

Generic Supporting Statement

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

Generic Information Collection #60 (New)

SUPPORT Act Survey of Housing-Related Supports and Services Under Medicaid to
Individuals with Substance Use Disorders

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.

Section 1018 of the SUPPORT for Patients and Communities Act (Public Law No: 115-271) authorizes the Secretary of Health and Human Services to "provide technical assistance and support to states regarding the development and expansion of innovative state strategies to provide housing-related supports and services and care coordination services under Medicaid to individuals with substance use disorders." Under the 1115 Demonstration Support Contract, Mathematica and the Technical Assistance Collaborative (TAC) have been contracted by the Centers for Medicare & Medicaid Services (CMS) to conduct a Needs Assessment survey to support this work.

B. Description of Information Collection

Finding safe and stable housing that promotes or enables recovery is essential for many Medicaid enrollees with substance use disorders (SUD), some of whom are served through 1115 demonstrations. In the context of the opioid crisis, this work is critical. CMS estimates that nearly 12 percent of Medicaid beneficiaries over the age of 18 years have a SUD, and the Henry J. Kaiser Family Foundation estimates that 4 out of 10 non-elderly adults with opioid use disorder (OUD) are covered by Medicaid. Housing alone may not be sufficient to help individuals with SUD who have more complex and co-occurring conditions achieve successful tenancy. Services and supports are needed to enable individuals to obtain and retain housing, promote long-term stability, recovery, and improved health.

This survey will collect information from states on their current activities to support individuals with SUD in this area, as well as assess areas of need for technical assistance. CMS will use this information to guide technical assistance efforts to states for effectively designing housing-related supports and services and care coordination services under Medicaid for individuals with SUD.

There are 51 potential respondents to this information collection from the states and the District of Columbia. An introductory letter will be sent to each respondent encouraging study participation. The respondents will be staff members within state Medicaid agencies that elect to participate in the voluntary needs assessment. They will be responding to this information collection to inform a state learning collaborative and national technical assistance related to

housing-related supports and services under Medicaid to individuals with substance use disorders. Information will be collected through a State Technical Assistance Needs Assessment instrument in a fillable PDF/Microsoft Word document. Respondents will receive the instrument via email. Respondents will complete the instrument in either the attached paper version or the attached fillable PDF and email the completed instrument back to the Mathematica project team. In addition to the needs assessment instrument, the respondents will be provided a glossary of terms document which defines terms used in the needs assessment instrument. Glossary terms in the needs assessment will be colored and underlined in blue. The information included in the needs assessment will be used to inform the development of a learning collaborative and technical assistance activities which are required under Section 1018 of the SUPPORT Act. This work will support ongoing collaborative work and partnership with states in their implementation of their Medicaid programs, including waivers and demonstrations focused on serving Medicaid enrollees with substance use disorders. The data collected will be used by CMS internally for this purpose and will not be made public in any capacity.

C. Deviations from Generic Request

No deviations are requested or expected.

D. Burden Hour Deduction

Wage Estimates

To derive average costs we used 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). 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
Chief Executives	11-1011	\$93.20/hr	\$93.20/hr	\$186.40/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.

Information Collection Requirements and Associated Burden Estimates

There are 51 potential respondents to this information collection consisting of the 50 states and the District of Columbia.

As state Medicaid directors or their designee will be answering questions about their state’s programs and services we estimate no burden time for researching data or any training necessary

in the completion of the needs assessment. In this regard, we estimate it would take 0.5 hours at \$186.40/hr for a chief executive to complete the survey.

In aggregate, we estimate a burden of 25.5 hours (51 states x 0.5 hr) at a cost of \$4,753 (25.5 hr x \$186.40/hr). For each state, we estimate a burden of 0.5 hours at a cost of \$93.20 (\$4,753/51 states).

There will be no on-going burden related to the completion of this one-time needs assessment.

Collection of Information Instruments and Instruction/Guidance Documents:

Attachment A.1— State Technical Assistance Needs Assessment Survey

Attachment A.2 -- Glossary of Terms

Attachment A.3— Cover Letter with Needs Assessment

E. Timeline

Activity	Completion Date
Data collection begins	May 2020
State Technical Assistance Needs Assessment mailing, including cover letter and glossary of terms	May 2020
Reminder email	Two weeks after initial mailing
Thank you notification to respondents	Within five days after completion of the needs assessment
Development of analytic data file	Within 30 days of completion of the field period of the survey. This data file will be used to inform CMS' technical assistance activities only and will not be available in any public way.
Analytic report	N/A – there will be no analytic report created.
Public use data files	N/A – no public use data will be shared or distributed