

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 #34 Model Application Template and Instructions for State Child  
Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance  
Program**

**June 2018**

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

On August 28 2014, OMB approved this collection via the generic PRA process under this package's control number (0938-1148)

In this iteration, we propose to revise the package's template and our burden estimates in response to ur May 6, 2016, CHIP managed care regulations final rule (81 FR 27497) (CMS-2390-F, RIN 0938-AS25).

## **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 Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. Title XXI enables states to initiate and expand health insurance coverage for uninsured children. In order to be eligible for payment under this legislation, each state submitted an initial CHIP state plan for approval by the Secretary that details how the state intends to use the funds. States may also amend their plans at any time by submitting an amendment for approval by the Secretary.

All 50 states, the District of Columbia and the territories have a CMS-approved CHIP state plan that encompasses all of the child health assistance being provided using Title XXI funding. It is important to note that once a CHIP state plan is approved, the state is obligated to continue operating their program in the same manner as described in that plan until the plan is amended in accordance with the rules governing the program. States apply for changes to their CHIP state plan utilizing the revised CHIP state plan template and instructions developed by CMS in cooperation with the states to reduce the burden associated with the information collection requirements to a minimal level.

Under the law, a state plan or a state plan amendment is considered approved in 90 days unless the Secretary notifies the state in writing that the plan is disapproved or that specified additional information is needed. As is currently done, states are asked to submit only the applicable parts of the template for their amendment request. They do not have to resubmit their state plan in its entirety using this template.

This iteration proposes to revise the State plan template by adding the managed care requirements in 42 CFR 457 Subpart L – Managed Care §457.1200 through 457.1285. The revisions are intended to conform to certain provisions of the May 6, 2016, final rule (see 81 FR 27497).

**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 56,470 hours, leaving our burden ceiling at 97,634 hours.

*Wage Estimates*

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics’ May 2017 National Occupational Employment and Wage Estimates for all salary estimates ([http://www.bls.gov/oes/current/oes\\_nat.htm](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 Benefits and Overhead	Adjusted Hourly Wage
Business Operations Specialist	13-1199	\$36.42/hr	\$36.42/hr	\$72.84/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. We believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

*Burden Estimates*

States are asked to submit only the revised parts of the template to CMS. In this regard they do not have to submit their State plan in its entirety. Our currently approved burden estimates that it would take 80 hours for a business operations specialist to complete and submit each amendment. It also estimates a total of 40 amendments per year or 3,200 total hours (40 amendments x 80 hr/amendment).

As indicated, this iteration proposes to revise the template by adding the CHIP managed care requirements in 42 CFR part 457, subpart L – Managed Care. The revisions are intended to conform to the §457.1200 through 457.1285 provisions that were set out in the May 6, 2016, final rule (see 81 FR 27497). In this regard, we propose to revise section 3 of the template (see the attached Crosswalk and Track Change documents) from which we expect the submission of

32 state plan amendments. Please note that the burden associated with the section 3 revisions is subsumed under the current estimate of 40 amendments per year.

Since the burden is already approved, we are not revising any of our estimates based on this iteration's program change. However, due to the system limitations of ROCIS we are increasing our total time estimate by 5 hours from 3,200 to 3,205 hours.

Based on current BLS wage figures, in this iteration we estimate a cost of \$233,452 (3,205 hr x \$72.84/hr).

#### *Collection of Information Instruments and Instruction/Guidance Documents*

- Title XXI State Plan Template

As States currently are providing child health assistance using Title XXI funding under an approved State plan, they are obligated to continue operating their program in the same manner as described in the approved plan until their State plan amendment is approved by CMS.

#### **E. Timeline**

CMS hopes to deploy this collection in July/Aug 2018.