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

CMS	372 Rep	orts					logged in as SCUMMINS(CMS CO OP Mgr) read only mode OMB Control Number: 0938-0272 Expiration Date: 12/31/2021
<u>Home</u>	<u>Logout</u>	<u>1915(c)</u> <u>372 Det</u>	tail Finder Sa	ave <u>Print</u>			
Summary	,						< Back Continue>
Data							
Quality		372 Report	Maintenan	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	ar:	2018			
		Waiver Year:		O Year 1 O Year 2 O Year 3 O Year	4 Year 5		
		Report Type:		○ Initial Report ◎ Lag Report ○ TE Report			
		Certification:					
		I, do certify that	t the information s	hown on the Form CMS-372(S) is correct to	the best of my knowledge and	d belief:	
Signature: 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 -->

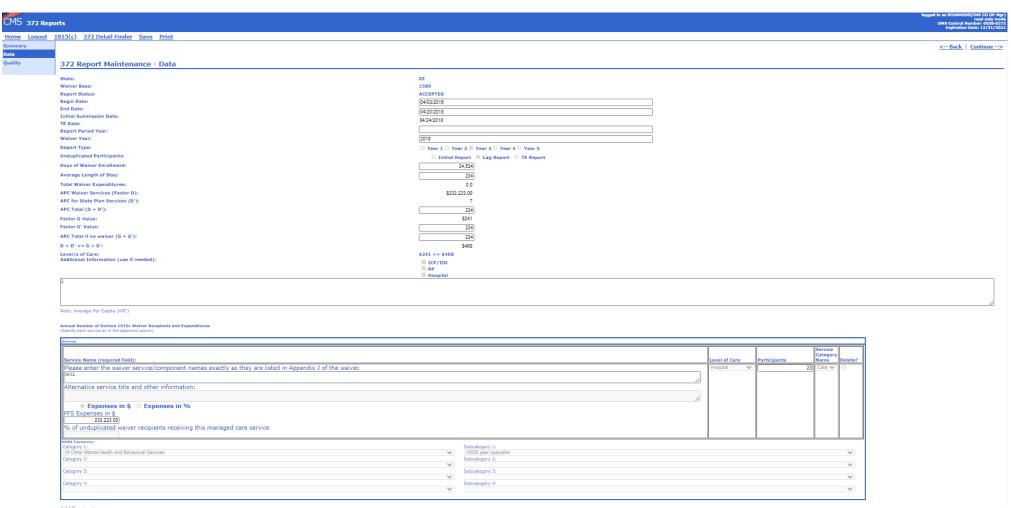
PRA Disclosure Statement

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

