

GenIC ID #	Title	Respondents	Responses (per Respondent)	Total Responses	Time (per Response) (hr)	Total Time (hr)
13 (Revised)	Medicaid Accountability - Nursing Facility, Outpatient Hospital and Inpatient Hospital Upper Payment Limits	n/a	n/a	n/a	n/a	n/a*
24 (Revised)	Medicaid Accountability - Upper Payment Limits ICF/IID, Clinic Services, Medicaid Qualified Practitioner Services and Other Inpatient & Outpatient Facility Providers	n/a	n/a	n/a	n/a	n/a**
46 (New)	1915(i) State Plan Home and Community Based Services	9	1	9	114	1,026
TOTAL		9	1	9	114	1,026