

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 #7: CHIPRA Connecting Kids to Outreach and Enrollment Grants
[Cycle III (Extension, without change) Cycle IV (New)] Focused on Increasing Enrollment
of Native American and Alaskan Native Children**

April 2, 2015

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

CMS requests expedited approval of this collection instrument for release upon OMB approval. An expedited approval is needed to minimize the disruption to timely grant reporting.

Working backward from the most recent action, this package revises the GenIC that was renewed on December 24, 2014, and revised on March 14, 2014. The original package was approved by OMB on May 1, 2012.

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.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3), signed into law by President Obama on February 4, 2009, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2013. (The ACA extended CHIP funding through 2015.) In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, CHIPRA provided a total of \$100 million for outreach and enrollment activities, including \$80 million for grants to states, local governments, community-based and non-profit organizations and others; \$10 million in grant funds exclusively for Indian health care providers and tribal entities; and \$10 million devoted to a national outreach and enrollment campaign.

Cycle I (Completed)

The first \$40 million in grants, entitled CHIPRA Outreach and Enrollment Grants (Cycle I), were awarded in September 2009, to 68 grantees in 42 states. This was followed in April 2010 with awards amounting to \$10 million in grants to 41 American Indian/Alaska Native (AI/AN) grantees in 19 states.

Cycle II (Completed)

The next cohort of CHIPRA Outreach and Enrollment Grants was awarded in August 2011 with another \$40 million going to 39 grantees in 23 states.

Cycle III (Extension, Without Change)

In July 2013, 41 Connecting Kids to Coverage Outreach and Enrollment Grants (Cycle III), totaling \$32 million were awarded in 22 states. These Cycle III grants support outreach strategies similar to those conducted in previous grant cycles, and also fund activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and insurance affordability programs under the ACA. The period of award for these grants is through FY2015 but we anticipate that at least half of the grantees will be approved for up to a one year no cost extension which would extend these grants through FY2016.

Cycle IV (New)

In November 2014, an additional \$4 million in funding was awarded to 10 AI /AN grantees including Indian health care providers and tribal entities. These grants share the same broad goal, to increase enrollment of children who are eligible for Medicaid and the CHIP but are not enrolled, and to keep them covered for as long as they qualify. These two year grants will help prepare AI/AN organizations and communities to reach out to those children who remain uninsured providing them and their families with enrollment assistance as well as improving the renewal processes so children will continue with their health care coverage. The period of award for these grants is through FY2016 and there will not be any no cost extensions under this award.

B. Description of Information Collection

Section 2113(d) of the Social Security Act requires that CMS publish enrollment data and annual reports to Congress on the grant-funded outreach and enrollment efforts. CMS has contracted with an external evaluator to assess, synthesize and report on the success and lessons of the CHPRA grants. In order to conduct the evaluation and meet Congressional requirements, CMS proposes to periodically collect specific data and narrative information from each grantee.

Cycle III (Extension, Without Change)

The attached template is the same that is currently approved for this data collection, and will continue to be used for those grantees with a no cost extension. At the end of the grant period, and based on grantee experience, the evaluator will make a slight amendment to the existing template by expanding on several of the questions in order for the grantee to summarize their grant experience. Once the external evaluator has completed this simplified template, we will submit for OMB approval.

Cycle IV (New)

The AI/AN Connecting Kids to Coverage Grant Semi-Annual Report Template is also attached. We worked with the external evaluator to simplify the template based on grantee experience and in order to facilitate data collection for this population.

The document is designed to allow grantees to answer the questions in the Microsoft Word document and return it to CMS for review. The attached template (collection format) is designed to:

- Recognize the diversity of grant project designs and approaches to outreach and enrollment, allow grantees flexibility to highlight key accomplishments, challenges, and lessons learned of their projects;
- Allow grantees to report on the strategies for outreach and enrollment that were most effective and least effective in enrolling children in Medicaid and CHIP;
- Provide consistency across the grant program in the report structure, content, and format;
- Allow for accurate and effective evaluation of grant outcomes and strategies as compared to the goals specified in their grant proposal.

For each Semi-Annual Report, the appropriate reporting period and due dates will be auto-populated in the template where indicated. All ten grantees will report on the attached template, questions one through fourteen.

We are requesting approval of this information collection for reporting in Federal fiscal years 2015 through 2017. We require grantees to complete a Final Report at the end of the grant program. The Final Report template will be submitted separately for OMB approval.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 69,330.25 hours, leaving our burden ceiling at 84,773.75 hours.

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2014 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm#43-0000). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefit (\$/hr)	Adjusted Hourly Wage (\$/hr)
Community and Social Service Occupations	21-0000	21.79	21.79	43.58

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Cycle III (Extension, Without Change)

CMS estimates that each grantee will complete data collection and submission to CMS twice a year within 20 hours per submission for three years. There is a potential universe of 41 respondents, so the total burden deducted from the total for this request is 1,640 hours.

To complete and return the templates, we estimate an average cost of \$43.58 per hour, which is equivalent to the 2014 base salary of a Community and Social Service Occupation employee from the U.S. Bureau of Labor Statistics' May 2014 National Occupational Employment and Wage Estimates (as referenced above) and a comparable position to grantee employees likely responsible for completing and returning the templates. Under the above scenario, the total annual cost to respondents is \$71,471 (\$43.58 per hour * 1,640 hours).

Cycle IV (New)

CMS estimates that each grantee will complete the collection of data and submission to CMS twice a year. Each response will take 20 hours to complete and we are requesting this collection continue for two years. There is a potential universe of 10 respondents, so the total burden deducted from the total for this request will be 400 hours.

To complete and return the templates, we estimate an average cost of \$43.58 per hour, which is equivalent to the 2014 base salary of a Community and Social Service Occupation employee from the U.S. Bureau of Labor Statistics' May 2014 National Occupational Employment and Wage Estimates (as referenced above) and a comparable position to grantee employees likely responsible for completing and returning the templates. Under the above scenario, the total annual cost to respondents is \$17,432 (\$43.58 per hour * 400 hours).

Burden Summary

Cycle	Respondents	Responses per Respondent	Burden per Response (hours)	Total Annual Burden (hours)	Labor cost of Reporting (\$/hr)	Total Cost (\$)
III	41	2	20	1,640	43.58	71,471
IV	10	2	20	400	43.58	17,432
Total*	10	2	20	400	43.58	17,432

*The burden for Cycle III has been deducted from our umbrella allotment on December 24, 2014. To avoid double counting, this package does not propose any burden with respect to Cycle

III. This GenIC package requests the continuation of Cycle III (without any program changes or adjustments) and an increase of 400 hours to start Cycle IV.

E. Timeline

The CHIPRA Cycle IV Semi-Annual Report template is designed to collect reports twice annually for two years. CMS will not approve no-cost extensions for these grants.

Because grant financial and program reporting customarily falls on the end of a fiscal quarter and this grant award did not coincide with a fiscal quarter, the semi-annual program reporting periods were adjusted to coincide with the fiscal quarter. The following chart includes the planned program reporting periods and report due dates for the Cycle IV grants which coincide with the remaining reporting periods for the Cycle III grants.

Reporting Period		Due Date
November 12, 2014 to June 30, 2015	TBD based on OMB approval	TBD based on OMB approval
July 1, 2015 to December 31, 2015	July 1, 2015	December 31, 2015
January 1, 2016 to June 30, 2016	January 1, 2016	June 30, 2016
July 1, 2016 to November 11, 2016	July 1, 2016	November 11, 2016

Note that the first Cycle IV report is delayed until approval of this PRA request. Grantees currently have no OMB-approved instrument to submit their periodic grant reports; therefore we will be requesting approval of this collection as soon as possible to minimize the disruption to timely grant reporting.

The following attachments are provided for this information collection:

- Attachment A – Cycle III Semi-Annual Report Template CHIPRA Connecting Kids to Coverage Outreach and Enrollment Grant
- Attachment B – Cycle IV Semi-Annual Report Template CHIPRA Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian/Alaska Native Children