Treatment of Pediatric Attention-Deficit/Hyperactivity Disorder: An Assessment of State Medicaid Policies

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section B

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Section B – Information Collection Procedures

1. Respondent Universe and Sampling Methods

The respondent universe for this information collection includes 51 (50 states and the District of Columbia) Medicaid Medical Program Directors, or their designee, acting in their official capacities. State Medicaid programs are typically housed within the state's department of health care services, human services, or health authority and provide the following Essential Public Health Service: Development of policies and plans that support individual and community health efforts. For this information collection, a "designee" is defined as a state governmental official designated by the Medicaid Medical Program Director to respond on behalf of the Medicaid program and considered by the Medicaid Medical Director to be most qualified to answer questions about the state Medicaid program's policies for medications and behavioral therapy prescribed to treat pediatric ADHD.

Because this information collection will include representatives from all U.S. states and D.C., no sampling and variance estimation is needed. We anticipate a response rate of 80%, meaning that we expect at least 40 Medicaid program directors, or their designees, to complete the assessment. Should any of the 51 Medicaid Medical Program Directors not respond to the launch email (see **Attachment D—Launch Email**) within 7 business days, they will receive a reminder email (**see Attachment E—Reminder Email**) urging them to complete the assessment.

2. Procedures for the Collection of Information

Information will be collected through a one-time electronic assessment. Respondents will be recruited through a notification email (see **Attachment C—Notification Email**) sent to the respondent universe. The notification email will explain:

- The purpose of the assessment, and why their participation is important
- Method to safeguard their responses
- That participation is voluntary
- The expected time to complete the assessment (i.e., 10 business days)
- Contact information for the assessment team

On the launch date of the information collection, we will send an invitation email to each of the 51 Medicaid program Medical Directors in the respondent universe (see **Attachment D—Launch Email**). The Launch Email will provide instructions on how to participate in the assessment and the information collection instrument.

Respondents will be asked to return their completed instrument within a 10-business day period. Respondents may complete the assessment in multiple sessions, if necessary. Following the launch email, program directors who do not respond within 7 business days will receive a reminder email (see **Attachment E—Reminder Email**) urging them to complete the assessment. Those who do not respond within 3 business days from the reminder email, or the end of the survey period, will be considered non-responders. Program directors who decline to participate outright will receive an

email requesting they delegate the task to an appropriate designee. If the request to provide a designee is also declined, the director will receive no further communication.

Once the 10-business day period information collection period has closed, data will be compiled, cleaned and stored in a secure Excel database maintained by the CDC. Descriptive analyses will be conducted to summarize data. Upon completion of the data analysis, CDC will use the de-identified data to:

- Supplement information on policies regarding state Medicaid program prior authorization for ADHD medications prescribed to children.
- Confirm whether each state has a prior-authorization policy for pediatric ADHD medication prescriptions, details of the policy, and the date of policy implementation.
- Inform NCBDDD of Medicaid policies regarding behavioral health services delivery models of states.
- Create a publicly available, interactive database that characterizes the ADHD medication prior authorization policies and behavioral health services delivery models for all U.S. states and D.C.
- In conjunction with Medicaid claims data (MAX data), evaluate the impact of these policies on ADHD medication and PBT rates in young children.

Results may also be submitted for publication in a scientific journal.

3. Methods to Maximize Response Rates Deal with Nonresponse

Although participation in the assessment is voluntary, the project staff will make every effort to maximize the rate of response.

The information collection instrument focuses on streamlining questions to allow for skipping questions based on responses to previous questions, thereby minimizing response burden. Additionally, providing each respondent with prepopulated data specific to the respondent's state Medicaid program ADHD treatment policies will further reduce unnecessary burden on the respondents and increase the response rate by eliminating the need to go back and forth between the instrument and external webpages or reference documents.

Following the launch email (see **Attachment D—Launch Email**), program directors will have 10 business days to complete the instrument. Those who do not respond within 7 business days will receive a reminder email (see **Attachment E—Reminder Email**) urging them to complete the assessment. Those who do not respond within 3 business days from the reminder email, or the end of the survey period, will be considered non-responders.

4. Test of Procedures or Methods to be Undertaken

The estimate for burden hours is based on a pilot test of the information collection instrument by 7 public health professionals. In the pilot test, the average time to complete the instrument including

time for reviewing instructions, gathering needed information and completing the instrument, was approximately 15 minutes (range: 10 to 20 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

This information collection was designed by staff at CDC and a subcontractor from Temple University. Staff at CDC will collect and review the data with advice and assistance, as needed, from Temple University.

The CDC staff who consulted on statistical aspects of the information collection and who will be collecting and analyzing the data are:

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LIST OF ATTACHMENTS – Section B

Note: Attachments are included as separate files as instructed.

C. Attachment C—Notification Email

D. Attachment D—Launch Email

E. Attachment E—Reminder Email