

Adam Crum
Commissioner
Department of Health and Social Services
3601 C Street
Suite 902
Anchorage, AK 99503

Re: Approval of State Plan Amendment AK-21-0001

Dear Adam Crum,

On January 14, 2021, the Centers for Medicare and Medicaid Services (CMS) received Alaska State Plan Amendment (SPA) AK-21-0001 to update the optional state supplement program's annual income standards consistent with the federal register.

We approve Alaska State Plan Amendment (SPA) AK-21-0001 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Alaska

Medicaid Agency Name: Department of Health and Social Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID N/A

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date N/A

SPA ID and Effective Date

SPA ID AK-21-0001

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|--|-------------------------|-------------------|
| Optional Eligibility Groups | 1/1/2021 | AK-20-0002 |
| Individuals Eligible for but Not Receiving Cash Assistance | 1/1/2021 | AK-20-0002 |
| Optional State Supplement Beneficiaries | 1/1/2021 | AK-20-0002 |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | |
|---------------------------------|--|
| Package ID AK2021MS0001O | SPA ID AK-21-0001 |
| Submission Type Official | Initial Submission Date 1/14/2021 |
| Approval Date 4/8/2021 | Effective Date N/A |
| Superseded SPA ID N/A | |

Executive Summary

Summary Description Including Goals and Objectives The SPA updates the income standards for recipients of Alaska's Optional State Supplemental Payments. In Alaska, individuals are able to qualify for Medicaid by reducing their countable gross income through the use of approved Medicaid Qualifying Trusts.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

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

Federal Statute / Regulation Citation

42 CFR 435.234 and 42 CFR 435.210

Supporting documentation of budget impact is uploaded (optional).

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID N/A

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date N/A

Governor's Office Review

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

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID N/A

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date N/A

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID N/A

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: Alaska did not conduct tribal consultation on this SPA as the only change was the updating of income standards. These are not changes dictated by the state Medicaid program.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS00010 | AK-21-0001

Package Header

| | |
|-------------------------------------|--|
| Package ID AK2021MS00010 | SPA ID AK-21-0001 |
| Submission Type Official | Initial Submission Date 1/14/2021 |
| Approval Date 4/8/2021 | Effective Date 1/1/2021 |
| Superseded SPA ID AK-20-0002 | |
| System-Derived | |

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No









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

Families and Adults

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

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|--|--------------------------|--------------------------|--|---------------|
| Individuals Eligible for but Not Receiving Cash Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Individuals Eligible for Cash Except for Institutionalization | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Optional State Supplement Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Individuals in Institutions Eligible under a Special Income Level | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| PACE Participants | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Hospice | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|--------------------------|---|--|-------------------------------|
| Children under Age 19 with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Age and Disability-Related Poverty Level |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Basic |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Family Opportunity Act Children with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

B. Medically Needy Options for Coverage

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

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

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

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID AK-20-0002
 System-Derived

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date 1/1/2021

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

| Name of disregard: | Description: |
|-----------------------|--|
| 2021 Income Disregard | In 2021, for individuals, countable income between \$1,156 and \$1,474 is disregarded, and for couples, countable income between \$1,719 and \$2,183 is disregarded. |

A specified type of income is disregarded:

| Name of income type: | Description: |
|---|--|
| (1) Alaska Permanent Fund Dividend; (2) Alaska Native Claims Settlement Act; (3) AmeriCorps | (1) AK annual Permanent Fund Dividend benefit payments are excluded from consideration as income for all mandatory and optional Medicaid eligibility categories; (2) Cash distributions from Alaska Native Claims Settlement Act corporations are excluded from income to the extent that the distributions do not exceed \$2,000 per individual per calendar year. When an individual receives more than \$2,000 from all ANCSA corporations in a single calendar year, any amounts exceeding \$2,000 are considered countable income in the month of receipt. (3) All AmeriCorps payments, including living stipends, are disregarded as income for the purposes of determining eligibility. |

Specific income changes are disregarded between redeterminations.

Specified income changes are disregarded:

| Name of disregard: | Description: |
|-------------------------------------|---|
| AK Permanent Fund Dividend; | Changes in income related to the receipt of the Alaska Permanent Fund Dividend are disregarded. |
| Alaska Native Claims Settlement Act | Cash distributions from Alaska Native Claims Settlement Act corporations up to \$2,000 per individual per calendar year are excluded as a cash resource each year, are excluded indefinitely, and do not affect the exclusion of cash distributions made in subsequent years. |

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|--------------|
|------------------------|--------------|

| Name of resource type: | Description: |
|-------------------------------------|---|
| Alaska Native Claims Settlement Act | Cash distributions from Alaska Native Claims Settlement Act corporations up to \$2,000 per individual per calendar year are excluded as a cash resource each year, are excluded indefinitely, and do not affect the exclusion of cash distributions made in subsequent years. |
| Permanent Fund Dividend Program | Dividend and benefit payments received from the Alaska Permanent Fund Dividend Program are excluded from consideration as countable resources. |

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID AK-20-0002
System-Derived

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date 1/1/2021

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Individuals who receive an optional state supplementary payment.

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

Package ID AK2021MS0001O
Submission Type Official
Approval Date 4/8/2021
Superseded SPA ID AK-20-0002
System-Derived

SPA ID AK-21-0001
Initial Submission Date 1/14/2021
Effective Date 1/1/2021

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | |
|-------------------------------------|--|
| Package ID AK2021MS0001O | SPA ID AK-21-0001 |
| Submission Type Official | Initial Submission Date 1/14/2021 |
| Approval Date 4/8/2021 | Effective Date 1/1/2021 |
| Superseded SPA ID AK-20-0002 | |
| System-Derived | |

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

- Yes
- No

b. Varies by payment classification.

- Yes
- No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.

Income Standard

| | |
|-------------------|---------------|
| Individual | Couple |
| \$1156.00 | \$1719.00 |

- v. Living in household of another.

Income Standard

| | |
|-------------------|---------------|
| Individual | Couple |
| \$897.00 | \$1337.00 |

- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

| | |
|----------------------------------|----------------------------------|
| Name of Classification | Description: |
| Independent Living | Independent Living |
| Individual | Couple |
| \$1156.00 | \$1719.00 |
| Name of Classification | Description: |
| Living in a Household of Another | Living in a Household of Another |
| Individual | Couple |
| \$897.00 | \$1337.00 |
| Name of Classification | Description: |
| Institutionalized | Institutionalized |
| Individual | Couple |
| \$200.00 | \$400.00 |
| Name of Classification | Description: |
| Assisted Living Home | Assisted Living Home |
| Individual | Couple |
| \$894.00 | \$1391.00 |

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AK2021MS0001O | AK-21-0001

Package Header

| | | | |
|--------------------------|----------------|--------------------------------|------------|
| Package ID | AK2021MS0001O | SPA ID | AK-21-0001 |
| Submission Type | Official | Initial Submission Date | 1/14/2021 |
| Approval Date | 4/8/2021 | Effective Date | 1/1/2021 |
| Superseded SPA ID | AK-20-0002 | | |
| | System-Derived | | |

E. Additional Information (optional)

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

This view was generated on 4/8/2021 1:24 PM EDT