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.

In this 2021 iteration we propose to keep our burden ceiling as is (154,104 hr). Similarly, we are not making any programs changes to the GenICs that we seek to extend. For new and revised GenICs we will be publishing 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice. See section 15 of this Supporting Statement for details.

## 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 June 22, 2020 (85 FR 37456). No comments were received.

A 30-day notice published in the Federal Register on February 26, 2021 (86 FR 11779). The notice was withdrawn on March 9, 2021 (86 FR 13565).

To replace the withdrawn notice, a second 30-day notice published in the Federal Register on March 19, 2021 (86 FR 14927). Comments are due on/by April 19, 2021.

This notice informs the public that, for new and revised GenICs under OMB 0938-1148, we will be publishing 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice.

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 proposed burden estimate 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 currently approved burden ceiling of 154,104 hours is unchanged.

*Currently Approved GenICs*

Currently, OMB has approved 87,060 hours of burden for the GenICs that are set out in the most

recent Notice of Action (see attached NOA, dated February 12, 2021).

*Discontinued GenICs*

We propose to discontinue the requirements and burden (7,098 hours) associated with a number of currently approved GenICs identified in section 15 of this Supporting Statement.

See section 15 of this Supporting Statement for a list of the discontinued GenICs.

*Projected GenICs (as of February 4, 2021)*

For the upcoming 3-year (2021 – 2024) 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 13,662 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.

*Summary of Burden*

87,060 hr (Currently Approved GenICs)
-7,098 hr (Discontinued GenICs)
+60,480 hr (Projected GenICs)
+13,662 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

In this 2021 iteration we propose to keep our burden ceiling as is (154,104 hr). Similarly, we are not making any programs changes to the GenICs that we seek to extend. Moving forward, for new and revised GenICs we will be publishing 14-day Federal Register notices that will provide interested parties with an opportunity to review and comment on the generic information collection request. Instructions for obtaining the GenIC's documents and for submitting comments will be set out in each Federal Register notice.

*Currently Approved GenICs*

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

Currently, OMB has approved 87,060 hours of burden for the GenICs that are set out in the most recent Notice of Action (see attached NOA, dated February 12, 2021).

*Discontinued GenICs*

From the inventory of currently approved GenICs (see attached NOA, dated February 12, 2021) we propose to discontinue the following as they are no longer needed:

| No. | Title | Time (hr) |
|---|---|---|
| 15 | Medicaid State Plan Eligibility* | 1,120 |
| 22 | Health Home SPA* | 2,400 |
| 26 | Medicaid Adult Core Set Measures Reporting Template* | 2,240 |
| 45 | Maternal and Infant Health Quality* | 112 |
| 47 | Health Home Core Sets* | 1,200 |
| 60 | 1115 Support Act Survey of Housing Related Supports** | 26 |
| | TOTAL | 7,098 |

**While we are removing from this 0938-1148 control number, the requirements and burden remain active, and approved by OMB, under our MACPro collection of information (CMS-10434, OMB 0938-1188).*
***This was a one-time needs assessment.*

*Projected GenICs*

For the upcoming 3-year (2021 – 2024) 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).

| Title | Target Rollout Date | Projected Time Per Response (hr) | Projected Time (hr) |
|---|---|---|---|

| Title | Target Rollout Date | Projected Time Per Response | 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 |

| Title | Target Rollout Date | Projected Time Per Response | Projected Time (hr) |
|---|---|---|---|
| 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 |

*Unanticipated GenICs*

We propose to add 13,662 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.

*Summary of Burden Changes*

87,060 hr (Currently Approved GenICs)
-7,098 hr (Discontinued GenICs)
+60,480 hr (Projected GenICs)
+13,662 hr (Unanticipated GenICs)
154,104 TOTAL HOURS

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 more than 50 approved GenICs.

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 was approved on October 29, 2014, while the expiration date was 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.