

SUPPORTING STATEMENT
Generic Clearance for Medicaid and CHIP State Plan,
Waiver, and Program Submissions
CMS-10398, OMB 0938-1148

BACKGROUND

The Centers for Medicare & Medicaid 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. When modifications or enhancements to the program are prescribed by Congress through legislation, each State’s programs must be amended to comply. For example, in March 2010, Congress passed (and the President signed into law) the Affordable Care Act, which enacted comprehensive reform of the Medicaid program. 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.

A. JUSTIFICATION

1. Need and Legal Basis

Section 1901 of the Social Security Act (42 U.S.C. 1936) requires that States must establish a State plan for medical assistance that is approved by the Secretary to carry out the purpose of Title XIX. CHIP has a corresponding statutory requirement for a State plan outlined in Section 2101 to carry out the purpose of Title XXI. The State plan functions as a contract between the State and Federal government describing how the State will implement its program in accordance with Federal laws and regulations in order to secure Federal funding.

The Act also provides the Secretary some discretion in waiving program requirements when it does not have a negative financial impact (cost effectiveness, cost neutrality, and budget neutrality) and promotes the objectives of the program. For instance, Section 1915(b) allows for the waiver of Medicaid provisions to allow for the implementation of managed care programs. Additionally, Section 1115 of the Act provides the Secretary flexibility to waive program requirements in Section 1902 and provide Federal funding for costs that are otherwise unmatchable. Written applications from States are required for these programs that outline what the State proposes to do and the financial impact it will have.

2. Information Users

State Medicaid and CHIP agencies are responsible for developing submissions to CMS, including State plan amendments and requests for waivers and program demonstrations. States use templates when they are available and submit the forms to CMS to review for consistency

with statutory and regulatory requirements (or in the case of waivers and demonstrations whether the proposal is likely to promote the objectives of the Medicaid program). If the requirements are met, CMS approves the State's submission giving the State the authority to implement the flexibilities. For a State to receive Medicaid Title XIX funding, there must be an approved Title XIX State plan.

The development of streamlined submission forms enhances the collaboration and partnership between States and CMS by documenting CMS policy for States to use as they are developing program changes. Streamlined forms improve efficiency of administration by creating a common and user-friendly understanding of the information needed by CMS to quickly process requests for State plan amendments, waivers, and demonstration, as well as ongoing reporting.

3. **Improved Information Technology**

The forms for the States to use are available in electronic format. We expect every submittal to be forwarded to CMS using the electronic format. The forms create streamlined and structured data, decreasing the time required by States to develop their submissions to CMS.

4. **Duplication**

There is no duplication of similar information.

5. **Small Business**

There is no burden on small businesses.

6. **Less Frequent Collection**

Under Medicaid and CHIP State plans, there is no need to resubmit information once it is approved, unless the State elects to change its program. For waiver and demonstration programs, renewals of the programs are required on cycles that vary across statutory authority from 2 – 5 years. However, within the approved waiver cycle, States are not asked to resubmit information once it is approved unless the State elects to change its program.

7. **Special Circumstances**

The implementation of these templates is often time sensitive and must be coordinated with the release of guidance documents such as regulations and policy letters. Additionally, some of the templates that would be approved under this collection must be available to States to implement the changes timely.

8. **Federal Register Notice/Prior Consultation**

The 60-day notice published in the Federal Register on February 21, 2017 (82 FR 11224). No comments were received.

9. **Payment/Gift to Respondents**

There is no payment or gift to respondents.

10. **Confidentiality**

Program submissions to CMS from States are public information, and there is no personal identifying information collected in the documents. No assurance of confidentiality is provided to respondents.

11. **Sensitive Questions**

There are no questions of a sensitive nature.

12. **Burden Estimates**

The newly proposed annual burden estimate (see Total, below) considers the currently approved collections that we seek to continue, discontinued collections that are no longer needed, projected collections that are expected to be added during the upcoming 3-year approval period, and unanticipated collections that may be added during the upcoming approval period.

In summary, our requested burden ceiling (154,104 hr) is unchanged.

Currently Approved GenICs

Currently, OMB has approved 120,398 hours of burden for the GenICs that are set out in the most recent Notice of Action (see attached NOA, dated May 23, 2017).

Discontinued GenICs

We propose to discontinue the requirements and burden (38,416 hours) associated with a number of currently approved GenICs identified in section 15 of this Supporting Statement.

Projected GenICs (as of Dec 27, 2017)

For the upcoming 3-year (2017/2018 – 2020/2021) approval period, we estimate the time involved for completing a template is 20 hours for shorter/less complex templates and 40 hours for templates that are more comprehensive/complex. Under the above scenario, each State could spend 1,080 hours to produce 38 responses including 16 complex templates requiring 40 hours and 22 shorter templates requiring 20 hours (1,080 hours = [16 templates * 40 hours] + [22 templates * 20 hours]). If all 56 respondents spent 1,080 hours over the 3-year period, the total 3-year burden would be 60,480 hours (1,080 hours * 56 States).

See section 15 of this Supporting Statement for our list of projected GenICs.

Unanticipated GenICs

We propose to add 11,642 hours of burden for unanticipated informant collection requests. This figure will align this iteration’s burden ceiling request with our currently approved ceiling, both are 154,104 total hours.

Proposed Burden

120,398 hr (Currently Approved GenICs)
 -38,416 hr (Discontinued GenICs)
 +60,480 hr (Projected GenICs)
+11,642 hr (Unanticipated GenICs)
 154,104 TOTAL HOURS

Cost estimates are dependent on our requirements and the respondent’s BLS Occupation Title and wage. Since this information will not be known until upcoming GenICs are developed, our cost estimates will be set out when each GenIC package is submitted to OMB for approval.

13. **Capital Costs**

There are no capital costs associated with this information collection.

14. **Costs to Federal Government**

There is no cost to the Federal government.

15. **Program/Burden Changes**

Currently Approved GenICs

For the GenICs that we propose to keep active, we are not making any program changes.

An inventory of currently approved GenICs can be found in the most recent Notice of Action (see attached NOA, dated May 23, 2017).

Discontinued GenICs

From the inventory of currently approved GenICs (see attached NOA, dated May 23, 2017) we propose to discontinue the following as they are no longer needed:

No.	Title	Hours
3	RAC Program Phase II	1,120
4	RAC Program At A Glance	1,120
6	Medicaid Buy In	700
8	PIE Transaction	1,120
12	Primary Care Bump	2,448
14	MAGI Conversion Plan	1,120

19	Eligibility and Enrollment Performance Indicators - Started in CAHPG and moved	10,000
20	PERM	1,120
**	PERM Pilot Reporting Template Round 1 (Revised 9/14)	
23	Medicaid Primary Care Payment Increase - State Data Collection Tool	2,080
25	Tobacco Cessation Quitline Expenditures	112
36	Same Sex Marriage Policy	56
38	Section 1115 Demonstration Long Term Services and Supports	448
39	Medicaid and CHIP Learning Collaboratives Assessment	27
40	BIPP Template	27
41	1095 B Reporting State Readiness Poll	56
42	Covered Outpatient Drug Rule (CMS-2345-F)	16,800
44	Oral Health Initiative Survey Tool	14
49	LC Consumer Eligibility	48
TOTAL		38,416

Projected GenICs

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Title	Target Rollout Date	Projected Time Per Response (hr)	Projected Time (hr)
ACA Sec 2001: Benchmark	TBD	40	2,240
ACA Sec 2003: Premium Assistance for ESI	TBD	20	1,120
ACA Sec 2202: Presumptive Eligibility by Hospitals	TBD	20	1,120
ACA Sec 2301: Coverage of Freestanding Birth Centers	TBD	20	1,120
ACA Sec 2302: Concurrent Hospice Care	TBD	20	1,120
ACA Sec 2303: Coverage of Family Planning Services	TBD	20	1,120
ACA Sec 2404: Spousal Impoverishment	TBD	20	1,120

ACA Sec 4106: Preventive Services for Adults	TBD	20	1,120
ACA Section 1312: Residency	TBD	40	2,240
ACA Section 1331: Basic Health Plan	TBD	40	2,240
ACA Section 1411: Appeals Process	TBD	40	2,240
ACA Section 1413 /2201 HUB verification sources	TBD	20	1,120
ACA Section 1413: Alternative Streamlined Application Template (CMS)	TBD	20	1,120
ACA Section 1413: Verifications (Financial and non Financial)	TBD	20	1,120
ACA Section 2002: Coordination with Exchange (Medicaid and CHIP)	TBD	20	1,120
ACA Section 2004: Former Foster Care	TBD	20	1,120
ACA Section 2303: Family Planning - Eligibility	TBD	40	2,240
Designation of Single State Agency	TBD	20	1,120
Election of Tax Credit Disregards	TBD	40	2,240
EQRO Protocols	TBD	20	1,120
Implementation of Asset Verification System	TBD	40	2,240
Implementation of MEQC data for PERM data	TBD	40	2,240
Implementation of Premium Assistance in Medicaid	TBD	40	2,240
Implementation of the Alignment of LIS and MSP Asset Tests	TBD	40	2,240
Implementation of the Public Assistance Reporting Information System (PARIS)	TBD	40	2,240
Medicaid and CHIP Statistical Enrollment Data System (SEDS)	TBD	40	2,240
Medicaid Eligibility Cards for Homeless Individuals	TBD	40	2,240
Medical Child Support Cooperation	TBD	40	2,240
Option to Cover Certain Children and Pregnant Women lawfully residing in the US	TBD	40	2,240
Performance Measures	TBD	40	2,240
Secretarial Certification of health plans in the Exchange	TBD	20	1,120
Secretarial Issue Streamlined Application (CCIIO-CMS)	TBD	20	1,120
Systematic Alien Verification for Entitlements	TBD	20	1,120

Tobacco cessation coverage	TBD	20	1,120
Transitional MA for Low Income Families	TBD	20	1,120
Tribal Consultation	TBD	20	1,120
Tuberculosis coverage	TBD	20	1,120
Medicaid Premiums	TBD	20	1,120
TOTAL			60,480

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16. **Publication and Tabulation Dates**

There are no plans to publish the information for statistical use.

17. **Expiration Date**

CMS is asking for an exemption from displaying the expiration date on our generic instruments. The exemption would reduce work on replacing the expiration date every 3 years with the renewal of the Generic Umbrella package. We currently have 52 approved Gen-ICs. Most of these may have multiple templates associated with them.

Moreover, in certain cases displaying the expiration date causes unnecessary burden and confusion, especially in instances where the expiration date is near the approval date. In one real example, a GenIC bundle was approved on October 29, 2014, while the expiration date is a few days later, on October 31, 2014. It would be confusing to respondents to forward templates on Oct 29th with an expiration date of Oct 31st of the same year. It would also be burdensome to produce and revise the expiration dates in such a short period of time.

18. **Certification Statement**

There are no exceptions.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

The use of statistical methods does not apply for purposes of this collection.