

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 (Revision)], Focused on Increasing Enrollment of Native American and Alaskan  
Native Children [Cycle IV (Extension without change)]**

**June 26, 2015**

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

GenIC #7 was first approved by OMB on May 1, 2012. The following summarizes actions subsequent to the initial PRA package.

**December 24, 2014 (Approved)** The umbrella generic package is extended through December 31, 2017.

**March 14, 2014 (Approved)** Revises the Semi-Annual Report Template and increases the number of respondents from 39 to 41. The hours per response remains the same.

**April 30, 2015 (Approved)** Cycle III extended without change. Cycle IV added.

**July 9, 2015 (Submitted)** Cycle III revised by adding Final Report Addendum. Cycle IV extended without change.

## **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 (Revision)

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 are in the process of approving one year no cost extensions for approximately half of the grantees which will extend these grants through FY2016

In this July 2015 iteration, the newly attached template includes additional pages for Cycle III that are referred to as the “Final Report Addendum.” With the end of the grant period rapidly approaching, and based on past grantee experience, the evaluator designed an attachment to the grantee’s last semi-annual report, allowing grantees to expand on their previous report responses and to summarize their experience across the entire period of performance. The additional attachment questions will be administered in the same information collection package together with the final semi-annual report. Together, both the semi-annual and cumulative results will allow for a more complete synthesis of program results. Another benefit is that this will allow for a more efficient data collection process for the evaluator since the current program evaluation contract is due to end September 2015. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies before the end of their contract date.

We are requesting approval of this Final Report Addendum to the last Semi-Annual Report data collection for reporting in federal fiscal years 2015 and 2016 (the latter period is limited to those grantees granted a no-cost extension). The grant terms and conditions require all grantees to complete a final report at the end of their grant program.

### Cycle IV (Extension, Without Change)

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 (Revision)

The attached Semi-Annual Report 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.

As previously mentioned, this July 2015 iteration adds the Final Report Addendum to the currently approved Semi-Annual Report template for Cycle III. With the end of the grant period rapidly approaching, and based on past grantee experience, the evaluator designed an attachment to the grantee's last semi-annual report, allowing grantees to expand on their previous report responses and to summarize their experience across the entire period of performance. The additional attachment questions will be administered in the same information collection package together with the final semi-annual report. Together, both the semi-annual and cumulative results will allow for a more complete synthesis of program results. Another benefit is that this will allow for a more efficient data collection process for the evaluator since the current program evaluation contract is due to end September 2015. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies before the end of their contract date.

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## **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 66,728 hours, leaving our burden ceiling at 87,376 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](http://www.bls.gov/oes/current/oes_nat.htm)). 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.

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Mean Hourly Wage (\$/hr)</b>	<b>Fringe Benefit (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
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 (Revision)

Currently Approved

CMS estimates that each grantee will complete the semi-annual report 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. OMB previously approved 1,640 hours for this collection on April 15, 2015.

#### Revision

The Final Report attachment estimates that each grantee will complete the data collection and submission to CMS once a year within 2 hours per submission. There is a potential universe of 41 respondents, so the total additional burden deducted from the total for this requests is 82 hours. These hours are in addition to the already approved hours for this package.

#### Cost

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 \$75,045 (\$43.58 per hour \* 1,722 hours).

Cycle IV (Extension, Without Change)

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*

<b>Cycle</b>	<b>Respondents</b>	<b>Responses per Respondent</b>	<b>Burden per Response (hours)</b>	<b>Total Annual Burden (hours)</b>	<b>Labor cost of Reporting (\$/hr)</b>	<b>Total Cost (\$)</b>
III*	41	2	20	1,640	43.58	71,471
IV*	10	2	20	400	43.58	17,432
III	41	1	2	82	43.58	3,574
<b>Total**</b>	41	1	2	82	43.58	3,574

\*To avoid double counting, this package does not propose any changes to the burden which is currently approved.

\*\*By adding the Final Report Addendum to Cycle III, this July 2015 package requests an increase of 82 hours.

**E. Timeline**

The CHIPRA Cycle III Semi-Annual Report template with Final Report attachment is designed to collect reports once at the end of the grant performance period. The period of performance will vary based on whether or not CMS has approved 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 III grants.

Reporting Period		Due Date
July 15, 2013 to July 14, 2015.	TBD based on	TBD based on OMB approval

	OMB approval	
July 15, 2013 to July 14, 2016 (with NCE)	July 15, 2015	July 14, 2016

The following attachments are provided for this information collection:

- Cycle III Semi-Annual Report Template (no change)
- Cycle III Final Report Addendum, Template (added)
- Cycle IV Template (no change)