

GENERIC SUPPORTING STATEMENT

**Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)**

Generic Information Collection #62

**Data Collection For
Section 1003 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and
Treatment (SUPPORT) for Patients and Communities Act**

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

A. Background

The Centers for Medicare & Medicaid Services (CMS) works 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.

For instance, Section 1003 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requires the Secretary of the Department of Health and Human Services, in consultation with the Assistant Secretary for Substance Abuse and Mental Health Services Administration (SAMHSA) and the Director of the Agency for Healthcare Research and Quality (AHRQ) as appropriate, to conduct a 54-month demonstration project. The demonstration project includes a planning phase and post-planning phase and is intended to increase the treatment capacity of providers participating under the Medicaid State plan (or a waiver of such plan) to provide substance use disorder (SUD) treatment or recovery services.

Included in the legislation is a requirement that SAMHSA and AHRQ will consult with CMS on three statutorily required reports to Congress: an initial report; an interim report; and a final report. In addition, AHRQ, in consultation with CMS, will submit to Congress a statutorily required summary of experiences of states awarded planning grants and of states conducting demonstration projects. Therefore, CMS is requesting clearance on this Paperwork Reduction Act (PRA) request to meet the legislated mandate of the data collection and report submissions.

Authority to Collect SUPPORT Act Section 1003 Data

Section 1003 of the SUPPORT Act amended section 1903 of the Social Security Act (SSA) (42 U.S.C. 1396b) to include a new subsection that requires the Secretary of the Department of Health and Human Services, in consultation with the Assistant Secretary for SAMHSA and the Director of AHRQ as appropriate, to conduct a 54-month demonstration project. The demonstration project includes a planning phase and post-planning phase and is intended to increase the treatment capacity of providers participating under the Medicaid State plan (or a waiver of such plan) to provide SUD treatment or recovery services.

Section 1003 of the SUPPORT Act also requires SAMHSA and AHRQ to consult with CMS on three statutorily required reports to Congress: an initial report; an interim report; and a final report. In addition, AHRQ, in consultation with CMS, will submit to Congress a statutorily required summary of experiences of states awarded planning grants and of states conducting post-planning demonstration projects. To be able to provide Congress with the data and information needed to demonstrate the effectiveness of the demonstration in increasing SUD treatment capacity, CMS must collect certain data from each state participating in the planning grants at least quarterly.

B. Description of Information Collection

States do not currently submit specific SUD information necessary for the statutorily required reports to CMS. Therefore, in order to meet the Congressionally mandated reporting requirements on time, it is imperative that CMS collect, via a standard template developed by CMS with feedback from the participating planning grant states, data that include, at a minimum, the following information:

- An estimate of the number and percentage of individuals enrolled in Medicaid who have SUD;
- Information on the capacity, qualifications, and willingness of Medicaid providers to provide SUD treatment and/or recovery services to Medicaid-eligible individuals;
- Information on the gap in Medicaid-covered SUD treatment and recovery services relative to the estimated number of individuals enrolled in Medicaid who have SUD.

In addition, the data collected will be used to determine each state's progress in meeting the goal of increasing SUD providers in that state and an increase in the types of SUD treatment and recovery services available to the Medicaid population with SUD.

The data collection process is described below:

1. CMS will provide a data collection template, titled the Quarterly Progress Report (QPR), in Excel spreadsheet format to each state in the planning phase.
2. CMS will provide each state with instructions on how to complete the Excel spreadsheet template.
3. CMS will require each of the 15 planning states to complete the Excel spreadsheet template once a quarter.
4. The Excel spreadsheet is completed by entering the required information in the spreadsheet fields.
5. The states will then submit the completed Excel spreadsheets via an online web-based document sharing repository.
6. Completion of the QPR is mandatory as part of each state's planning grant, and for the states receiving demonstration grant funds, through the demonstration period.

The development of a standardized submission form enhances the collaboration and partnership between states and CMS by documenting consistent types of information and data collected during the planning and demonstration phases of the grants.

C. Deviations from the Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic Internal Clearance Review (ICR) is 154,104 hours, and CMS previously requested to use 77,802 hours, leaving our burden ceiling at 76,302

hours.

The proposed annual burden estimate considers the currently approved QPR. One note to the time and burden estimates: some of the 15 states participating in the planning grants have better data collection and reporting capabilities than other states. Therefore, their time to complete the quarterly QPR could be less than the total time estimate included in this PRA request.

Wage Estimates

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' May 2019 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 and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefits and Overhead	Adjusted Hourly Wage
Computer and Information Analysts	15-1210	\$46.91/hr	\$46.91/hr	\$93.82/hr
Data Entry Keyers	43-9021	\$16.74/hr	\$16.74/hr	\$33.48/hr
Database Administrators	15-1245	\$46.21/hr	\$46.21/hr	\$92.42/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, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

Each of the planning grant states (15) must submit the QPR once a quarter, using the template provided and included with this PRA data collection request. Each of the 15 states currently have a process in place for collecting Medicaid data as required under their Medicaid State Plan. The burden being calculated here is solely for the purpose of meeting requirements under Section 1003 of the SUPPORT Act. In addition, each state is responsible for collecting, entering, and reviewing the data to complete and submit the QPR quarterly to CMS. The estimates below detail each state's burden. Funding for producing the quarterly reports is included in the SUPPORT Act Section 1003 planning grants provided to the states.

We estimate an ongoing burden for each state to collect, enter, review, and submit the QPR data quarterly as follows:

We estimate a quarterly burden of 4 hr at \$93.82/hr for a Computer and Information Analyst. Annually we estimate a burden of 240 hr (4 hr x 4 responses per year x 15 states) at a cost of \$22,181 (240 hr x \$93.82/hr).

We estimate a quarterly burden of 8 hr at \$92.42/hr for a Database Administrator. Annually we estimate a burden of 480 hr (8 hr x 4 responses per year x 15 states) at a cost of \$44,362 (480 hr x \$92.42/hr).

We estimate a quarterly burden of 2 hr at \$33.48/hr for a Data Entry Keyer. Annually we estimate a burden of 120 hr (2 hr x 4 responses per year x 15 states) at a cost of \$4,018 (120 hr x \$33.48/hr).

The total annual burden for completing and submitting the QPR is 840 hr (240 hr + 480 hr + 120 hr) at a cost of \$70,561 (\$22,181 + \$44,362 + \$4,018). We estimate a per state burden of 56 hr (840 hr/15) at a cost of \$4,704 (\$70,561/15).

Information Collection Instruments and Instruction/Guidance Documents

- Quarterly Report Template (QPR)

The QPR is an Excel spreadsheet template designed to collect information from the 15 state grantees participating in the planning stage of SUPPORT Act Section 1003. The template requests information regarding grantee activities, enrollee data, treatment data, barriers, and other additional details. States are provided opportunities to detail their use of grant funding to address their grant application goals. The report is expected to be completed quarterly by each of the 15 state grantees.

- QPR Instructions

The QPR Instructions are included as a guide for grantees to complete the QPR form as a part of their participation in the planning stage of SUPPORT Act Section 1003, in addition to the five states that will be selected in the post-planning phase of the demonstration. The instructions detail a brief description and the purpose of each section including guidelines for completing the QPR. However, the instructions do not detail requirements or specifications regarding data for certain categories.

E. Timeline

The data collected may be shared in aggregate form in reports to Congress as parts of reports on best practices/lessons learned which CMS is also statutorily required to produce. The data collected will be statistically analyzed as necessary to address the specific research and evaluation questions included in reports to Congress.

Project start date: September 30, 2019

Project end date: March 29, 2021 (March 29, 2024 for five states selected in the post-planning phase of the demonstration)

Data collection start date: As soon as possible (not later than April 30, 2020)

Data collection end date: March 29, 2021 (March 29, 2024 for five states selected in the post-

planning phase of the demonstration)

Report completion/publication: Reports to Congress due on October 1, 2020, October 1, 2022, and October 1, 2024.