

495.328 Request for reconsideration of adverse determination.

If CMS disapproves a State request for any elements of a State's advance planning document or State Medicaid HIT Plan under this subpart, or determines that requirements are met for approval on a date later than the date requested, the decision notice includes the following:

- (a) The finding of fact upon which the determination was made.
- (b) The procedures for appeal of the determination in the form of a request for reconsideration.