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 #33 Opportunity for families of Disabled Children to Purchase Medicaid Coverage for Such Children - DRA 6062

(Formerly CMS-10232, OCN 0938-1045)

December 2014

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

The template is formerly approved under OCN 0938-1045 (CMS-10232).

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

The Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. Title XXI enables States to initiate and expand health insurance coverage for uninsured children. In order to be eligible for payment under this legislation, each State submitted an initial Title XXI plan for approval by the Secretary that details how the State intends to use the funds. States may also amend their plans at any time by submitting an amendment for approval by the Secretary. All 56 States and Territories have submitted and received approval for State plans and numerous amendments to their plans. States will continue to amend their plans as necessary to reflect changes to their programs.

Under the law, a State plan or an amendment is considered approved in 90 days unless the Secretary notifies the State in writing that the plan is disapproved or that specified additional information is needed. The plan encompasses all of the child health assistance being provided using Title XXI funding. It is important to note that once a Title XXI plan is approved, the State is obligated to continue operating their program in the same manner as described in that plan until the plan is amended in accordance with the rules governing the program.

CMS is taking this opportunity to combine the instructions within the body of the template in order to facilitate a State employee's ability to complete accurately the template. We are also incorporating in this template the subject specific templates that have previously been sent to States via a State Health Official (SHO) letter. The template includes supplements to the changed sections to accommodate the new language. In essence, it merely incorporates existing language from previously existing ones into a new, generic template to decrease fragmentation of forms. Each supplement is noted with a letter that correlates to each subject specific template. A key for the newly incorporated templates is included at the end of the revised template. Any changes to numbering or to prior issuance have been noted within the body of the template and references to the SHO letter that transmitted the template are included also. CMS is not using this opportunity to include new policy or guidance. This template will be revised and reissued upon the publication of the final regulations guiding the Patient Protection and Affordable Care Act of 2010 and the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

As is currently done, States are asked to submit only the applicable parts of the template for their amendment request. They do not have to resubmit their State plan in its entirely using this revised template.

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 50,479 hours, leaving our burden ceiling at 35,761 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 40 respondents, so the total burden deducted from the total for this request is 3,200 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:

- FOA Preprint