

# **Generic Supporting Statement (March 21, 2020)**

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

**Generic Information Collection #61**

## **Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment Template and Instructions**

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 the 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 because 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.

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). See <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>.

## **B. Description of Information Collection**

CMS recognizes that during this national emergency, states must act expeditiously to protect and serve the general public. For this reason, CMS has developed the COVID-19 disaster relief state plan amendment (SPA) which allows states to establish time-limited changes to their state plan to address access and coverage issues during the COVID-19 national emergency. Through this SPA template, states (including the District of Columbia and territories) can request approval of specific changes related to:

- Eligibility,
- Enrollment,
- Premiums and cost sharing,
- Benefits,
- Payment
- Post Eligibility Treatment of Income, and
- Other Policies and Procedures Differing from Approved Medicaid State Plan

A state may also submit a request under section 1135 of the Social Security Act (the Act) to waive, or modify, certain requirements that would otherwise be applicable to this SPA submission on the template.

The State Medicaid agency may implement the policies and procedures described in the SPA template, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period. Instructions explaining how to complete the SPA template are also included in this package.

### C. Deviations from Generic Request

No deviations from the generic PRA request.

### D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 77,634 hours, leaving our burden ceiling at 76,470 hours.

#### *High-level Assumptions*

- Each state and territory will submit a SPA template for a total of 56 submissions.
- All templates are completed by a health services manager and/or a computer programmer.

#### *Wage Estimates*

To derive average costs, we are using data from the U.S. Bureau of Labor Statistics' May 2018 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 and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Mean Hourly Wage (\$/hr.)</b>	<b>Fringe Benefits and Overhead (\$/hr.)</b>	<b>Adjusted Hourly Wage (\$/hr.)</b>
Health services manager	11-9111	54.68	54.68	109.36

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*

Currently, all states/territories (state) will have the option to complete and submit this SPA template, so for the purpose of calculating burden estimates we use the number of 56 states.

1. SPA Template: ***Medicaid Disaster Relief for the COVID-19 National Emergency***

The Medicaid Disaster Relief for the COVID-19 National Emergency SPA Template will be a one-time submission.

The SPA template would be completed by a health services manager:

We estimate it would take a total of 2 hours (per state) to complete one response. This would consist of 112 hours at \$109.36/hr. for a health services manager to review relevant sections of current state plan and complete the sections the state seeks to amend in its state plan.

In aggregate, we estimate a burden of 112 hours (56 states x 2 hr.) at a cost of \$12,248.32 (112 hr. x \$109.36/hr.).

2. Instructions: ***Medicaid Disaster Relief for the COVID-19 Emergency State Plan Amendment Instructions***

The SPA template is accompanied by a set of instructions which describe how states complete the template. These instructions will be used by a health services manager:

We estimate it would take a total of 1 hour (per state) to read/one response. This would consist of 56 hours at \$109.36/hr. for a health services manager to read/review the instructions to be ready to complete the SPA template.

In aggregate, we estimate a burden of 56 hours (56 states x 1 hr.) at a cost of \$6,124.16 (56 hr. x \$109.36/hr.).

*Summary of Collection of Information Requirements and Burden Estimates*

<b>Requirement</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Time per Response (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor cost of Reporting (\$/hr.)</b>	<b>Total Annual Cost (\$)</b>
Medicaid Disaster Relief for the COVID-19 National Emergency SPA Template	56	56	2	112	109.36	12,248.32
Medicaid Disaster Relief for the COVID-19 Emergency State Plan Amendment Instructions	56	56	1	56	109.36	6,124.16
<b>TOTAL</b>	<b>56</b>	<b>56</b>	<b>3</b>	<b>168</b>	<b>109.36</b>	<b>18,372.48</b>

*Information Collection Instruments and Instruction/Guidance Documents*

1. SPA Template: ***Medicaid Disaster Relief for the COVID-19 National Emergency***
2. Instructions: ***Medicaid Disaster Relief for the COVID-19 Emergency State Plan Amendment Instructions***

**E. Timeline**

Approval is requested by March 21, 2020.