CMS-10434 OMB 0938-1188

Package Information

Package ID	NM2019MS0005D	**Submission Type**	Draft
Program Name	N/A	**State**	NM
Version Number	1	**Region**	Dallas, TX
		Package Status	Pending

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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Submission Type	Draft	**Initial Submission Date**	N/A
Approval Date	N/A	**Effective Date**	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	New Mexico	**Medicaid Agency Name:**	NM Human Services Department, Medical Assistance Division

Submission Component

◉ State Plan Amendment

◉ Medicaid

○ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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Executive Summary

Summary Description Including Goals and Objectives This SPA describes the organization of New Mexico's Single State Agency, the New Mexico Department of Human Services, and the administration of the state's Medicaid program.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	$0
Second	2020	$0

Federal Statute / Regulation Citation

Section 1905(a) of the Social Security Act; 42 CFR 431.10

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

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Governor's Office Review

◉ No comment

○ Comments received

○ No response within 45 days

○ Other

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

CMS-10434 OMB 0938-1188

The submission includes the following:

☑ Administration

☑ Organization

☑ Designation and Authority

Reviewable Unit Name	Included in Another Submission Package	Source Type
Designation and Authority	○	CONVERTED

☐ Intergovernmental Cooperation Act Waivers

☑ Eligibility Determinations and Fair Hearings

Reviewable Unit Name	Included in Another Submission Package	Source Type
Eligibility Determinations and Fair Hearings	○	CONVERTED

☑ Organization and Administration

Reviewable Unit Name	Included in Another Submission Package	Source Type
Organization and Administration	○	CONVERTED

☑ Single State Agency Assurances

Reviewable Unit Name	Included in Another Submission Package	Source Type
Single State Agency Assurances	○	CONVERTED

☐ Eligibility

☐ Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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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 | Administration | NM2019MS0005D

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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: This SPA re-designates the Human Services Department (HSD) as the single state agency administering the Medicaid (Title XIX) program for receipt of federal funds. SPA 19-0010 provides the statutory citations for this designation, describes the high-level organizational structure of HSD and the Medical Assistance Division, and indicates that HSD is the only entity that performs Medicaid eligibility determinations and fair hearings in New Mexico.

Medicaid State Plan Administration

Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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A. Single State Agency

1. State Name: New Mexico

☑ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

New Mexico Human Services Department

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

☑ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	
Attorney General_s Certification	6/25/2019 5:43 PM EDT	PDF

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

◉ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

○ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

Package ID	NM2019MS0005D	**SPA ID**	N/A
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D. Additional information (optional)

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

Package ID	NM2019MS0005D	**SPA ID**	N/A
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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

☑ a. The Medicaid agency

☐ b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age (65 or older), or having blindness or a disability are:

☐ a. The Medicaid agency

☑ b. Delegated governmental agency

☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands

☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

☑ iii. The Social Security Administration determines Medicaid eligibility for:

☑ (1) SSI beneficiaries

☐ (2) Optional state supplement recipients

☐ iv. Other

3. Assurances:

☑ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.

☑ b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

☑ c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.

☑ d. The delegated entity is capable of performing the delegated functions.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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B. Fair Hearings (including any delegations)

☑ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

☑ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

☑ a. Medicaid agency

☐ d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

☑ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

○ Yes

◉ No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

◉ a. A stand-alone agency, separate from every other state agency

○ b. Also the Title IV-A (TANF) agency

○ c. Also the state health department

○ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Medicaid eligibility determinations are made by the Human Services Department/Income Support Division with two exceptions. SSI determinations are made by the Social Security Administration through a 1634 agreement. The Children, Youth, and Families Department makes eligibility determinations for adoption and foster care Medicaid. The Eligibility Bureau (EB) oversees the policy for approximately 40 Medicaid categories of eligibility for children, families, adults, individuals with long-term care needs, and emergency medical services for aliens. EB is responsible for the promulgation of eligibility policy changes. EB is involved in the eligibility system change process from the drafting of eligibility related change requests, participating in level of effort and design meetings, testing, and implementation. Additional activities include client medical travel for fee-for-service recipients, estate recovery, oversight of the disability determination determiners, trusts for Institutional Care and Home and Community-Based Services Waiver Medicaid, the buy-in process for the payment of Medicare premiums, and the resolution of recipient eligibility issues.

b. Fair Hearings (including expedited fair hearings)

The Administrative Law Judges of the Fair Hearings Bureau conduct hearings for the public assistance programs administered by the Human Services Department. The bureau schedules hundreds of hearings each year for more than 17 different categories of public assistance benefits. Hearing decision recommendations are submitted to HSD division directors who issue the final decision in accordance with federal and state regulations.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Centennial Care Contracts Bureau is responsible for the daily oversight and management of the Centennial Care managed care contracts. Activities include those functions necessary to implement, oversee and evaluate the requirements of the contracts including daily communication with the Managed Care Organizations regarding contract compliance.

The Long Term Services and Support Bureau has oversight of the nursing facility benefit and the Home and Community Benefits offered through Centennial Care. The bureau allocates individuals who are not otherwise eligible for Medicaid into Community Benefit waiver slots. The bureau conducts provider enrollment activities for the Community Benefit providers and collaborates with the MCOs.

The Benefits & Reimbursement Bureau (BRB) oversees most Medicaid-covered health care services and benefits, including primary care, behavioral health services, and pharmacy. The BRB oversees provider reimbursement rates and payment methodologies; ensures that the Medicaid claims processing system correctly enforces Medicaid reimbursement policy and works with the Medicaid Managed Care Organizations (MCOs) to ensure alignment and understanding on coverage and payment parameters. The BRB also provides oversight of the Recovery Audit Contractor (RAC) and other fiscal recovery programs.

The Quality Bureau has oversight of Centennial Care quality and evaluation components, including monitoring quality indicators. The bureau is responsible for the development of the State Quality Strategy and Evaluation Design Plan required by the 1115 Demonstration Waiver. The Quality Bureau oversees the External Quality Review Organization contract for the purpose of conducting validations of MCO performance measures, network adequacy, and reviews of MCO contract compliance and performance improvement projects. The Quality Bureau also oversees critical incidents and care coordination for Centennial Care.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Policy & Provider Services Bureau (PPSB) is responsible for the development, modification, and interpretation of the existing Medicaid benefit package and provider operations for fee-for-service (FFS) providers. PPSB works closely with the Centennial Care Contracts Bureau to ensure consistency between FFS and managed care policies relating to the benefit package. The PPSB also oversees the coordination of Medicaid fair hearings, oversees Medicaid provider enrollment activities and services and coordinates the resolution of provider concerns.

The Exempt Services and Programs Bureau is responsible for a number of programs and contracts with services that fall outside of the Centennial Care MCO contracts. In collaboration with other agencies, they have oversight and management of the 1915 (c) waivers, the program of all inclusive care for the elderly (PACE), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), Medicaid School Based Services (MSBS), and the brain injury services program for individuals who are not eligible for Medicaid.

The Exempt Services and Programs Bureau is responsible for the following 1915c home and community-based waivers:

Mi Via - Mi Via, which means "my path," "my way," or "my road" in Spanish, is the State of New Mexico's self-directed waiver program. The goal of Mi Via is to provide a community-based alternative that facilitates greater participant choice and control over the types of services and supports they receive. The services are purchased with an agreed budgetary amount, and consultants help participants navigate throughout the Mi Via processes. Consultants provide assistance and guidance with eligibility, Service and Support Plan (SSP) pre-planning, SSP development and implementation. The goal of Mi Via is to provide a community-based alternative that, 1) facilitates greater participant choice and control over the types of services and supports that are purchased within an agreed upon budgetary amount; and 2) enables the State to serve the most people possible within available resources. Mi Via will be administered through a partnership between Department of Health and Human Services Department.

The Developmental Disabilities Waiver (DD Waiver) - the DD waiver is designed to provide services and supports that assist eligible children and adults with Intellectual and Developmental Disabilities (IDD) to participate as active members of their communities. The program serves as an alternative to institutional care. The New Mexico Department of Health, Developmental Disabilities Supports Division (DOH/DDSD) administers the DD Waiver.

The Medically Fragile Waiver (MF Waiver) - the MF Waiver serves individuals who have been diagnosed with a medically fragile condition before reaching age 22, and who have a developmental disability or delay, or who are at risk for developmental delay. A medically fragile condition is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary. Services provided through the MF Waiver are case management, home health care, respite care, private duty nursing, physical, occupational and speech therapies, behavior support consultation, nutritional counseling and specialized medical equipment and supplies. The New Mexico Department of Health, Developmental Disability Services Division (DOH/DDSD) administers the MF Waiver.

e. Administration, including budget, legal counsel

The Single State Agency designated to administer the Title XIX program in New Mexico is the Human Services Department.

The Department is a Cabinet-level agency in the executive branch of the New Mexico state government. The Department's administrative head is the Secretary of the Human Services Department, which is a Governor-appointed Cabinet-level position.

The Department is organized into seven areas led and directed by the Office of the Secretary (OOS): Office of General Counsel (OGC); Behavioral Health Services Division (BHSD); Child Support Enforcement Division (CSED); Income Support Division (ISD); Medical Assistance Division (MAD); Information Technology Division (ITD); and the Administrative Services Division (ASD), which provides finance, accounting and property management support for HSD, the Office of Human Resources (OHR), and the Office of Inspector General (OIG) providing audit, investigations, restitutions services and fair hearings for the department.

The unit responsible for administering the Title XIX program under the Single State Agency in New Mexico is the Medical Assistance Division (MAD).

MAD is led by the Division Director, who is appointed by the Secretary, and who oversees four deputy directors, a Medical Director, and several bureaus: the Eligibility Bureau, the Policy & Provider Services Bureau, the Benefits & Reimbursement Bureau, the Systems Bureau, the Centennial Care (managed care) Contracts Bureau, the Communication & Education Bureau, the Exempt Services & Programs Bureau, the Quality Bureau, the Budget Planning & Reporting Bureau, the Long Term Services and Supports Bureau and the Financial Management Bureau. The Budget Planning and Reporting Bureau performs research and fiscal impact analysis and works closely across the Division, Department, and State to ensure that the Medicaid program is sufficiently funded. They are responsible for the Medicaid expenditure and enrollment estimates and projections, the Division's administrative budget, and CMS reporting (with ASD and others).

New Mexico is led by a Governor who oversees the executive branch which is comprised of a number of different Cabinet departments. The Governor appoints the secretaries of each Cabinet department.

The Human Services Department establishes and maintains agreements with the New Mexico Department of Health, Department of Education and Children, Youth and Families Department concerning programs and projects of mutual interest, including the use of Medicaid funding for eligible services provided by or through other departments.

The Office of General Counsel (OGC) provides high quality legal services to all of HSD's divisions, bureaus and programs. OGC's 50-plus attorneys provide general legal services Department-wide, as well as specialized services in the area of family law & child support.

OGC assists all of the Department's divisions with a wide range of legal issues, including the development of contracts, participation in recipient and provider hearings, litigation, legislative initiatives, negotiations, settlements, evaluation of legal documents, training, compliance with state and federal laws and regulations, policy, and program development.

f. Financial management, including processing of provider claims and other health care financing

The Financial Management Bureau (FMB) oversees MCO financial information and reporting and takes the lead on tracking MCO enrollment and capitation payments. They are also responsible for the development of reimbursement methodologies for institutional providers and hospitals and often represents the Department in relationships with provider associations.

The Benefits & Reimbursement Bureau (BRB)oversees provider reimbursement rates and payment methodologies; ensures that the Medicaid claims processing system correctly enforces Medicaid reimbursement policy and works with the Medicaid Managed Care Organizations (MCOs) to ensure alignment and understanding on coverage and payment parameters. The BRB also provides oversight of the Recovery Audit Contractor (RAC) and other fiscal recovery programs.

g. Systems administration, including MMIS, eligibility systems

The Systems Bureau is responsible for the MMIS, MMIS Data Warehouse, and related systems. This bureau manages the fiscal agent (Conduent) contract and directs the activities of the fiscal agent systems and operations staff. This bureau is also responsible for all data requests, including CMS reporting and operational activities for the Medicaid web portal and HSD website.

h. Other functions, e.g., TPL, utilization management (optional)

The Quality Bureau has oversight of the Centennial Care quality and evaluation components including monitoring quality indicators. The bureau oversees critical incidents and care coordination for Centennial Care. Performance measures, Nursing Facility Level of Care criteria and surveys are also monitored and audited regularly.

The Communication and Education Bureau (CEB) manages the Presumptive Eligibility (PE) Program and the Justice-Involved Utilization of State Transitioned Healthcare (JUST Health) Program. Operational functions include Presumptive Eligibility Determiner (PED) trainings, auditing, program oversight and JUST Health application processing. The CEB processes Managed Care Organization (MCO) enrollment switch requests during enrollment lock-in periods and troubleshoots issues with MCO enrollments received from clients, providers, State staff and the NM Medicaid Call Center. The CEB is also responsible for the planning, development and distribution of outreach events, materials and presentations for the NM Medicaid program. This includes conducting trainings for internal HSD staff, contractors, other State Agencies and interested parties.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
19-0010 Single State Agency Org Chart MAD 0819	8/6/2019 12:27 PM EDT	PDF
19-0010 Single State Agency HSD Organizational Chart 080619	8/6/2019 12:27 PM EDT	PDF

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

Package Header

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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
The Social Security Administration	Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

(●) Yes

○ No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
Children, Youth and Families Department	The Children, Youth, and Families Department makes eligibility determinations for adoption and foster care Medicaid.
Department of Health	The Department of Health administers various components of New Mexico's Developmentally Disabled (DD), Medically Fragile and Mi Via waivers including service provider contracting, determining if recipients meet the definition of DD, monitoring of waiver providers, and participation in fair hearings. In addition, the Department of Health assists with the administration of the School Based Health Centers, Nurse Aide Training, and other Public Health services that are reimbursable through Medicaid. The Department of Health assists with the administration of the Family, Infant and Toddler Program (FIT) for reimbursement.
Public Education Department	The Public Education Department assists HSD in the administration of the Medicaid School Based Services program. HSD also contracts with school districts, overseen by the Public Education Department, to allow school districts to receive Medicaid reimbursement for Individualized Education Plan

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:
	(IEP) and Individualized Family Service Plan (IFSP) related services.

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

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F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

MEDICAID | Medicaid State Plan | Administration | NM2019MS0005D

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A. Assurances

☑ 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.

☑ 2. All requirements of 42 CFR 431.10 are met.

☑ 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.

☑ 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

☑ 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

☑ 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

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 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, 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.

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