

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 #31 Statewide HCBS Transition Plans

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

Each state which operates a Section 1915 (c) waiver or a Section 1915(i) state plan benefit that was in effect on or before March 17, 2014 is required to file a Statewide Transition Plan to describe how the state will bring all pre-existing 1915(c) or 1915(i) programs into full compliance with the home and community-based (HCB) settings requirements in 42 CFR Section 441.301(4)(5) and 42 CFR Section 441.710(a)(1)(2) of regulation 42 CFR Part 441. The Statewide Transition Plan must delineate how the state will bring all 1915(c) and 1915(i) programs in that state into alignment with the HCB setting regulation requirements.

The Statewide Transition Plan must contain the state's assessment of whether settings in which home and community-based services (HCBS) are delivered under these authorities meet the requirements outlined in 42 CFR Section 441.301(c)(4) and (5) and 42 CFR Section 441.710(a)(1) and (2), including the state's summary and response to public input that the state obtained prior to submitting the Statewide Transition Plan to CMS. The Statewide Transition Plan must also detail what actions the state proposes, with specific timeframes for identified actions and deliverables, to assure full and on-going compliance with the standards. We are including an **optional template** as a suggested method of organizing this data.

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 48,078 hours, leaving our burden ceiling at 38,162 hours. CMS estimates that each State will complete the collection of data and submission to CMS within 42 hours. There is a potential universe of 48 respondents, so the total burden deducted from the total for this request is 2,016 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:

- Sample Template for State Setting's Analysis (Optional)
- CMS Guidance on Statewide Transition Plan to Align with HCB Settings Regulation Requirements
- Incorporation of Heightened Scrutiny in the Transition Plan Process