

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 #40 BIPP Template
(formerly, CMS-10411, OCN 0938-1145)

April 3, 2015

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

The BIPP template had been approved by OMB under control number 0938-1145 (CMS-10411) which inadvertently expired on January 31, 2015. In this GenIC we request that the template is reinstated (without change) under this generic package.

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 10202 of the Patient Protection and Affordable Care Act (Pub. L. 111-148) (The Affordable Care Act), entitled the “State Balancing Incentive Payments Program” (referred to as the Balancing Incentive Program) authorizes grants to States to provide financial incentives to increase access to non-institutionally based long-term services and supports (LTSS). The Balancing Incentive Program requires that States undertake three structural changes to their LTSS systems in order to increase nursing home diversions and access to community-based care: implementation of a No Wrong Door/Single Entry Point System, conflict-free case management, and the use of a core standardized assessment for supporting eligibility determination and service planning. In addition, grantee States must increase their community-based LTSS expenditures relative to their overall expenditures on LTSS to a minimum of 25% or 50%.

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 67,890.25 hours, leaving our burden ceiling at 86,213.75 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 (at 100%) (\$/hr)	Adjusted Hourly Wage (\$/hr)
Medical and Health Services Manager	11-9111	49.84	49.84	99.68

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

There is a universe of 18 potential respondents, including States and Territories, to the Balancing Incentive Program opportunity. Over the course of the program, each respondent would submit a quarterly response four times per year. If each of the 18 potential respondents submitted four responses annually, this would result in a total of 72 responses per year.

The estimate of time involved for completing the report for the Balancing Incentive Program is 20 hours. In the above scenario, each State could spend 20 hours to produce one response four times a year or 80 hours annually, resulting in 1,440 hours spent annually through the program (80 hours * 18 States).

To complete and submit the reports, we estimate a job occupation of Medical and Health Services Manager. The Adjusted Hourly Wage is \$103.14 per hour which, is a comparable position to State employees likely responsible for completing and returning the templates. Under the above scenario, the total cost to respondents is \$143,539 (\$99.68 per hour * 1,440 hours annually).

E. Timeline

CMS hopes to deploy this collection in April 2015

The following attachment is provided for this information collection:

- Sample Balancing Incentive Report