Screenshot of 372 Report Maintenance – Summary, page 1 - current view

CMS	372 Rep	orts							OMB Conti	IMINS(CMS CO OP Mgr) read only mode rol Number: 0938-0272 tion Date: 12/31/2021
<u>Home</u>	<u>Logout</u>	<u>1915(c)</u> <u>372 Det</u>	tail Finder Sa	ave Print						
Summary	,								< Bac	k Continue>
Data										
Quality		372 Report I	Maintenand	ce - Summary						
		State:		ZZ						
		Waiver Base:		1586						
		Report Status:		ACCEPTED						
		Begin Date:		04/03/2016						
		End Date:		04/20/2018						
		Initial Submission	Date:	04/24/2018	_					
		TE Date:								
		Report Period Year	r:	2018						
		Waiver Year:		○ Year 1 ○ Year 2 ◎ Year 3 ○ Year	r 4 O Year 5					
		Report Type:		○ Initial Report ® Lag Report ○ TE	Report					
		Certification:								
		I, do certify that the information shown on the Form CMS-372(S) is correct to the best of my knowledge and belief:								
	Signate Contact Information (optional):			SSI MEDICAID DIRECTOR	Date:	04/24/2018				

Screen shot of 372 Report Maintenance - Summary, page 2 - Updated PRA Disclosure Statement

	Contact Person: Phone Number:	
Submit	Unsubmit	
Accept	Not Accept	Unlock
Reset to Draft		
Comments]	
Trans History]	

<-- Back | Continue -->

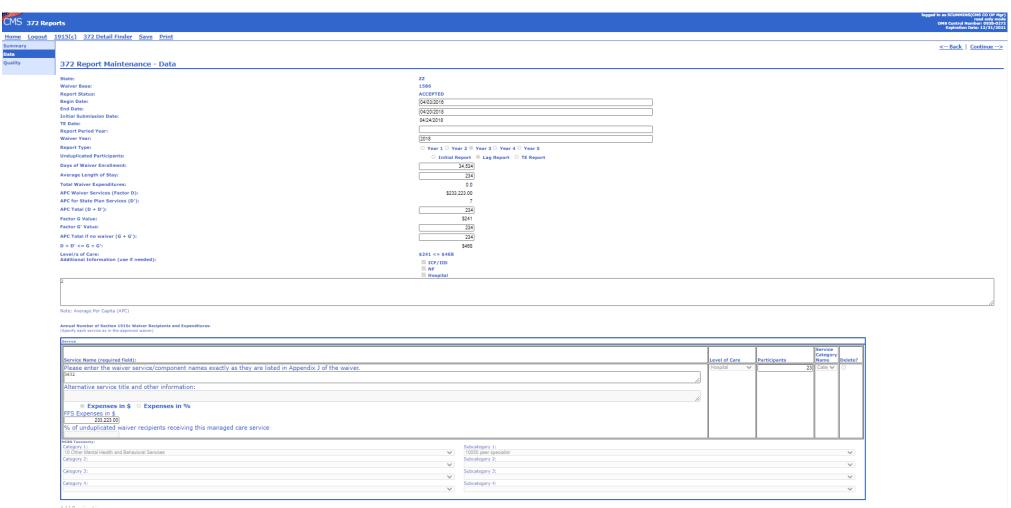
PRA Disclosure Statement

All State Medicaid agencies administering or supervising the administration of 1915(c) home and community-based services (HCBS) waivers are required to submit an annual Form CMS-372(S) Report for each approved waiver. Section 1915(c)(2)(E) of the Social Security Act requires states to annually provide CMS with information on the waiver's impact on the type, amount and cost of services provided under the state plan in addition to the health and welfare of recipients. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 0938-0272. The time required to complete this information collection is estimated to average 44 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

Contact | Centers for Medicare & Medicaid Services

Screenshot of 372 Report Maintenance - Data Section, current view



Screenshot of 372 Report Maintenance - Quality Section, current view

