

**Request for Emergency Processing of State Balancing Incentive
Payment Program (BIPP) PRA Package
CMS-10411, OMB 0938-New**

Emergency Justification

CMS requests an emergency clearance of these PRA requirements because we are committed to avoiding any possible public harm to Medicaid beneficiaries that may result if normal clearance procedures are followed. States currently are facing immediate, challenging demands mandated by the Affordable Care Act (ACA), while at the same time, significant budget shortfalls. The ACA offers States several new initiatives and funding opportunities that are designed to begin in the near term and assist States in their transition to new health insurance and delivery systems by 2014. The Balancing Incentive Payments Program (BIPP) offers a targeted increase in the Federal Medical Assistance Payment (FMAP) for non-institutional long term services and supports. This initiative targets an extremely vulnerable Medicaid population. It provides States new tools for ensuring quality of care to these populations and innovative approaches to case management and functional needs assessment. Delay in releasing this guidance and funding will deprive fiscally -strapped States of the immediate opportunity to appropriately serve these vulnerable beneficiaries, consistent with statutory intent.

In order for BIPP to have maximum impact and success, States must have reasonable lead time to prepare for program implementation by October 1st. They are anxiously demanding and awaiting this guidance.

Effective October 1, 2011, the BIPP offers a targeted increase in the FMAP for non-institutional longterm services and supports (LTSS) to States that (1) spend less than 50 percent of total Medicaid LTSS expenditures on non-institutional LTSS; and (2) submit an application that addresses the programmatic requirements specified in the law and other information as directed by the Secretary. The enhanced matching payments are tied to the percentage of a State's LTSS spending, with lower FMAP increases going to States with a less significant need for reforms. BIPP requires States to implement structural changes, including a no wrong door-single entry point system, conflict-free case management services, and a core, standardized beneficiary functional needs assessment. Total funding over the four-year period (October 1, 2011 – September 30, 2015) is not to exceed \$3 billion in Federal enhanced matching payments.

Summary

CMS intends to release a State Medicaid Director letter that provides guidance to States on the implementation of Section 10202 of the Affordable Care Act, entitled "State Balancing Incentive Payments Program," or BIPP. That letter is currently under OIRA review. We intend to issue the letter along with a work plan template that needs emergency approval under the Paperwork Reduction Act.

Timeline

Since increased FMAP begins October 1, 2011 and a significant amount of preparation is required for this opportunity, we are requesting expeditious release of the letter and application to allow States sufficient time to prepare. States are awaiting CMS guidance on the application requirements specified in the law. Therefore, we request approval ASAP.