Supporting Statement For Paperwork Reduction Act Submissions

Required Dental Coverage

A. Background

CHIPRA 2009, Section 501, requires that "child health assistance provided to a targeted low-income child shall include coverage of dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions."

States that provide title XXI coverage to children through a CHIP Medicaid expansion program are required to provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, as specified in 1905(r). The dental services provided through EPSDT will be considered to meet the requirements of this provision.

States that provide coverage in a separate CHIP program may choose between two methods of providing the dental services required in Section 501. The State may define the services in the dental benefit package and demonstrate that it includes all of the required services. Alternatively, the State may provide a dental benefit package that is equivalent to one of the three benchmark packages described in the statute. In order to implement one of these options and comply with the statute, States must amend their State Plan using Enclosure #1.

B. Justification

1 . Need and Legal Basis

Pursuant to CHIPRA 2009, States with separate CHIP programs must provide necessary dental services to targeted low-income children. To comply with the statute, States must complete the State Plan Amendment (SPA) preprint, Enclosure #1, in order to implement this requirement. CMS is seeking OMB approval to use Enclosure #1 for this purpose. The information collected by CMS from the States will be on a **one-time basis** and is needed in order to determine if the State will properly implement the required dental coverage.

2. Information Users

State CHIP agencies are required to complete applicable State plan templates. CMS will review the information provided in order to determine if the State's proposed approach complies with the statutory dental requirements.

3. Use of Information Technology

The SPA review process is facilitated through the use of emails, faxes, and phone calls between Central Office, the Regional Offices, and the States. Once the preprint forms are completed, every effort is made to communicate via the use of information technology to complete the process.

4. Duplication of Efforts
   There is no duplication of effort on how information is associated with this collection. The State is required to complete the preprint only once.

5. Small Businesses
   The collection of this information is not applicable to small businesses.

6. Less Frequent Collection
   Applicable States are required to complete a preprint packet (Enclosure #1) only once. Therefore, less frequent collection circumstances are not applicable.

7. Special Circumstances
   There are no special circumstances or impediments.

8. Federal Register/Outside Consultation
   A 60-day Federal Register notice was published on 6/12/2009.

   A State Health Official letter is pending, in which CMS provides States guidance on this requirement and their compliance options, including providing them with the draft SPA preprint (Enclosure #1).

9. Payments/Gifts to Respondents
   There are no payments of gifts associated with this collection.

10. Confidentiality
    CMS makes no pledges of confidentiality. There is no personal identifying information collected. All of the information is available to the public.

11. Sensitive Questions
    There are no questions of a sensitive nature associated with these forms.

12. Burden Estimates (Hours & Wages)
    The burden associated with this requirement is the time and effort put forth by a State to develop its State plan amendment describing the proposed dental benefit package and how it meets the requirements of the CHIPRA statute. CMS estimates that it would take one State approximately 30 hours to complete the requirement. At 30 hours x $50.00 per hour, the cost for one state would be $1,500.00. Although not all States have a separate CHIP program, States have the option to change from a Medicaid Expansion program to a separate program; therefore, because all 50 States and the District of Columbia (DC) may be eligible to implement this benefit, the burden estimate provided here includes all States and the District of Columbia. We have considered that all States and DC will obtain the estimated annual burden of 1530 hours (51 x 30 hours= 1530 hours). At an average hourly wage of $50.00, we

estimate the one time cost to a State or DC will be $1,500.00 ($50.00 x 30 hours = $1,500.00)

13. Capital Costs
    There are no capital costs.

14. Cost to Federal Government
    The cost to the Federal government would be the time and effort put forth by a Health Insurance Specialist to review the State Plan Amendment. It is estimated that it would take one analyst 10 hours to review the State Plan Amendment. At an average hourly salary of $43.26 X 10 hours, it would cost $432.60 for each State Plan Amendment review. To complete the review for all 51 States (if needed), it would cost the Federal government a total of $22,026.60.

15. Changes to Burden
    This is a new collection.

16. Publication/Tabulation Dates
    There are no plans to publish the information for statistical use.

17. Expiration Date
    There is no expiration date.

18. Certification Statement
    There are no exceptions to the certification statement.

C. Collections of Information Employing Statistical Methods

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