

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided with ☐ No limitations
☒ Limitations*

2. a. Outpatient hospital services.

Provided with ☐ No limitations
☒ Limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

Provided with ☒ No limitations
☐ Limitations*

Not provided ☐

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided with ☒ No limitations
☐ Limitations*

3. Other laboratory and x-ray services.

Provided with ☐ No limitations
☒ Limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided with ☐ No limitations
☒ Limitations*

- b. Early and periodic screening, diagnostic and treatment (EPSDT) services for individuals under 21 years of age, and treatment of conditions found.*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided with ☐ No limitations
☒ Limitations*

*Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94

Supersedes TN No. 91-016

4.d. Tobacco cessation counseling services for pregnant women

1) Face-to-face tobacco cessation counseling services

___ Provided X No Limitations ___ With Limitations

2) Face-to-face tobacco cessation counseling services benefit package for pregnant women

___ Provided X No Limitations ___ With Limitations

Face-to-face Counseling Services provided:

- (i) By or under supervision of a physician
- (ii) By any other healthcare professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services: or
- (iii) Any health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (none are designated at this time)

Face-to-face Tobacco Cessation Counseling Services for Pregnant Women:

Provided X No Limitations ___ With Limitations

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt with a minimum of two (2) quit attempts per 12 month period should be described below.

Please describe any limitations

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
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- 5 a. Physician services whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided with: No limitations
 X Limitations

5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided with: X No limitations
 Limitations

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

- a. Podiatrist Services:

Provided with No limitations
 Limitations
Not Provided X

- b. Optometrist Services:

Provided with No limitations
 X Limitations
Not Provided

- c. Chiropractor Services:

Provided with No limitations
 Limitations
Not Provided X

- d. Other Licensed Practitioner
Services:

Provided with No limitations
 X Limitations
Not Provided

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7. Home health services.

- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided with No limitations
 X Limitations*

- b. Home health aide services provided by a home health agency.

Provided with No limitations
 X Limitations*

- c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided with No limitations
 X Limitations*

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided with No limitations
 X Limitations*

8. Private duty nursing services.

Provided with No limitations
 Limitations*
Not provided X

9. Clinic services.

Provided with No limitations
 X Limitations*
Not provided

* Description provided on attached sheet.

TN No. 94-014 Approval Date 10/27/94 Effective Date 9/1/94

Supersedes TN No. 92-016 and 91-013

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

10. Dental services.

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

11. Physical therapy and related services.

a. Physical therapy

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

b. Occupational therapy.

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

* Description provided on attached sheet.

TN No. 97-014 Approval Date 1/14/98 Effective Date 10/15/97

Supersedes TN No 94-014

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribes drugs, dentures, and prosthetic devices' and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided with _____ No limitations

 X Limitations

Not Provided _____

b. Dentures.

Provided with _____ No limitations

 X Limitations*

Not Provided _____

c. Prosthetic devices.

Provided with _____ No limitations

 X Limitations

Not Provided _____

d. Eyeglasses.

Provided with _____ No limitations

 X Limitations

Not Provided _____

*Please see Attached Sheets to Attachment 3.1-A at page 3a

TN No.: 10-07

Supersedes

MAR 16 2011
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TN No.: 97-014

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

Provided with _____ No Limitations
 x Limitations*
Not Provided _____

b. Screening services.

Provided with _____ No Limitations
 x Limitations*
Not Provided _____

c. Preventive services.

Provided with _____ No Limitations
 x Limitations*
Not Provided _____

d. Rehabilitative services.

Provided with _____ No Limitations
 x Limitations*
Not Provided _____

*Description provided on attached sheet

TN No. 09-08 Approval Date: JUL 21 2010 Effective Date: October 1, 2009

Supersedes: 94-014

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> X </u> | Limitations* |
| Not provided | <u> </u> | |
- b. Skilled nursing facility services.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> </u> | Limitations* |
| Not provided | <u> X </u> | |
- c. Intermediate care facility services.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> </u> | Limitations* |
| Not provided | <u> X </u> | |
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> X </u> | Limitations* |
| Not provided | <u> </u> | |
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> X </u> | Limitations* |
| Not provided | <u> </u> | |
16. Inpatient psychiatric facility services for individuals under 21 years of age provided in accordance with 42 CFR 440.160 and 441.151.
- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> X </u> | Limitations* |
| Not provided | <u> </u> | |

* Description provided on attached sheet.

17 Nurse midwife services.

18. Hospice care (in accordance with section 1905(o) of the Act).

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1 A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

20. Extended services to pregnant women.

- Provided: X with additional coverage ++

- Provided: X with additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

Description provided on attachment.

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided with ☐ No limitations
☐ Limitations*
Not provided ☒

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided with ☐ No limitations
☐ Limitations*
Not provided ☒

23. Certified pediatric or family nurse practitioners' services.

Provided with ☒ No limitations
☐ Limitations*

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation.

Provided with ☐ No limitations
☒ Limitations*
Not provided ☐

- b. Services of Christian Science nurses.

Provided with ☐ No limitations
☐ Limitations*
Not provided ☒

* Description provided on attached sheet.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

A.1. Transportation

☐ No limitations

☒ With limitations

(1) Transportation services will include

☒ Wheelchair van

☒ Taxi

☒ Stretcher car

☒ Bus passes

☒ Secured Transportation

☒ Air Transportation

☒ Ferry Transportation

☒ Meals

☒ Lodging

☒ Escort

☒ Other transportation (please describe)
- Shuttle Services

A.2. Brokered Transportation

☒ Provided under section 1902(a)(70)

Alaska's statewide transportation broker for non-emergency transportation is not a government entity and does not directly provide transportation services.

The statewide brokerage is cost effective because the system does not add any new services and thus incurs no additional costs. Administrative process streamlining also ensures cost effectiveness.

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b) – (f).

(1) The state will operate the broker program without the requirements of the following paragraphs of section 1902(a)

- ☐ (1) Statewideness (indicate areas of State that are covered)
- ☐ (10)(8) Comparability (indicate participating beneficiary groups)
- ☒ (23) Freedom of choice (indicate mandatory population groups)

(2) Transportation services provided will include

- ☐ Wheelchair van
- ☐ Taxi
- ☐ Stretcher car
- ☐ Bus passes
- ☐ Secured Transportation
- ☒ Air Transportation
- ☒ Ferry Transportation
- ☐ Meals
- ☐ Lodging
- ☐ Escort
- ☒ Other transportation (please describe)
Transportation Network Companies

(3) The State assures that transportation services will be provided under a contract with a broker who:

- ☒ is selected through a competitive bidding process based on the State's evaluation the broker's experience, performance, references, resources, qualifications, and costs;
- ☒ has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- ☒ is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- ☒ complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate);

(4) The broker contract will provide transportation to the following categorically needy mandatory populations:

- ☒ Low-income families with children (section 1931)

- ☒ Low-income pregnant women
 - ☒ Low-income infants
 - ☒ Low-income children ages 1 – 5
 - ☒ Low-income children ages 6 – 19
 - ☒ Qualified pregnant women
 - ☒ Qualified children
 - ☒ IV-E Federal foster care and adoption assistance for children
 - ☒ TMA recipients (due to employment)
 - ☒ TMA recipients (due to child support)
 - ☒ SSI recipients
- (5) The broker contract will provide transportation to the following categorically needy optional populations:
- ☒ Optional low-income pregnant women
 - ☒ Optional low-income infants
 - ☒ Optional targeted low-income children
 - ☒ Individuals under 21 who are under State adoption assistance agreements
 - ☒ Individuals who meet income and resource requirements of AFDC or SSI
 - ☐ Individual who would meet the income and resource requirements of AFDC if childcare costs were paid from earnings rather than by State agency
 - ☒ Individuals who would be eligible for AFDC or SSI if they were not in a medical institution
 - ☐ Individuals infected with TB
 - ☒ individuals screened for breast or cervical cancer by CDC program
 - ☐ Individuals receiving COBRA continuation benefits
 - ☒ Individuals in a special income level group, in a medical institution for at least 30 consecutive stays, with gross income not exceeding 300% of SSI income standard
 - ☒ individuals receiving Home and Community Based waiver Services who would only be eligible under State plan if in a medical institution
 - ☐ Individuals terminally ill in in a medical institution and will receive hospice care
 - ☐ Individuals aged or disabled with income not above 100% FPL

- ☐ Individuals receiving only an optional State supplement in a 209(b) State
 - ☒ Individuals working disabled who buy into Medicaid (BBA working disabled group)
 - ☐ Employed medically improved individuals who buy into Medicaid under TWWIIA Medical Improvement Group
 - ☒ Individuals disabled age 18 or younger who would require an institutional level of care (TEFRA 134 kids)
- (6) The State will pay the contracted broker by the following method:
- ☐ Risk capitation
 - ☐ Non-risk capitation
 - ☒ Other – broker makes direct payment to individual providers then submits a claim to Medicaid. Brokers are paid a brokerage fee

A.3. Governmental Agency

Administrative case management of transportation as a state plan function is preferred and overseen by the state or other governmental entities.

Vehicles (including taxis, wheelchair vans, transportation network companies and buses), air and ferry transportation and transportation related expenses (including meals and lodging) arranged by a government entity other than the state does not require purchase through the broker contract.

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Cont.)

- | | | |
|---------------|-----|----------------|
| Provided with | ___ | No limitations |
| Not provided | X | Limitations* |

- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u> X </u> | Limitations* |
| Not provided | <u> </u> | |

- | | | |
|---------------|---------------|----------------|
| Provided with | <u> </u> | No limitations |
| | | Limitations* |
| Not provided | <u> X </u> | |

- | | | |
|---------------|-------------|----------------|
| Provided with | <u> </u> | No limitations |
| | <u>X</u> | Limitations* |
| Not provided | <u> </u> | |

- Provided _____ Not provided X

Supersedes TN No. 94-014

26. Licensed or otherwise state-approved freestanding birth centers.

Provided with: ☒ No limitations
☐ Limitations

Not Provided: ☐

Please describe any limitations:
N/A

27. Licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center

Provided: ☒ No limitations
☐ Limitations

Please describe any limitations:
N/A

Please check all that apply:

- ☒ a. Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- ☒ b. Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*
- ☐ c. Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: licensed direct-entry midwives.

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

Editor's Note:

Pages 11-23 have been reserved for future use.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY
Limitations to Services

11.a-d Physical therapy, occupational therapy, and speech pathology/audiology services.
(See Attachment 3.1-A, pages 24a – 24d for limitations of each service type.)

**Amount, Duration, and Scope of Medical and
Remedial Care and Services Provided to the Categorically Needy**

Limitations to Services

11.a. Physical Therapy

Physical therapy services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440.110(a). Physical therapists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(h). Physical therapy assistants, meeting the requirements of 42 CFR 484.115(i) and enrolled as rendering providers for physical therapists, may provide services if they meet Alaska licensure requirements.

Physical therapy services are either

- (1) Habilitative - limited to forms of treatment to help a beneficiary attain, maintain, or improve for daily living.
- (2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Maintenance physical therapy services related to conditions caused by developmental disabilities or developmental delay to a recipient under twenty-one (21) years of age are covered subject to a determination of medical necessity prior authorized by Alaska Medicaid or its designee.

Except for the initial evaluation, physical therapy services must be provided by or under the direction of a physical therapist enrolled in Alaska Medicaid and provided in accordance with the initial evaluation and the treatment plan developed by the enrolled physical therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCs) or the CPT Fee Schedule.

Alaska Medicaid excludes from coverage the following services for beneficiaries twenty-one (21) years of age or older: swimming therapy, physical fitness, or weight loss. Services provided by a physical therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

**Amount, Duration, and Scope of Medical and
Remedial Care and Services Provided to the Categorically Needy**

Limitations to Services

11.b. Occupational Therapy

Occupational therapy services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. All services are provided in accordance with 42 CFR 440(b). Occupational therapists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(f). Occupational therapy assistants, meeting the requirements of 42 CFR 484.115(g) and enrolled as rendering providers for occupational therapists, may provide services if they meet Alaska licensure requirements.

Occupational therapy services are

- (1) Habilitative – limited to forms of treatment intended to help a beneficiary attain, maintain, or improve skills and functioning for daily living.
- (2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Maintenance occupational therapy services related to conditions caused by developmental disabilities or developmental delay provided to a recipient under twenty-one (21) years of age are covered subject to a determination of medical necessity and prior authorization by the Medicaid agency or its designee.

Except for the initial evaluation, occupational therapy services must be in accordance with an initial evaluation conducted by an enrolled occupational therapist and a treatment plan developed by the enrolled occupational therapist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule.

Alaska Medicaid excludes from coverage the following services for an individual twenty-one (21) years of age or older: swimming therapy or weight loss. Services provided by an occupational therapist aide are not covered.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

**Amount, Duration, and Scope of Medical and
Remedial Care and Services Provided to the Categorically Needy**

Limitations to Services

11.c. Speech, Hearing, and Language Disorders

Speech pathology and audiology services are provided upon the order of a physician, advanced practice registered nurse, physician assistant, or other licensed health care professional operating within the scope of the practitioner's license. Services are provided in accordance with 42 CFR 440.110(c). Speech-language pathologists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(n). Audiologists are enrolled in Alaska Medicaid and meet the requirements of 42 CFR 484.115(b). Speech-language pathology assistants enrolled as rendering providers for speech-language pathologists may provide services if registered and meet Alaska requirements.

Speech, hearing, and language disorder services are either

- (1) Habilitative – limited to forms of treatment intended to help a beneficiary attain, maintain, or improve skills and functioning for daily living.
- (2) Rehabilitative – limited to forms of treatment intended to help a beneficiary maintain, regain, or improve skills and functioning for daily.

Except for the initial evaluation, all speech pathology/audiology services must occur according to an initial evaluation conducted, and a treatment plan developed, by an enrolled speech-language pathologist. Services must be documented in a progress note to include start and stop times for time-based billing codes used as provided in the Healthcare Common Procedure Coding System (HCPCS) or the CPT Fee Schedule.

Before initiating treatment, the speech-language pathologist must conduct an initial evaluation of the recipient that includes

- (1) an assessment of the recipient's significant past medical history;
- (2) a diagnosis and prognosis, if established, and the extent to which the recipient is aware of the diagnosis and prognosis;
- (3) the prescribing health care practitioner orders, if any;
- (4) the treatment goals and potential for achievement;
- (5) any contraindications; and
- (6) a summary of any known prior treatment.

After conducting the initial evaluation, the speech-language pathologist must establish a written treatment plan. The plan must specify the diagnosis, the anticipated treatment goals, and the type, amount, frequency, and duration of each service. The prescribing health care practitioners must sign the treatment plan no more than fourteen (14) days after treatment plan development or revisions to service levels.

**Amount, Duration, and Scope of Medical and
Remedial Care and Services Provided to the Categorically Needy**

Limitations to Services

After the treatment plan is signed, the prescribing health care practitioner shall review and sign the treatment plan as often as the recipient's medical condition requires, or

- (1) when the treatment plan is revised;
- (2) no less than every six months for recipients under three (3) years of age;
- (3) annually for recipients three years of age or older and under twenty-one (21) years of age;
- (4) every six (6) weeks for recipients twenty-one (21) years of age or older.

The speech-language pathologist must record any changes made to the treatment plan in the recipient's clinical record.

Pursuant to EPSDT, no limitations on services are imposed for individuals under 21 years of age if determined to be medically necessary and prior authorized by Alaska Medicaid.

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Costs in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: ☒

General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

☒ Coverage of routine patient costs for items and services as defined in section 1905(gg)(1) and furnished in connection with participation in a qualified clinical trial

Qualifying Clinical Trial – Section 1905(gg)(2)

☒ A qualified clinical trial meets the definition in section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

☒ A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). 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 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours 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.