

Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #22 Health Home State Plan Amendment (SPA)

December 2014

Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)

A. Background

The Centers for Medicare & Medicaid Services (CMS) work in partnership with States to implement Medicaid and the Children's Health Insurance Program (CHIP). Together these programs provide health coverage to millions of Americans. Medicaid and CHIP are based in Federal statute, associated regulations and policy guidance, and the approved State plan documents that serve as a contract between CMS and States about how Medicaid and CHIP will be operated in that State. CMS works collaboratively with States in the ongoing management of programs and policies, and CMS continues to develop implementing guidance and templates for States to use to elect new options available as a result of the Affordable Care Act or to comply with new statutory provisions. CMS also continues to work with States through other methods to further the goals of health reform, including program waivers and demonstrations, and other technical assistance initiatives.

B. Description of Information Collection

Section 2703 of the Affordable Care Act, entitled "State Option to Provide Health Homes for Enrollees with Chronic Conditions," added section 1945 to the Social Security Act to allow states to elect the health home option under the Medicaid State Plan. Information submitted via the health home State Plan Amendment (SPA) web-based application will be used by CMS Central and Regional Offices to analyze a State's proposal to implement Section 1945 of the Social Security Act (the Act) to establish a State plan option to provide coordinated care through a health home for individuals with chronic conditions. State Medicaid Agencies will complete the SPA web-based application, and submit it to CMS for a comprehensive analysis.

There are two parts to the application, one is the SPA template and the other is an administrative addendum. In accordance with 1945(f) and 1945(g) of the Act, and Section 3502 of the Affordable Care Act, the addendum permits a State to display monitoring data and identify the goals and measures that will be used to assess its Health Homes model of service delivery. States can update the content within the addendum at any time without having to submit a new amendment. Both documents must be completed by the State for a SPA submission to be considered complete. The application contains check-off items and free text areas for a State to describe its health home program, such as; population criteria and enrollment, infrastructure, provider standards, delivery service, payment methodology, core services, use of health information technology, specific assurances, and quality program monitoring. All information provided by the State in the application is reviewed, approved and maintained based on applicable statutory and regulatory requirements.

This collection of this information is critically important in that the provisions in Section 1945 of the Act provide an opportunity for States to build a person-centered system of care that achieves improved outcomes for beneficiaries and better services and value for State Medicaid programs. This provision supports CMS's overarching approach to improving health care through the simultaneous pursuit of three goals: improving the experience of care; improving the health of populations; and reducing per capita costs of health care.

SMDL# 10-024, ACA #12 - RE: Health Homes for Enrollees with Chronic Conditions. This letter provides preliminary guidance to states on the implementation of section 2703 of the

Affordable Care Act.

<http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf>

CMCS Information Bulletin: December 22, 2010: Web-Based SPA Submission Process for Health Home for Medicaid Enrollees with Chronic Conditions. This bulletin provides guidance on the automated State Plan submission process for Health Homes.

<http://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/CIB-12-22-10.pdf>

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 86,240 hours, and CMS previously requested to use 34,836 hours, leaving our burden ceiling at 51,404 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 80 hours. There is a potential universe of 30 respondents, so the total burden deducted from the total for this request is 2,400 hours.

E. Timeline

Not applicable. This is an extension (without change) of a currently approved GenIC.

Attachments

The following attachment is provided for this information collection:

- Health Homes Administrative Component
- Health Homes State Plan Amendment