

Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Generic Information Collection # 50 Community First Choice State Plan

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

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 2401 of the Affordable Care Act amended section 1915 of the Social Security Act (the Act) to add 1915(k) as a new subsection, making available the benefit known as Community First Choice (CFC). Under the CFC state plan benefit, states now have the option to amend their state plan to provide home and community-based attendant services and related supports. CFC final rule published on May 7, 2012 (77 FR 26828, RIN 0938-AQ35) and the final rule for home and community-based setting requirements for CFC published on January 16, 2014 (79 FR 2948; RIN 0938-AQ53/0938-AP61).

To implement the CFC benefit, states are required to submit a state plan amendment for CMS approval. CMS is issuing a pre-print for states to use when submitting a State Plan Amendment to implement the CFC state plan option. The pre-print is the document that states will use to provide a description of their CFC benefit for CMS 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 69,879 hours, leaving our burden ceiling at 84,225 hours.

Wage Estimate

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2015 National Occupational Employment and Wage Estimates for all salary estimates (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.

| Occupation Title | Occupation Code | Mean Hourly Wage (\$/hr) | Fringe Benefit (\$/hr) | Adjusted Hourly Wage (\$/hr) |
|--------------------------------|-----------------|--------------------------|------------------------|------------------------------|
| Business Operations Specialist | 13-1000 | 34.09 | 34.09 | 68.18 |
| Medical Secretaries | 43-6013 | 16.50 | 16.50 | 33.00 |

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 Estimate

CMS expects that a Business Operations Specialist would need 8 hours \$68.18/hr to complete the form. CMS also expects that a Medical Secretary will need 2 hours at \$33.00/hr to perform administrative duties, such as document review, clearing the document through internal channels and submitting the form to CMS

For a respondent to complete one response -- consisting of the CFC preprint, our standard HCBS review questions, and the Maintenance of Existing Expenditures (MOE) -- we estimate 10 hours at a cost of \$611.44 [(8 hr x \$68.18/hr) + (2 hr x \$33.00/hr)]. Given that there will be 56 respondents, in aggregate we estimate 560 hours (56 responses x 10 hours) at a cost of \$34,240.64 (\$611.44 x 56 responses).

Please note that the standard review questions and the MOE are set out in the attached Implementation Guide.

Information Collection Instruments and Instruction/Guidance

- Community First Choice (CFC) State Plan pre-print

States may use the preprint to describe their CFC benefit. Alternatively, states can develop their own format. The burden, as discussed above, addresses both scenarios.

The information is submitted to CMS for review and approval.

- CFC Implementation Guide

The Guide provides technical guidance on how to complete the CFC state plan pre-print.

E. Timeline

We request regular expedited clearance under the generic clearance process.