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State/Territory Name: Michigan

State Plan Amendment (SPA)#: 22-0006

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

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



July 29, 2022

Ms. Farah Hanley
Medicaid Director
Medical Services Administration
400 S Pine St 7th Fl
Lansing, MI 48933-2250
Re: Michigan State Plan Amendment (SPA) 22-0006

Dear Ms. Hanley:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) MI 22-0006. This amendment provides authority to address the National Emergency by including mandatory coverage of COVID-19-related testing and treatment services in compliance with Sections 9811 and 9821 of the American Rescue Plan of 2021.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Michigan also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

The State of Michigan also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

Page 2 – Ms. Farah Hanley

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Michigan's Medicaid SPA Transmittal Number 22-0006 is approved effective March 11, 2021.

If you have any questions, please contact Keri Toback at 312 353 1754 or via email at keri.toback@cms.hhs.gov.

Sincerely,

**Alissa M.
Deboy -S**

Digitally signed by Alissa
M. Deboy -S
Date: 2022.07 29
07 58:51 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER</p> <p style="text-align: center;">22 — 0006</p>	<p>2. STATE</p> <p style="text-align: center;">MI</p>						
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT</p>							
<p>5. FEDERAL STATUTE/REGULATION CITATION</p> <p>Sections 9811 and 9821 of the American Rescue Plan of 2021 - Sections 1905(a)(4)(E) and 1905(a)(4)(F) of the Social Security Act Section 1135 of the Social Security Act</p>		<p>3. PROPOSED EFFECTIVE DATE</p> <p style="text-align: center;">March 11, 2021</p>							
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</p> <p>Attachment 7.7-A Pages 1-3 Attachment 7.7-B Pages 1-3 Attachment 7.7-C Pages 1-3</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">a. FFY 2021</td> <td style="width: 50%; text-align: right;">\$2,100,600</td> </tr> <tr> <td>b. FFY 2022</td> <td style="text-align: right;">\$4,070,600</td> </tr> </table>		a. FFY 2021	\$2,100,600	b. FFY 2022	\$4,070,600		
a. FFY 2021	\$2,100,600								
b. FFY 2022	\$4,070,600								
<p>9. SUBJECT OF AMENDMENT</p> <p>This SPA provides authority to address the National Emergency by including mandatory coverage of COVID-19-related testing and treatment services in compliance with Sections 9811 and 9821 of the American Rescue Plan of 2021.</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p>							
<p>10. GOVERNOR'S REVIEW (Check One)</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:								
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED									
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
<p>11. AGENCY OFFICIAL</p> <p>[REDACTED]</p>	<p>15. RETURN TO</p> <p>Behavioral and Physical Health and Aging Services Administration Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison Capitol Commons Center – 7th Floor 400 South Pine Lansing, Michigan 48933</p>								
<p>12. Kate Massey</p>	<p>Attn: Erin Black</p>								
<p>13. TITLE</p> <p>Director, Behavioral and Physical Health and Aging Services Administration</p>	<p>14. DATE SUBMITTED</p> <p>May 20, 2022</p>								
FOR CMS USE ONLY									
<p>16. DATE RECEIVED</p> <p>05/20/2022</p>	<p>17. DATE APPROVED</p> <p>07/29/2022</p>								
PLAN APPROVED - ONE COPY ATTACHED									
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p> <p>03/11/2021</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p style="text-align: center;">Alissa M. Deboy -S</p> <p style="font-size: small; text-align: right;">Digitally signed by Alissa M. Deboy -S Date: 2022.07.29 07:59:16 -0400</p>								
<p>20. TYPED NAME OF APPROVING OFFICIAL</p> <p>Alissa Mooney DeBoy On Behalf of Anne Marie Costello</p>	<p>21. TITLE OF APPROVING OFFICIAL</p> <p>Deputy Director, Center for Medicaid and CHIP Services</p>								
<p>22. REMARKS</p>									

Medicaid Section 1135 Waiver of SPA Submission Requirements Template

A state or territory may request a Section 1135 SPA process waiver(s) if the President has declared a major disaster or an emergency under the Stafford Act, or an emergency under the National Emergencies Act, and the Secretary of the Department of Health and Human Services has declared a public health emergency. The Centers for Medicare and Medicaid Services (CMS) will review the state's request to determine whether the section 1135 waiver request will help the state or territory ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the Medicaid program.

Note: State Medicaid Agencies must request separate section 1135 waiver authority for each Emergency Relief SPA submitted. Agencies may not request section 1135 waiver authority for a SPA that includes any changes that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

State: Michigan

SPA Number: SPA 22-0006

The agency seeks the following under section 1135(b)(5) of the Social Security Act (check all that apply):

- Submission Deadlines:** Pursuant to section 1135 (b)(5) of the Act, allows modification of the requirement to submit the SPA by the last day of a quarter, in order to obtain a SPA effective date during that quarter (applicable only for quarters in which the emergency or disaster declaration is in effect) - 42 C.F.R. § 430.20
- Public notice requirements:** Pursuant to section 1135 (b)(5) of the Act, allows a modification of public notice requirements that would otherwise be applicable to SPA submissions. These requirements may include those specified in 42 C.F.R. § 440.386 (Alternative Benefit Plans), 42 C.F.R. § 447.57(c) (premiums and cost sharing), and 42 C.F.R. § 447.205 (public notice of changes in statewide methods and standards for setting payment rates). Requested modifications are as follows:

Michigan will complete public notice after the effective date of the State Plan Amendment around the time of the submission to CMS. Therefore, the timing requirements must be waived.

- Tribal Consultation:** Pursuant to section 1135 (b)(5) of the Act, allows modification of the required Tribal consultation timelines specified in the Medicaid state plan per section 1902(a)(73) of the Act. Requested modifications are as follows:

Michigan completed Tribal consultation after the effective date of the State Plan Amendment on January 26, 2022. The State will send an updated written notice soon after submission of the SPA to CMS.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This SPA is in addition to all other approved Disaster Relief SPAs in Michigan and does not supersede anything approved in those SPAs.

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹

The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

VACCINES AND THEIR ADMINISTRATION ARE COVERED FOR ELIGIBLE BENEFICIARIES WHEN ADMINISTERED IN ACCORDANCE WITH THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) RECOMMENDATIONS.

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

Reimbursement

The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

ATTACHMENT 4.19-B, ITEM 16. OTHER SERVICES - COVID-19 VACCINES
ADMINISTRATION SERVICES

The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

Medicare national average, OR

Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

___The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

___The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

___The state's rate is as follows and the state's fee schedule is published in the following location :

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The states assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

FDA AUTHORIZED COVID-19 SELF COLLECTION HOME TEST SYSTEMS PROVIDED BY PHARMACIES ARE LIMITED TO A MAXIMUM OF 1 TEST PER DAY. PHARMACIES ARE PROVIDED WITH FLEXIBILTIES TO EXCEED QUANTITY LIMITS WHEN MEDICALLY NECESSARY.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

X The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

ATTACHMENT 4.19-B, ITEM 3. OUTPATIENT HOSPITAL SERVICES AND OTHER OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) REIMBURSEED FACILITIES

ATTACHMENT 4.19-B, ITEM 20. LABORATORY SERVICES

The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

Medicare national average, OR

Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

POST PUBLIC HEALTH EMERGENCY, CONTINUE THE ALLOWANCE FOR COVID-19 LABORATORY SPECIMEN COLLECTION TO BE REIMBURSED WHEN PROVIDED BY A LICENSED PHARMACIST OR PHARMACY TECHNICIAN UNDER THE SUPERVISION OF A PHARMACIST AS AUTHORIZED BY THE STATE WITHIN THEIR SCOPE OF PRACTICE IN ACCORDANCE WITH DISASTER RELIEF SPAs 20-0009 E.4.

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

PHARMACIES

Additional Information (Optional):

The payment methodologies for COVID-19 testing for providers listed above are described below:

EFFECTIVE FOR DATES OF SERVICE ON AND AFTER AUGUST 30, 2021, PAYMENT RATES FOR COVID-19 SELF COLLECTION HOME TEST SYSTEMS DISPENSED BY A PHARMACY WILL BE THE LESSER OF THE PHARMACY'S USUAL AND CUSTOMARY CHARGE OR THE PRODUCT COST PAYMENT LIMIT.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0006

Supersedes TN: NEW

Approval Date: 07/29/2022

Effective Date: 03/11/2021

This SPA is in addition to all other approved Disaster Relief SPAs in Michigan and does not supersede anything approved in those SPAs.

COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

X The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Coverage for a Condition that May Seriously Complicate the Treatment of COVID

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

- GENERALLY, 4.19-A INPATIENT/OUTPATIENT REIMBURSEMENT OF SERVICES AND 4.19-B REIMBURSEMENT METHODOLOGIES AND PAYMENT RATES FOR COVID TESTING TREATMENT INCLUDING SPECIALIZED EQUIPMENT AND THERAPIES, WILL ALIGN WITH THOSE FOR NON-COVID-19 TREATMENT.

X The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

- FOR THE DURATION OF THIS SPA, CONTINUE REIMBURSEMENT IN ACCORDANCE WITH DISASTER RELIEF SPA: 21-0001 (E.4. INCREASED PAYMENT RATE FOR EUA DRUGS, DEVICES, AND BIOLOGICAL AGENTS TO 100% OF MEDICARE).

X The state's rates or fee schedule is the same for all governmental and private providers.

 The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 ~~vaccines and the administration of the vaccines~~ are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.