

**Supporting Statement
For the
Early and Periodic Screening,
Diagnostic and Treatment (EPSDT) Report
Form CMS-416/OMB# 0938-0354
And Supporting Statutory Language
Contained in 1902(a)(43)(D) of the Social Security Act**

A. Background

Section 1902 (a)(43)(D) of the Social Security Act (the Act) requires States to report annually by age group and basis of Medicaid eligibility for medical assistance, information relating to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided under the State plan. The Centers for Medicare and Medicaid Services (CMS) is responsible for administering the EPSDT program and uses the annual reports to evaluate the program's effectiveness in improving the health of Medicaid eligible children. The report also is used to provide data to the Congress and the public on the health of Medicaid children.

CMS is requesting approval of this version of the EPSDT reporting requirements that reflect changes necessitated by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). In addition to the CHIPRA changes, CMS has taken the opportunity to include additional changes to the instructions that reflect recommendations from CMS, States and external partners on improving the data currently reported. State reporting requirements, form CMS-416, currently are approved under OMB no. 0938-0354 until April 30, 2012.

Section 2700.4 of the State Medicaid Manual (SMM) contains form CMS-416, instructions for completion of the form, and the required OMB disclosure statement.

A. Justification

1. Need and Legal Basis

The authority for requiring States to submit the annual report is section 1902 (a) (43)(D) of the Act. This is a national report that CMS is required to produce and publish on a yearly basis. This report is compiled with the data submitted to CMS by each State on their yearly 416 report. The information is used to assess the effectiveness of State EPSDT programs including the provision of required dental services to eligible children.

2. Information Users

States submit the annual report to CMS' Center for Medicaid and State Operations (CMSO) and CMS regional offices. The baseline data collected is used to assess the effectiveness of State EPSDT programs in reaching eligible children, by age group and basis of Medicaid eligibility, who are provided initial and periodic child health screening services, referred for corrective treatment, and receiving dental, hearing, and vision services. This assessment is coupled with the State's results in attaining the participation goals set for the State. The information gathered from this report, in conjunction with budget data on EPSDT expenditures, permits Federal and State managers to evaluate the effect of the EPSDT law on the basic aspects of the program.

Additionally, the report assists CMS in fulfilling its program responsibilities of providing current and reliable information on EPSDT to the Congress and the public. Approximately 40 inquiries per year are received regarding this program. Data provided from the annual reports is used to respond to these inquiries expeditiously, without the need to disrupt State operations on an ongoing basis.

3. Improved Information Technology

CMS has developed a uniform electronic system by which States may report the required data. Approximately three fourths of States reported using this optional electronic system for fiscal year 2008 data. CMS has continued to work with States to fully implement this system and should have 100 percent electronic State reporting for fiscal year 2009 data.

4. Duplicate Information

CMSO is the only CMS component collecting this EPSDT data. Therefore, there is no duplication.

5. Small Business

This collection of information does not involve small businesses or other small entities.

6. Less Frequent Collection

Section 1902 (a)(43)(D) of the Act requires the annual reporting by States of the EPSDT data. Less frequent collection does not provide adequate/current data necessary for response to Congressional and public inquiries.

7. Special Circumstances

No special circumstances exist which require completion of this section of the supporting statement.

8. Federal Register/Outside Consultations

CMS published a 60-day Federal Register notice on April 19, 2010.

9. Payments or Gifts

There is no provision for any payment or gift to respondents associated with this reporting requirement.

10. Confidentiality

Because no personal identifying information is collected in the report, there is no issue of confidentiality with respect to the data submitted by the State. The data collected on the report is available for public review.

11. Sensitive Questions

There are no questions of a sensitive nature in this data collection.

12. Estimate of Hour Burden and Cost to Respondents

The estimate of burden includes time for reviewing instructions, searching/gathering data, and completing the form. The estimate was derived from a sample of States and has not changed. It has been updated to account for the increase in salary for a GS 12, step 1, that is used in the calculation.

Record Keeping Burden

56 State entities x 1 report annually x 9 hours = 504

Reporting Burden

56 State entities x 1 report annually x 19 hours = 1,064

TOTAL ANNUAL BURDEN HOURS 1,568

The estimate of annualized cost to State governments is \$13,548 (25 percent of the total costs (\$54,190)). The State employee hourly wage figure is computed as 80 percent of a GS-12 step 1, annual salary, plus 20 percent retirement/insurance. The State cost is computed as follows:

$\$74,872 \times 80 \text{ percent} = \$59,897.6 + 11,979.52 \text{ (20\% retirement/insurance)}$
 $=$
 $\$71,877.12 \text{ divided by } 2,080 \text{ hours per year} = \34.56 per hour.

\$34.56 per hour x 1,568 hours per year = \$54,190 per year.

\$54,190 x 25 percent (State share) = \$13,548.

13. Total Costs as a Result of Data Collection

There are no start-up costs associated with this information collection because the Medicaid EPSDT program has been in existence since 1967.

States use various data systems to collect and maintain data on all aspects of the Medicaid program. Some States use only PC database systems while others use more sophisticated mainframe systems. CMS does not mandate State data system types, therefore, it is necessary to estimate a range of operating and maintenance costs for EPSDT data. These costs are estimated in a range of \$3,000 to \$15,000 annually.

14. Federal Costs

The estimate of annualized cost to the Federal Government is \$57,114.

The cost estimate is computed as follows:

75 percent (Federal share) of the States' total costs	=	\$40,643
Data entry, analysis, and inquiry responses (GS-13/8 x .15 FTE)	=	<u>\$16,471</u>
Total Federal Costs		\$ 57,114

15. Changes in Burden and/Program Changes

CMS has added four additional lines of dental data. Based on comments received, we requested further input on additional burden for States to collect that data. Based on information we received, the requirements for States to be able to run ad hoc reports from the MMIS systems and the fact that States are already collecting much of the data requested, we have made no change in program or burden hours.

16. Publication and Tabulation Data

This information is posted on the CMS website. No other publication is planned.

17. Display of Expiration Date

CMS is seeking approval to not display the expiration date for OMB approval on the form. Because the form is part of SMM, it would be

necessary for CMS to reissue those pages of the manual with each OMB approval. States will be notified each time OMB approval is received and will be provided with the revised expiration date.

18. Exception to Certification Statement

There are no statistical survey methodologies employed with this data collection.

B. Collections of Information Employing Statistical Methods

CMS does not intend to collect information employing statistical methods.