

SUPPORTING STATEMENT FOR MEDICAID STATE PLAN BASE PLAN PAGES

A. BACKGROUND

Section 1901 of the Social Security Act (42 U.S.C. 1396) requires that States must establish a State plan for medical assistance that are approved by the Secretary to carry out the purposes of title XIX. The Medicaid State plan is a 700 page document in which each State informs CMS staff, other States and the public of State policies, standards, procedures and instructions regarding the administration of its Medicaid plan.

The Medicaid State plan base pages plan pages, attachments and supplements (plan pages) is a template used by State agencies to transmit Medicaid State plan material to the Centers for Medicare & Medicaid Services (CMS) for approval prior to amending their State plan. When a State Medicaid agency wants to amends its Medicaid requirements, it submits a SPA to amend the applicable section(s) of the template.

B. JUSTIFICATION

1. Need and Legal Basis

The plan pages are documents utilized currently by State and territorial agencies which have the responsibility for administering the Medicaid program. When States or territories seek to amend any portions of its State plans, via State plan amendment (SPA), the documents are transmitted to the Centers for Medicare & Medicaid Services (CMS) for approval prior to amending their State plans. Associated with the “CMS-179”, a one page cover page that is included in every SPA, the plan pages contain over 700 pages that correspond to implementing regulations in the CFR regulations and statutes in the Social Security Act. A State may amend one or more of the plan pages at a time. The plan pages are organized by subject matters which include Medicaid eligibility, services, payment for services, and general and personnel administration.

2. Information Users

State Medicaid agencies complete the plan pages. CMS reviews the information to determine if the State has met all of the requirements of the provisions the States choose to implement. If the requirements are met, CMS will approve the amendments to the State’s Medicaid plan giving the State the authority to implement the flexibilities. For a State to receive Medicaid Title XIX funding, there must be an approved Title XIX State plan.

Below is detailed inventory of the reorganization and revisions made to the State plan pages:

Section 2 of the Base Plan in addition to Attachment 2.2-A, 2.6-A and their Supplements

Section 3 of the template underwent substantive reorganization. As proposed, it contains 43 separate sub-sections, and subsumes previously approved collections as well as incorporating new ones.

Section 3.1-A items numbered 1 through 33 identifies the medical and remedial services provided to the categorically needy, and specifies all limitations on the amount, duration and scope of those services.

Section 3.1-B of the State plan template identifies the medical and remedial services provided to the medically needy, and specifies all limitations on the amount, duration and scope of those services.

Section 3.1-C provides the option for States to establish a Benchmark Benefit Package and Benchmark Equivalent Benefit Package. (approved 9/06 – OMB#0938-0993).

Section 3.1-D identifies “The Methods of Providing Transportation as an Administrative Activity” in accordance with 1902(a) (4) (A) of the Act and 42 CFR Part 431.53 (excluding “school based” transportation).

Section 3.1-E identifies Standards for Coverage of Organ Transplant Services.

Section 3.1-F identifies Provisions Relating to Managed Care provided in accordance with 1932 of the Act and 42 CFR Part 438.50 (approved 2/28/08 – OMB #0938-0933).

Section 3.1-G identifies Families Receiving Transitional Medical Assistance (TMA) Benefits provided in accordance with 1902(a)(52) and 1925 of the Act and 42 CFR 435.112. (New)

Section 3.1-H identifies Health Opportunity Accounts Demonstration Program provided in accordance with 1938 of the Act (approved 8/31/07 – OMB# 0938-1007).

Section 3.1-I identifies Standards and Methods to Assure High Quality Care provided in accordance with 1902(a) (30) A) of the Act and 42 CFR 440.260. (New)

Section 3.2 identifies Coordination of Medicaid with Medicare and Other Insurance.

Section 3.3 identifies Integrated Medicare and Medicaid Services. (approved 7/3/08- OMB#0938-1047).

Section 4 is revising the followings forms:

4.8, 4.17, 4.19(c), 4.19-B, 4.22, 4.31, 4.32, 4.33, 4.34 and 4.39

3. **Improved Information Technology**

The current collection is in paper form. This collection does not require signature from respondents. The CMS is currently developing an “e-SPA” system that will become the electronic processing system for this collection and related information. Once this system is operational, the State will be required to complete this request once using the electronic system. The collection will become 100% electronic once the system is operational.

4. **Duplication**

The plan pages are the only source available to State agencies for submittal/approval of SPAs. Approval of the form will provide States a vehicle for Federal budget impact reporting.

5. **Small Business**

There is no burden on small businesses.

6. **Less Frequent Collection**

Once any amendment is approved, there is no need to resubmit additional amendments, unless the State initiates a change. This State plan amendment process is a longstanding protocol to implement each State’s Medicaid programs and has been used since the inception of Medicaid in 1965.

7. **Special Circumstances**

There are no special circumstances that will affect the collection of this information.

8. **Federal Register Notice/Prior Consultation**

A 60-day Federal Register Notice was published on 8/22/2008. There was no other outside consultation. This is a long-standing collection. The States provide this information once in the State Medicaid plan, without needing to provide it again, unless the State determines that there is a reason to change its program and amend this section of the State plan.

9. **Payment/Gift to Respondents**

There is no payment or gift to respondents.

10. **Confidentiality**

The Medicaid State plan is public information. No assurance of confidentiality has been provided to respondents.

11. **Sensitive Questions**

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

12. **Burden Estimate**

There will be a total of 56 States and territories as possible respondents for this request, all of whom made the required entry when the election of Medicaid in its State was made. There is no necessary reason why any particular number of States and territories would choose to amend the aforementioned provisions of its Medicaid State plan. The collection is required only if a State determines that a change its Medicaid program warrants a change in the original response. However, it may be necessary for a State to amend its form to come into compliance with standardized templates.

Due to the simplicity of the collection format, the fact that this is an established collection, and that the Medicaid program requirements are readily available to States, it has been determined that that the average response time is 1 hour per page. For 56 respondents, at a slightly above historical rate of one amendment per decade, this equals an annual hour burden of 5.6 hours. This burden was estimated based on the formula provided in the instructions of Worksheet II. For purposes of this submission, we estimated the total annual responses to be 4680.8 and the annual burden to be 9271.19. The calculated burden does not include the usual and customary business practice of the State determining or obtaining technical assistance from CMS about Federal requirements.

13. **Capital Costs**

There are no capital costs associated with this information collection.

14. **Costs to Federal Government**

The cost is estimated to be \$702,000.00. This amount is based on a Federal salary of a GS-13/3 analyst at \$50.00 per hour, reviewing 4680.8 possible yearly amendments for an average of 3 hours.

15. **Program/Burden Changes**

There are no program changes. Burden increase is due to the revision of the templates, and the States and territories' anticipated compliance with the electronic standardized templates.

16. **Publication and Tabulation Dates**

This is an existing collection that has current OMB approval. The information collected will be public information contained in each State's Medicaid State plan, which will be available on the internet. No new publication of this information is foreseen, although as public information, any party may publish or comment on State Medicaid policies.

17. **Expiration Date**

CMS does not oppose the display of the expiration date.

18. **Certification Statement**

There are no exceptions.

C. **COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS**

1. The use of statistical methods does not apply for purposes of this form.