

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 #34 Model Application Template and Instructions for State Child
Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance
Program**

(Formerly CMS-R-211, OCN 0938-0707)

December 2014

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

The template had been approved under OCN 0938-0707 (CMS-R-211).

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 state 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.

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. 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 entirety using this new template.

CMS is not using this opportunity to include new policy or guidance.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Based upon CMS's previous experiences with state plan amendments, we estimate that on average, it will take a state 80 hours to complete and submit an amendment. We estimate that 40 amendments will be submitted on an annual basis for a total annual burden of 3,200 hours (40 amendments x 80 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:

- Title XXI State Plane Template