

SURVEY OF STATE MEDICARE AND MEDICAID COORDINATORS

Supporting Statement A

Request for Office of Management and Budget Review and Approval
for Federally Sponsored Data Collection
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§1320.5 General Requirements

Additional information on these requirements can be found in Supporting Statement B

The Review Required by §1320.8 (a)(1)(i)

Information on this required review can be found in the pages following.

Evaluation of Public Comments Received under Subsequent Sections (a)(1)(ii)

ONDCP received a single request for additional information from the New York State Office of Alcoholism and Substance Abuse Services. Once the survey instrument was sent to the requesting analyst in this office, no additional information was requested nor comments provided.

Certification and Proposed Survey Instrument (a)(1)(iii)(A – B)

These items are contained in the ROCIS submission to which this supporting document is attached.

Appropriateness of the Display of an Expiration Date (a)(1)(iii)(C)

ONDCP has no objection to the display of an expiration date on the survey instrument. If OMB requires such printed on the survey instrument, ONDCP will comply. Time is of the essence in the distribution and collection of the survey material—ONDCP is requesting a shorter turnaround time than OMB allows for the life of a survey.

Remuneration for Respondents (a)(1)(iii)(D)

ONDCP is offering no payment to respondents in consideration for taking the survey.

The Use of Automated, Electronic, Mechanical, or Other Technological Collection Techniques or Forms of Information Technology (a)(1)(iii)(E)

The survey instrument will be distributed in a hard copy. Respondents are offered the option of responding via phone, fax, E-mail, or hard copy via the United States Postal Service. Although the collected information may be entered into an electronic database for ease of review, there is no automated electronic means of collection.

An automated collection of information would be inappropriate in this instance because the responses to the survey questions are generally simple in nature (i.e., requiring answers of only “yes” or “no”) and in other circumstances may be anecdotal and thus not conducive to formulated responses.

Summary of Public Comments Received, Response to those Comments, and Federal Register Information (a)(1)(iii)(F)

ONDCP received no comments in response to the notices placed in the federal register. One request for a copy of the survey instrument was received and fulfilled.

60-day notice in the Federal Register

Posted on February 21, 2008 in Volume 73, Number 35

The text of this notice can be obtained from Meredith DeFraites, (202) 395-5276

30-day notice in the Federal Register

Posted on April 28, 2008 in Volume 73, Number 82

The text of this notice can be obtained from Meredith DeFraites, (202) 395-5276

Copies of Pertinent Statutory Authority, Regulations, and Other Materials (a)(1)(iii) (G)

If OMB should require any additional documents, please contact Meredith DeFraites, (202) 395-5276.

The Publication in the Federal Register (a)(1)(iv)

Citations may be found above.

The Least Burdensome Means of Collecting the Information (d)(1)(i)

ONDCP finds it necessary to collect this information, which is not currently available from any other source. In order to effectively assess whether the creation of the new HCPCS codes is helping to achieve the President's Drug Control Strategy objectives, ONDCP must determine whether and why the codes are being adopted. The survey in question consists of eight questions, most of which are answerable with either "yes" or "no" and all of which relate to information that the State Medicare/Medicaid Agencies already possess.

Duplication of Readily Available Information (d)(1)(ii)

ONDCP worked with the Substance Abuse and Mental Health Services Administration (SAMHSA) in an effort to find the information requested in this survey instrument. SAMHSA does not currently collect this information. It is unlikely that any other federal agency would have collected this information, as narrowly restricted to substance abuse healthcare as the new codes are.

Practical Utility and the Burden on the Government (d)(1)(iii)

An Evaluation of the Need for the Collection of Information

As part of the President's National Drug Control Strategy, President Bush identified several key areas that were to be the focus of the Office of National Drug Control Policy's efforts for Fiscal Year 2008. In addition to such efforts as controlling the flow of drugs across the Southwest Border and prescription drug safety, the President identified Screening, Brief Intervention, Referral, and Treatment as an important aspect of nationwide drug control.

ONDCP's approach to Screening, Brief Intervention, Referral, and Treatment (also known by the acronym SBIRT or as Screening, Intervention, and Treatment [SIT]) reflects the theory that "health professionals hold a key to increasing awareness and bringing help to millions of Americans with drug and alcohol problems."¹ The Federal Government began providing funding in support of these efforts in 2003. In 2007, the Centers for Medicare and Medicaid Services (CMS) created two Healthcare Common Procedure Coding System (HCPCS) codes—H0049 and H0050—for alcohol and drug screening and brief intervention. The establishment of these codes now allows health care professionals to be reimbursed for their SBIRT efforts.

¹ *The National Drug Control Strategy: 2008 Annual Report*, P. 23

In the past 18 months, several states have enabled the codes for use by healthcare professionals. This information collection will determine whether the codes have been enabled in the surveyed state, the manner in which the codes will be used, and the level of support provided by CMS in initiating use of the codes. This information is not currently collected. While it will benefit ONDCP to collect the information, for use in our measures of our own success in executing the President's Drug Control Strategy, the information will be shared with the Substance Abuse and Mental Health Services Administration as well.

The primary purpose of this survey is to ascertain whether States have adopted the two new HCPCS codes for alcohol and drug screening and brief intervention, and to determine factors that may inhibit State adoption of these codes.

The Burden on the Government

All costs to the government are onetime, because this is a onetime data collection. The costs to the government include the costs of labor for analysts already employed by the federal government and the cost of materials. Both costs are nearly negligible. The analyst in charge of data collection will receive the data in the course of her regularly scheduled duties. She will engage in data collection and compilation during regular business hours and interspersed with other duties assigned her by ONDCP.

The cost of materials will be the cost of 204 sheets of paper, 51 envelopes, and postage for shipping these items. A rough estimate could be:
[(<\$.01/sheet) X 204 Sheets] + [(\$.03/envelope) X 51 Envelopes] + [(\$.42/envelope postage) X 51 Envelopes] = \$24.99²

Restrictions on Collection Frequency (d)(2)

This information will be collected one time only, within the next 3 months. Should ONDCP require further information, OMB will be apprised.

Responses to the proposed survey take the form of "yes" and "no" answers, to be completed by filling in the appropriate check boxes. Although State agencies will be strongly encouraged to reply to the request for information, they are not *required* to complete the survey.

Respondents are not asked to submit any documents.

Respondents are not asked to retain any records.

This survey is not statistical in nature.

The responses to the questions contained in the survey instrument do not refer to classified or sensitive information. The answers to these questions should be a matter of public record.

§1320.8 Agency Collection of Information Responsibilities

A Summary of the Collection of Information and the Need Therefore (a)(1)-(2)

The purpose of this survey is to ascertain whether States have adopted two new Healthcare Common Procedure Coding System codes for alcohol and drug screening and brief intervention. The survey instrument asks—in a series of simple questions—whether the codes have been "turned on" in the respondent's state; which factors influenced the State's decision to turn on or not to turn on; whether the State intends to engage in universal screening and if the State

² Cost of materials estimates obtained from www.staples.com and www.usps.com, respectively.

collects such information; and whether the State sought and/or received assistance from CMS in turning on the code.

The creation of the HCPCS codes was a valuable step in the President's efforts toward reducing the demand for illicit drugs in the United States. In order for this to be effective, the codes must be adopted by States so that health care professionals can use them. ONDCP wishes to collect information on which States have adopted the codes and the factors influencing States' decisions to adopt or not adopt, so as to understand how we should proceed in getting more States to adopt these valuable tools.

The need to collect this information stems from ONDCP's involvement in disseminating information about the codes and encouraging health care professionals to increase their SBIRT efforts.

The Plan for the Collection of Information (a)(3)

A single hard-copy survey instrument will be used to poll State Medicare/Medicaid Agencies. Data will be collected one time, with all survey responses to be collected by July 31, 2008. The survey will help ONDCP, CMS, and SAMHSA to determine the rate of adoption of the new HCPCS codes by States and the level of support offered to them by CMS.

The information collected will help ONDCP understand the successes and difficulties encountered by State Medicare/Medicaid Agencies in adopting the new codes. This information may also help CMS to hone their customer support services to be more useful for the State agencies and understand the difficulties encountered by the States. The information collected will also assist ONDCP in understanding the objectives and performance measures achieved under the President's National Drug Control Strategy.

The Burden Estimate (a)(4)

A Specific, Objectively Supported Estimate of Burden

This survey is directed to the State Educational Agencies, but not to any particular person within that agency. Thus, the task of filling out the responses can be delegated to any person with access to the records in question.

Table A Annualized Burden

Number of Respondents	Annual Number of Responses	Average Burden Per Response (in hours)	Total Burden (in hours)
51	1	1/6	8 1/2

Table B Annualized Costs to Respondents

Number of Respondents	Annual Number of Responses	Estimated Cost of Respondent Employee's Time*	Cost of Postage/ Estimated Cost of Outgoing Fax	Total Respondent Cost
51	1	\$ 5.00	\$ 0.42	\$ 5.42

*The \$5 cost burden is based on the assumption that the survey responses may be delegated to anyone with access to the relevant records. For persons employed in a clerical capacity, the estimate of a \$30/hr wage is not unreasonable.

The Reporting and Recordkeeping Burden

There are no other costs associated with this information collection: there is neither start up costs nor costs associated with operation or maintenance. Respondents are not asked or expected to purchase any services. The survey questions bear directly on action taken by State Medicaid and Medicare Agencies, the potential respondents.

Whether the Burden on Respondents can be Reduced by Use of Automation (a)(5)

Because of the nature of the responses sought in this survey, it would be impractical to attempt to automate the data collection. The questions asked in the survey require either “yes” or “no” answers, or are open ended to invite respondents to share their experiences related to the adoption of the codes in anecdotal format.

Additionally, the nature of the survey is simple and straightforward. To automate such a survey (the one in question is fewer than 4 pages long) would require a great deal more effort, time, and money than is needed for the use of the hardcopy survey.

Respondents are invited to respond to the survey by E-mail or fax should return of the hard copy by US Postal Service be a disagreeable form of communication.

Applicability of Testing the Collection of Information through a Pilot Program (a)(6)

Because there are no statistical methods or sampling involved and because the survey instrument is simple, there is no need for testing.

However, ONDCP has previously surveyed State agencies for the “Major Cities” Federal, State, and Local Drug Control Funding database and has found their responses to be timely and thorough. The response rate for State agencies that were polled was above 90%. In that information collection, the survey instrument was similar in terms of complexity and length.

The survey instrument was subjected to interagency review, as well as review by U.S. Department of Education analysts. Within ONDCP, the survey was reviewed by a number of individuals, many of whom have previous experience with surveying methods and analysis.

The Plan for the Management and Use of the Information Collected; Time Table for Collection and Use (a)(7)

Because the data is largely anecdotal, rather than statistical, the information will not need to be tabulated. Additionally, the information collected in this survey will be used in future grant and policy formulations, rather than published in its own right.

The timetable for the collection and analysis are as follows:

June 2008: Distribute survey instrument

July 2008: Collect survey information

August 2008: Share information with US Department of Education and incorporate responses into policy analysis.