

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 #34 (Revision)**  
**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, OMB 0938-0707)*

**March 28, 2017**

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

On August 28, 2014, OMB approved the collection via the generic PRA process under this package's control number (0938-1148).

In this iteration we propose to revise the package's template and our burden estimates in response to our March 30, 2016, mental health parity final rule (81 FR 0938-18390) (CMS-2333-F; RIN 0938-AS24). As indicated in the rule, the template was not available at that time.

## **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.

This iteration proposes to revise the State plan template by adding the mental health parity requirements in 42 CFR 457.496. The revisions are intended to conform to certain provisions of the March 30, 2016, final rule (see 81 FR 18427 and 18428).

## **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 64,861 hours, leaving our burden ceiling at 89,243 hours.

### *Wage Estimates*

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' May 2016 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.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefit	Adjusted Hourly Wage
Social Scientists and Related Workers	19-3000	\$39.13/hr	\$39.13/hr	\$78.26/hr

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*

#### I. Existing Template

States are asked to submit only the revised parts of the template for their amendment request. In this regard they do not have to submit their State plan in its entirety. Our currently approved GenIC estimates that it would take 80 hours to complete and submit each amendment. It also estimates a total of 40 amendments per year or 3,200 hours. (40 amendments x 80 hr/amendment). Since this burden is already approved, we are not setting out such burden to avoid double counting.

#### II. Revised Template

As indicated, this iteration proposes to revise the State plan template by adding the mental health parity requirements in 42 CFR 457.496. The revisions are intended to conform to the §457.496 provisions that were set out in the March 30, 2016, final rule (see 81 FR 18427 and 18428). In this regard, we propose to revise sections 6.1, 6.2, and 8.4 of the template (see the attached Crosswalk and Track Change documents).

Consistent with our currently approved estimates, we continue to estimate 80 hours to complete and submit each amendment. However, we estimate that the revisions to sections 6.1, 6.2, and

8.4 would add 2 respondents (up from 40 to 42 respondents) and 160 hours (80 hr/response x 2 responses) at a cost of \$12,521.60 (160 hr x \$78.26/hr).

As States currently are providing child health assistance using Title XXI funding under an approved State plan, they are obligated to continue operating their program in the same manner as described in the approved plan until the plan is amended. This requirement would only apply to States who would like to amend any parts of the plan applicable to this template.

*Information Collection Instruments and Instruction/Guidance Documents*

- Title XXI State Plan Template

**E. Timeline**

CMS hopes to deploy this collection in May 2017.