

Center for Medicaid and State Operations

DATE: February 28, 2008

TO: State Medicaid Directors
State Directors for Agencies Administering the HCBS Waivers

CC: National Association of State Medicaid Directors
National Association of State Directors of Developmental Disabilities Services
National Association of State Units on Aging
National Association of Head Injury Administrators
National Association of State Mental Health Program Directors

FROM: Gale P. Arden, Director
Disabled and Elderly Health Programs Group

SUBJECT: CMS 372 Submittal – Web-Basing and Process Changes

As many of you know, CMS is working toward incorporating elements captured in the CMS 372 reporting form for 1915(c) Home and Community Based Services waivers into the CMS 64 form. This process is expected to be completed in approximately 18 months. During the intervening time, we must still work to collect the necessary information on the 372 forms. To accomplish that more expeditiously, CMS has placed the CMS 372 form on the web. This form, which is unchanged in content from the approved CMS 372 form, is available at www.hcbswaivers.net.

The States will be able to use the web-based 372 form to enter and transmit their reporting data to CMS. Using the same role design as the web-based application, the State Medicaid Director (or his/her designee) will submit the information to CMS through the web. The Regional Offices will be able to use the web-based 372 form to view and accept the submission. The accepted data will then auto-populate an online database. Information on training via webinar for State users is attached. Please note that a training webinar for State users has been scheduled for Wednesday, March 12 from 1:00 -2:30 pm EST. States may use the web-based 372 form in advance of the training, and should feel free to contact your regional office (or our contractors at Thomson Healthcare at Jim.Michalowski@thomson.com or Marjorie.Hatzmann@thomson.com) with any questions.

In addition to the web-based form, we are also eliminating the required “initial” 372 report. Instead, CMS will require one 372 report for each waiver year. This new “annual 372 report,” previously known as the “lag” report, will be due to CMS 18 months after the close of the waiver year (or 30 months after the waiver year start date). This guidance supersedes the State Medicaid Manual provisions related to the submission of initial 372 reports.

These new processes should be utilized for all outstanding 2005 reports that need to be submitted and should continue with all reports for years 2006 and beyond. We hope these improvements will assist the States in submitting the required 372 data. This information is not only important for each individual waiver, but also provides valuable information on the 1915(c) program overall. Thanks so much for your ongoing assistance with efforts to ensure strong data and information on HCBS waivers.