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			< Back Continue -
	372 Report Maintenance - Summary		
	State:		
	Waiver Base:	CURLITYTE	
	Report Status: Begin Date:	SUBMITTED	
	End Date:		
	Initial Submission Date: TE Date:		
	Report Period Year:		
	Waiver Year:	Year 1 Year 2 Year 3 Year 4 Year 5	
	Report Type:	Initial Report Lag Report TE Report	
	Certification:		
	I, do certify that the information shown on the Form CMS-372(S	S) is correct to the best of my knowledge and belief:	
	<u> </u>		
	Contact Information (optional):		
	Contact Person: Phone Number:		
	Priorie Natiber:		
	Accept Not Accept Unloc	rck	
	Comments		
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Data Quality

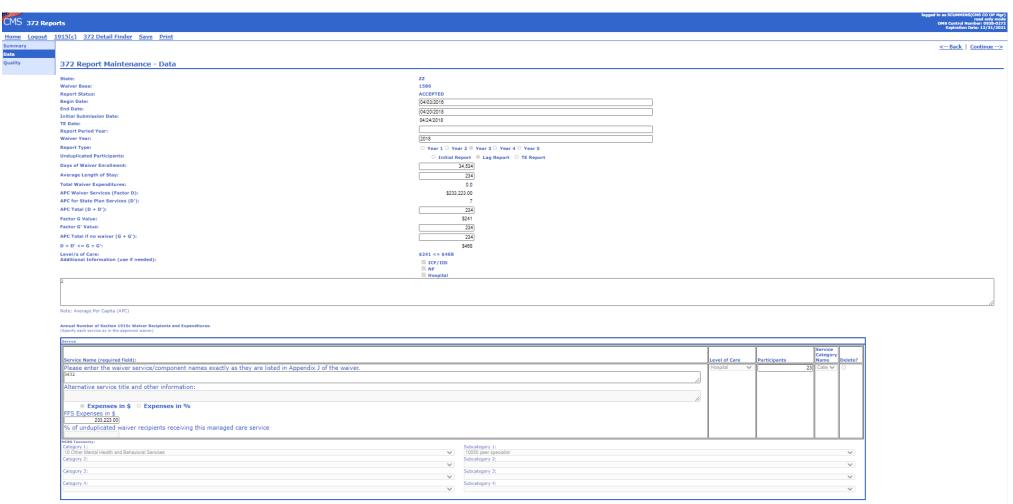
PRA Disclosure Statement

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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 938-0272. 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.

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