

Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #46
1915(i) State Plan Home and Community Based Services

August 15, 2016

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.

B. Description of Information Collection

The template outlines the information a State must include in its Medicaid State plan to ensure compliance with statutory provisions of Section 1915(i) of the Social Security Act as implemented under Section 6086 of the Deficit Reduction Act (DRA) of 2005, Public Law Number 109-171, and amended under Section 2402 of the Patient Protection and Affordable Care Act of 2010, Pub. L. 111-148 as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152, and implementing regulations under 42 CFR 435, 436, 440, and 441.

The 1915(i) benefit is optional, but if states choose to add this benefit to their state plan, they must use this template to ensure that they provide the information that is required in a 1915(i) SPA in 1915(i) statute and implementing regulations. If states do not use this template, it would likely delay or prevent CMS approval of the state's SPA because it would likely not contain all the information required under 1915(i) statute and implementing regulations. Therefore, this template will assist states with including in their submissions the information that is needed for CMS to approve 1915(i) SPA submissions.

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 92,622 hours, leaving our burden ceiling at 61,482 hours.

Wage Estimate

To derive average costs, we used 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). 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 |
|-------------------------------------|------------------------|-------------------------|-----------------------|-----------------------------|
| Medical and Health Services Manager | 11-9111 | \$52.58 | \$52.58 | \$105.16 |

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 Estimate

CMS expects that it will take 114 hours at \$105.16/hr for a state Medical and Health Services Manager (11-9111) to complete the collection of data and submit the report to CMS. There is also a potential universe of 3 annual respondents.

Over the upcoming 3-year period, the total time for this request is 1,026 hours (9 states x 114 hours) at a cost of \$107,894.16 (9 states x \$11,988.24) or \$11,988.24 (114 hr x \$105.16/hr per response).

Information Collection Instruments, Instructions, and Guidance Documents

1915(i) Template

E. Timeline

N/A