

Supporting Statement for Paperwork Reduction Act State Plan Template to Implement Section 6062 of the Deficit Reduction Act

A. Background

The Deficit Reduction Act (DRA) provides States with numerous flexibilities in operating their State Medicaid Programs. Section 6062 of the DRA (Opportunity for families of Disabled Children to Purchase Medicaid Coverage for Such Children) allows States the opportunity to provide Medicaid benefits to disabled children who would otherwise be ineligible because of family income that is above the State's highest Medicaid eligibility standards for children. It specifically allows families with disabled children to "buy-in" to Medicaid, and prevents them from having to stay impoverished, become impoverished, place their children in out-of-home placements, or simply give up custody of their child in order to access needed health care for their disabled children.

Under the DRA, States must submit a State Plan Amendment (SPA) to CMS to effectuate this change to their Medicaid programs. CMS will provide a State Medicaid Director letter providing guidance on this provision and the associated SPA template for use by States to modify their Medicaid State Plans if they choose to implement this provision. Providing the State with this SPA template will reduce State burden significantly. This SPA template will be a collection of data and therefore, the need for this information request.

B. Justification

1. Need and Legal Basis

Section 1901 of the Act (42 U.S.C. 1396) requires that states must establish a state plan for medical assistance that is approved by the Secretary to carry out the purpose of title XIX. This SPA, if States choose to implement this provision, will require a collection of information to effectuate this change.

2. Information Users

The State Medicaid Agencies will complete the template. CMS will review the information to determine if the State has met all the requirements of the DRA provision. If the requirements are met, CMS will approve the amendment to the State's title XIX plan giving the state the authority to adopt the provision. For a state to receive Medicaid (title XIX) funding, there must be an approved title XIX state plan.

3. Improved Information Technology

This template is available in electronic format. CMS anticipates every submittal to be forwarded to the agency using the electronic format. The document is completed in a user friendly format. Submission of a SPA requires a signature from the State Medicaid Director. The signature can be captured through a facsimile transmission or scanned image of the transmitting document.

4. Duplication of Similar Information

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

This collection does not impact small businesses.

6. Less Frequent Collection

Once the amendment is approved, there is no need to resubmit unless changes are made to the program. This State Plan process is a longstanding process to implement State's Medicaid programs and has been used for years.

7. Special Circumstances

There are no special circumstances or impediments. The template is available in electronic format and will be posted on the CMS Internet web site.

8. Federal Register Notice/Outside Consultation

A 60-day Federal Register Notice was published on September 21, 2007.

9. Payment/Gift To Respondent

There are no payments of gifts associated with this collection.

10. Confidentiality

There is no personal identifying information collected in the document. All the information is available to the public.

11. Sensitive Questions

There are no questions of a sensitive nature associated with this template.

12. Burden Estimate (Total Hours & Wages)

The template has 6 pages. We estimate that it will take no longer than 6 hours for a state to complete and submit the template to CMS. The potential number of respondents is 56 (50 states, D.C., and 5 territories); however, we estimate only 10 states will submit annually. Once approved, the state will not need to resubmit.

It will cost a state no more than \$180 (\$30/hr. x 6 hrs); the national total for the first year will be \$1800 (10 x \$180).

13. Capital Costs (Maintenance of Capital Costs)

There are no capital costs.

14. Cost to Federal Government

CMS estimates that the review of SPA submittals will require approximately 3 hours. CMS further estimates that one GS-13 (hourly rate of \$37.06) will be responsible for review and approval of SPAs. As such, the cost to the federal government could be \$6226.08 (\$37.06 x 3 hours x 50 states and 6 territories potentially submitting SPAs).

15. Program or Burden Changes

This is a new collection.

16. Publication and Tabulation Dates

There are no plans to publish the information for statistical use.

17. Expiration Date

CMS does not oppose the display of the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

C. Collection of Information Employing Statistical Methods

The use of statistical methods does not apply to this form.