

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



August 13, 2020

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Re: West Virginia State Plan Amendment (SPA) 20-0004

Dear Commissioner Beane:

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) 20-0004. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the 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 West Virginia also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving 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)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

These waivers or modifications of the requirements related to SPA submission timelines and public notice apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.


We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that West Virginia's Medicaid SPA Transmittal Number 20-0004 is approved effective March 1, 2020. Please note that the effective date for the new COVID-19 testing eligibility group described at section 1902(a)(10)(A)(ii)(XXIII) of the Act is March 18, 2020. Finally, the effective date for teledentistry screening is April 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Dan Belnap at 215-861-4273 or by email at Dan.Belnap@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of West Virginia and the health care community.


Sincerely,

Alissa M.
Deboy -S

 Digitally signed by Alissa
M. Deboy -S
Date: 2020.08.13
08:38:18 -04'00'

Alissa Mooney DeBoy, Director
Disabled and Elderly Health Programs Group, on behalf of
Anne Marie Costello, Acting Director
Center for Medicaid & CHIP Services

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 2 0 - 0 0 4	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 03-01-2020	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. §1396a(a)(13)(1997) Title XIX of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2019 \$ Unknown	
		b. FFY 2020 \$ Unknown	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7 - General Provisions 7.4 Medicaid Disaster Relief for COVID-19 National Emergency		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable).	
10. SUBJECT OF AMENDMENT: Medicaid Disaster Relief for COVID-19 National Emergency			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input 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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16 RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 26-May-20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED May 27, 2020		18 DATE APPROVED August 13, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020		20 SIGNATURE OF REGIONAL OFFICIAL: Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy - S Date: 2020.08.13 08:39:22 -04'00'</small>	
21. TYPED NAME: Alissa Mooney DeBoy		22 TITLE Director, Disabled and Elderly Health Programs Group, on behalf of Acting Director, Center for Medicaid & CHIP Services	
23. REMARKS:			

State/Territory: West Virginia**Section 7 – General Provisions****7.4. Medicaid Disaster Relief for the COVID-19 National Emergency**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid State Plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.

- 1) The additional rate increase effective 3/1/20 for ambulance and dental codes will end 6/30/20**
- 2) ICF Services are increased by \$10 per day effective from 3/1/2020 through 6/30/20.**
- 3) 20 percent for Behavioral Health and PRTF Services as of 3/1/2020 through 6/30/20.**

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

 X The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

- a. X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.
- b. X Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

TN: 20-0004Supersedes TN: NewApproval Date: August 13, 2020Effective Date: March 1, 2020

State/Territory: West Virginia

- c. N/A Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of State] Medicaid State Plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

- 1. X The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.
The State elects to cover all uninsured individuals as defined under 1902(ss) of the Act pursuant to Section 1902(a)(10)(A)(ii)(XXIII) of the Act effective March 18, 2020.

- 2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

- a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

Income standard: _____

-or-

- b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

Income standard: _____

- 3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

Less restrictive income methodologies:

State/Territory: West Virginia

4. The agency considers individuals who are evacuated from the State, who leave the State for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the State due to the disaster or public health emergency and who intend to return to the State, to continue to be residents of the State under 42 CFR 435.403(j)(3).
5. The agency provides Medicaid coverage to the following individuals living in the State, who are non-residents:

Individuals caring for a family member due to illness or quarantined due to illness or otherwise unable to return home and residing in the State.

6. The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional State Plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

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4. The agency adopts a total of months (not to exceed 12 months) continuous eligibility for children under age enter age (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.
5. The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).
6. The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
 - a. The agency uses a simplified paper application.
 - b. The agency uses a simplified online application.
 - c. The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the State suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

Excluding non-COVID-19 pharmacy benefits, the State is suspending all cost sharing for individuals covered by Medicaid for the duration of the pandemic. The State will continue to charge cost sharing for drugs unrelated to the treatment of COVID-19.

Individuals covered in the eligibility group authorized through section 1902(ss) group will not be subject to any cost sharing.

2. The agency suspends enrollment fees, premiums and similar charges for:
 - a. All beneficiaries
 - b. The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

State/Territory: West Virginia

3. The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the State will use to determine undue hardship.

Section D – Benefits

Benefits:

1. The agency adds the following optional benefits in its State Plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. The agency makes the following adjustments to benefits currently covered in the State Plan:

The State allows physicians and other licensed practitioners, in accordance with State law, to order Medicaid Home Health services as authorized in the COVID-19 Public Health Emergency Medicare interim final rule (CMS-1744-IFC).

3. The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. Application to Alternative Benefit Plans (ABP). The State adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).
 - a. The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
 - b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

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Telehealth:

- 5. The agency utilizes telehealth in the following manner, which may be different than outlined in the State’s approved State Plan:

Please describe.
FQHC and RHC Core Provider Services provided via telehealth for the duration of the federal PHE period are considered encounters. Non-core Provider services are paid as FFS at the rate in the Medicaid State Plan.

The modification of a face-to-face encounter requirement for reimbursement for FQHCs and RHCs relative to covered services via telehealth provided by clinic providers.

Drug Benefit:

- 6. The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current State Plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.
Allow early refill and up to 90 day supply of non-controlled maintenance medications.

- 7. Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.
- 8. The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

- 9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

- 1. Newly added benefits described in Section D are paid using the following methodology:
 - a. Published fee schedules

Effective date (enter date of change): _____

State/Territory: West Virginia

Location (list published location):

b. Other:

Describe methodology here.

2. The agency increases payment rates for the following services:

Please list all that apply.

Nursing home services
Intermediate Care Facility (ICF) services
Behavioral health services
Psychiatric Residential Treatment Facility (PRTF) services
Ambulance Services*
Dental Services*

*** The increases for ambulance and dental codes are in addition to the existing rates in effect as of 3/1/2020 and the increases that were already in process and implemented effective April 1, 2020. Ambulance was increased to 90 percent of the new Medicare rates effective April 1, 2020. Dentists received a 15 percent increase effective April 1, 2020. The additional rate increase effective 3/1/20 for ambulance and dental codes will end 6/30/20.**

a. Payment increases are targeted based on the following criteria:

Please describe criteria.

b. Payments are increased through:

i. A supplemental payment or add-on within applicable upper payment limits:

Please describe.

Nursing Home Services are increased by \$20 per-patient-per-day for non-public facilities effective 3/1/20 through the end of the national emergency period. The \$20 per-patient-per-day increase will be used to offset COVID related costs in a separate cost settlement process. The State will allow provider lost revenue amounts – not reimbursed to the Nursing Homes through the CARES Act Provider Relief payments – to be included in the separate COVID cost settlement process to reconcile the \$20 per-patient-per-day payments.

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ICF Services are increased by \$10 per day effective from 3/1/2020 through 6/30/20.

- ii. An increase to rates as described below.

Rates are increased:

Uniformly by the following percentage: **20 percent for Behavioral Health and PRTF Services; 10 percent for Ambulance services; and 15 percent for Dental Services. These increases are effective as of 3/1/2020 through 6/30/20.**

Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

Up to the Medicare payments for equivalent services.

By the following factors:

Please describe.

Payment for services delivered via telehealth:

- 3. For the duration of the emergency, the State authorizes payments for telehealth services that:
 - a. Are not otherwise paid under the Medicaid State Plan;
 - b. Differ from payments for the same services when provided face to face;
 - c. Differ from current State Plan provisions governing reimbursement for telehealth;

Describe telehealth payment variation.
(E.3.c) Allow for reimbursement for telephone visits at the same rate as telehealth video visits.

(E.3.a) Effective April 1, 2020, all dental providers will be reimbursed at the FFS rate for teledentistry screening (D9995). This service will be provided to help identify and triage dental emergency services during the pandemic. Published fee schedules:
<https://dhr.wv.gov/bms/fees/Pages/default.aspx>

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- d. Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:
- i. Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.
 - ii. Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the State when a Medicaid service is delivered.

Other:

4. Other payment changes:

Please describe.

Payment for additional Bed-hold Days:

Reimbursement for greater than six therapeutic, non-medical bed hold days per year will be permitted to allow nursing home settings to retain settings when members have the option to stay with their families during the pandemic period. The 6 day bed-hold limit is currently in the State Plan in Attachment 4.19 -D-1, VII. The 6-day bed-hold limit can be exceeded with prior authorization.

BMS also requests the modification of State Plan Attachment 4.19-D, which establishes the provision for reimbursement of Intermediate Care Facilities. Members using ICF services often participate in day programs, which reduces the need for staffing in facilities while clients are in these programs. ICF rates account for this reduced staff time. ICF day programs are being suspended to prevent the spread of COVID-19, resulting in clients needing to stay within their facilities and increasing the cost for facilities to have adequate staff. The assumed participation time in the day programs are not built into ICF rates. The State seeks to modify the current ICF rate-setting methodology to provide an add-on to facility rates to compensate for the increased cost of staff time not accounted for in the current facility's daily rates during the duration of the emergency.

Long-term Acute Care Hospital Services not reimbursed under the state plan:

A Medicaid Per Diem Cost amount will be calculated (including routine and ancillary costs) from Worksheets D1 and S3 from the Medicare Cost Report.

The Medicare Per Diem cost will be adjusted for a cost coverage percentage (81.58 percent) = Adjusted Per Diem.

Medicaid will reimburse providers the Adjusted Per Diem.

Days Awaiting Placement:

Inappropriate level of care days in inpatient hospitals (also called days awaiting placement) for members will be reimbursed at a rate of \$238 per day when the member cannot be discharged to home or to another care setting, including but not limited to nursing home settings, due to a need for isolation or continued medical care; the rate reflects the level of

State/Territory: West Virginia

care received and is lower than other inpatient hospital services in a manner consistent with 1861(v)(1)(G) of the Social Security Act.

Section F – Post-Eligibility Treatment of Income

1. ___ The State elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
 - a. ___ The individual’s total income
 - b. ___ 300 percent of the SSI federal benefit rate
 - c. ___ Other reasonable amount: _____

2. ___ The State elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a State electing the option described the option in F.1. above.)

The State protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

[Empty box for Section G content]

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

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Supersedes TN: New

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State/Territory: West Virginia

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 1135 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 the Centers for Medicaid & CHIP Services at 410-786-3870.

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