Clearance for Medicaid and CHIP Program (MACPro) Submissions
(CMS-10434, OMB 0938-1188)

Generic Information Collection #22
Health Home State Plan Amendment (SPA)

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

A. Background

The Medicaid and CHIP Program (MACPro) data system is a web-based portal that automates the input and retrieval of data from the States related to the State Medicaid and CHIP Plans. This system supports an efficient workflow for the review and approval of the State Medicaid and CHIP adjudication process. States will access this system and submit program information into structured data templates. CMS staff will review the submission templates for compliance with Federal statute, regulation and policy, provide feedback to the States and track/monitor the review and approval process.

The Health Home state plan amendment (SPA) collection is currently approved under the generic clearance process under OMB control number 0938-1148 (CMS-10398 #22). Under that information collection request the Health Home SPA template was processed through one of our electronic web-based reporting systems known as the Medicaid Model Data Lab (MMDL). Electronic reporting in MMDL have now transitioned to MACPro to comport with regulatory requirements of a standardized template, which is periodically updated and formatted as specified by the Secretary. In addition, to reduce the burden for states, previously approved Health Home SPA in MMDL were migrated into the MACPro system for states to use when they amend their Health Home benefit or to create new Health Home programs. This transition is necessary since the MACPro system will become the sole system of record and supports CMS' initiative to improve processes by providing states with: reviewable units with built-in logic to ensure consistency across states and provide clear policy guidance; simplify templates that eliminate the need for many same page reviews; automate workflows to reduce unnecessary delay; clear, centralized communication processes; and improve transparency that allows states to check the status of their submissions.

Once approved under MACPro, the Health Home SPA information collection request will be removed from OMB control number 0938-1148 to avoid duplication of requirements and burden.

CMS acknowledges and understands that Crosswalks are typically required for delineating changes to reporting instruments. In this case, however, we are requesting an exemption from including any Crosswalks in this February 2019 iteration since the changes are limited to migrating from the MMDL legacy system to the MACPro system and the Crosswalk would be very difficult and burdensome to produce because the MMDL format is dramatically different from the MACPro structured data layout. Moreover, the Crosswalk would be somewhat useless since it would be very difficult for readers to understand and follow because of the extensive reordering and reformatting of the templates. Once this transition is approved, CMCS will be providing OMB with Crosswalks when changes are being proposed to our reporting instruments and/or instruction/guidance.

As part of the migration the Health Home quality specific measures were moved to separate quality and administrative reports within the MACPro system. In that regard the measures would now fall under collection #47 (Health Home Core Sets), which will be transitioned under the MACPro control number when ready. The collected data remains unchanged. We have also moved a segment that relates to ongoing quality in the monitoring section. The relocated

segment would now fall under a collection #47. This was separated from collection #22 because collection #47 resides in a separate section within MACPro. The monitoring section also requests that states agree to adhere to assurance statements. While the moved segment and assurances have been rearranged, their content remains unchanged.

In response to user feedback and to streamline the MACPro process, we have relocated the assurances and added termination document.

The assurance questions were in different areas within the MMDL templates. The selections were radio buttons. After the reformatting and reordering, the relocated questions have been updated to reflect simplified language with a check box selection and are found in one place. The assurances are needed because of statutory requirements. The assurances are helpful to states since they eliminate the need for states to elaborate about their benefits. Instead, states simply attest that they are in compliance which helps ensure that states are not duplicating claiming or providing similar services.

The termination document was not in MMDL and was added to provide states with a more simplified ability to terminate their SPA. Prior to this new termination document, states were required to resubmit multiple state plan submissions in order to terminate the entire benefit and to remove the pages from the state plan. This one termination document simplifies the amendment submission process by having states identify the methodology in which they are terminating the benefit(s). The relocation of the assurances and the addition of the termination document significantly streamlines the state plan submission and review process and does not impact our currently approved burden estimates.

B. Description of Information Collection

Information submitted via the Health Home State Plan Amendment (SPA) web-based application will be used by CMS Central and Regional Offices to analyze a State's proposal to implement Section 1945 of the Social Security Act (the Act) to establish a State plan option to provide coordinated care through a health home program for individuals with chronic conditions. State Medicaid Agencies will complete the SPA web-based application template in MACPro, and submit it to CMS for a comprehensive analysis.

The Health Home SPA template in MACPro is separated into reviewable units that contain check-off items and free text areas for a State to describe its health home program. The reviewable units (RUs) in the template include:
(1) Health Home Introduction (see document HH1),
(2) Health Home Population and Enrollment Criteria (see document HH2),
(3) Geographic Limitations (see document HH3),
(4) Health Home Service Definitions (see document HH4),
(5) Health Home Provider (see document HH5),
(6) Health Home Service Delivery System (see document HH6),
(7) Health Home Payment Methodology (see document HH7),
(8) Health Home Monitoring and Quality Measures (see document HH8), and
(9) Health Home Program Termination (see document HH9).

C. Deviations from Generic Request

There are no deviations.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 96,844 hours, and CMS previously requested to use 2,772 hours, leaving our burden ceiling at 94,072 hours.

Wage Estimates

To derive average costs, we used 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). 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 ($/hr)	Fringe Benefits and Overhead ($/hr)	Adjusted Hourly Wage ($/hr)
Business Operations Specialist	13-1199	37.00	37.00	74.00

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

CMS estimates it will take 80 hours at $74.00/hr for a business operations specialist to complete the collection of data and submission to CMS. We also estimate a potential universe of 30 respondents. In aggregate, we estimate 2,400 hours (30 responses x 80 hr) at a cost of $177,600 (2,400 hr x $74.00/hr).

Information Collection Instruments and Instruction/Guidance Documents

HHI – Introduction (Revised),
HH2 – Population and Enrollment,
HH3 – Geographic Limitations (Revised),
HH4 – Health Homes Services (Revised),
HH5 – Health Homes Providers (Revised),
HH6 – Health Homes Delivery Systems (Revised),

HH7 – Health Homes Payment Methodologies (Revised),
HH8 – Health Homes Monitoring, Quality Measurement, and Evaluation (Revised),
HH9 – Health Homes Program Termination (New),
I1 – Submission Summary (Revised),
I2 – Medicaid State Plan (Revised),
I3 – Public Comment (Revised),
I4 – Tribal Input (Revised), and
I5 – Other Comment (Revised).

Note: With regard to the above designations, "Revised" indicates which templates have been reordered and reformatted while "New" indicates new content.

- Health Home SPA10024 – RE: Health Homes for Enrollees with Chronic Conditions.

This letter provides preliminary guidance to states on the implementation of section 1945 of the SSA/ 2703 of the Affordable Care Act.
http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf

- Health Home SPA CIB 12-22-10 CMCS Information Bulletin: December 22, 2010: Web-Based SPA Submission Process for Health Home for Medicaid Enrollees with Chronic Conditions.

This bulletin provides guidance on the automated State Plan submission process for Health Homes. http://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/CIB-12-22-10.pdf

- Health Home Implementation Guide.

Provides health home guidance and instructions on completing each of the reviewable units within the SPA template and is available as a web-link on the MACPro system screen.

E. Timeline

The collected information will not be published but will serve as the official system of record for approved health home State Plan amendments.