

Supporting Statement A  
Quarterly Medicaid and CHIP Budget and Expenditure Reporting for the  
Medical Assistance Program, Administration and CHIP  
(MBES/CBES Forms CMS-21 and CMS-21B, CMS-37, and CMS-64)  
CMS-10529, OMB 0938-1265

**BACKGROUND**

Effective March 11, 2021, the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) was signed into law. The Act provides in some cases, increased federal medical assistance percentages (FMAPs) to states and territories under sections 9811, 9813, 9814, 9815, 9817, 9819, and 9821.

Section 9811 and 9821 of the ARP requires that state and territory Medicaid and CHIP programs must cover COVID-19 vaccines and their administration, testing for COVID-19, and treatments for COVID-19, including specialized equipment and therapies. The ARP also amends section 1905 and 2105 of the Social Security Act (the Act) to authorize a 100 percent FMAP and Enhanced FMAP (EFMAP) for state and territory Medicaid and CHIP expenditures for COVID-19 vaccines and their administration. This increased FMAP is available beginning April 1, 2021, and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act.

Section 9813 of the ARP amends Title XIX of the Act to add a new section 1947. Section 1947 offers a state and territory option to provide qualifying community-based crisis intervention services for a period of five years, starting April 1, 2022, and ending March 31, 2027.

Section 9814 of the ARP generally provides a temporary, 5 percentage point increase in a qualifying state or territory's FMAP under section 1905(b) of the Act if that state or territory begins to cover the entire adult group authorized under section 1902(a)(10)(A)(i)(VIII) of the Act ("Adult group"). Effective beginning with the first calendar quarter during which a qualifying state or territory expends amounts for all individuals in the Adult group, the 5 percentage point FMAP increase is available to a qualifying state or territory for each quarter occurring during an 8-quarter period, except for any quarter (and each subsequent quarter) during the 8-quarter period in which a state or territory ceases its Adult group expansion (or limits the expansion to less than the entire Adult group).

Section 9815 of the ARP provides, for 8 fiscal quarters beginning April 1, 2021, and ending March 31, 2023, a 100 percent FMAP for medical assistance expenditures for services received through an Urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) that has a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act, and for medical assistance expenditures for services received through a Native Hawaiian Health Center (as defined in section 12(4) of the Native Hawaiian Health Care Improvement Act) or a qualified entity (as defined in section 6(b) of such

Act) that has a grant or contract with the Papa Ola Lokahi under section 8 of such Act.

Section 9817 of the ARP temporarily increases the FMAP by 10 percentage points for allowable medical assistance expenditures for certain home and community-based services (HCBS) expenditures under the Medicaid program beginning April 1, 2021, and ending March 31, 2022. This section also requires states and territories to use (reinvest) the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021, and states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program. The increased FMAP for HCBS for any state or territory cannot exceed 95 percent.

Section 9819 of the ARP requires the Secretary to recalculate a state's annual disproportionate share hospital (DSH) allotment for any fiscal year during which the state receives the 6.2 percentage point FMAP increase under section 6008(a) of the FFCRA.

This 2021 information collection request is associated with the March 11, 2021, signing of the ARP and HHS Action Transmittal OG AT 2021-05 effective March 11, 2021, which requires that all HHS awarding agencies provide transparency in the tracking of funding related to, the response to and recovery from, the COVID-19 pandemic.

CMS requests OMB approval to add routine non-substantive lines to MBES/CBES to implement sections 9811 and 9821 of ARP for Medicaid and CHIP. We also propose to add new Forms to MBES/CBES to implement section 9817 of ARP. This September 2021 information collection request will allow states and territories to report the aggregate actual expenditures for each provision of ARP.

Under the authority in section 1903(d)(1) of the Act, our regulations at 42 CFR part 430, subpart C establishes requirements for state Medicaid agencies to submit quarterly estimates reports and other pertinent documents to CMS. As detailed below in section 15, we do not anticipate any changes in state burden associated with this request.

## A. **JUSTIFICATION**

### 1. Need and Legal Basis

The Medicaid and CHIP Budget and Expenditure System (MBES/CBES) is a web-based application that states and territories use to report budgeted and actual expenditures for Medicaid and the Children's Health Insurance Program (CHIP) to CMS, as required for the implementation of Medicaid and CHIP per Titles XIX and XXI of the Act.

The MBES/CBES uses the information from each state and territory to compute the amount of federal financial participation (FFP) CMS will provide to the state or territory to fund program operations. The MBES/CBES also stores the states or territories historical budget and expenditure records for data analysis purposes.

There are four forms that are uploaded and are described below.

Form CMS-21 and Form CMS-21B: Sections 4901, 4911, and 4912, of the Balanced Budget Act of 1997 (BBA) established a new Title XXI of the Act and related Medicaid provisions, which provides funds to states to enable them to initiate and expand the provision of child health assistance to uninsured, low- income children. In order to make appropriate payments to states pursuant to this new legislation, CMS amended the existing MBES, established a new Child Health Budget and Expenditure System (CBES), and established new report forms for states to report budget, expenditure and related statistical information to CMS on a quarterly basis. Reporting of this information by states began after the end of the second quarter of federal fiscal year 1998 (after the end of June 1998). The MBES/CBES system added a calculation to account for a temporary increase in the FMAP enacted under Section 5001 of the Affordable Care Act (ACA) of 2009.

Form CMS-37: Section 1903(d)(1) of the Act provides the need and legal basis for the collection of Medicaid budget and expenditure information from states:

"Prior to the beginning of each quarter, the Secretary shall estimate the amount to which a State will be entitled under subsections (a) and (b) for such quarter, such estimates to be based on (A) a report filed by the State containing its estimate of the total sum to be expended in such quarter in accordance with the provisions of such subsections, and stating the amount appropriated or made available by the State and its political subdivisions for such expenditures in such quarter."

Form CMS-64: Section 1903 of the Act provides the authority for collecting this information. States are required to submit the Form CMS-64 quarterly to CMS no later than 30 days after the end of the quarter being reported. These submissions provide CMS with the information necessary to issue the quarterly grant awards, monitor current year expenditure levels, determine the allowability of state and territory claims for reimbursement, develop Medicaid financial management information provide for state reporting of waiver expenditures, ensure that the federally-established limit is not exceeded for HCBS waivers, and to allow for the implementation of the Assignment of Rights and Part A and Part B Premium (i.e., accounting for overdue Part A and Part B Premiums under State buy-in agreements)--Billing Offsets. The structure of the current Form CMS-64 has evolved from the previous forms used for reporting (form OA.41 and Form CMS-64). Classification, identification and referencing used in the Form CMS-64 forms has been in place for several years, is readily understood and accepted by the report users, and is supported by strong sentiments in both CMS and the states and territories to maintain the existing format. Beginning in the first quarter of FY 2010 expenditure reporting cycle, CMS redesigned the MBES/CBES system, and have received favorable responses from both CMS and the states. In addition, Sections 2301, 2501, 2703, and 4107 enacted under the ACA, established a Freestanding Birth Center Category of Service (COS), Prescription Drug Rebate COS, Health Homes for Enrollees with Chronic Conditions COS, and Tobacco Cessation for Pregnant Women COS respectively. To account for this legislation, CMS expanded the MBES/CBES through the addition of new COS Line items. During FY2011 and FY 2012 we added Sections 1202, Primary Care and 4106 for preventive Services under ACA.

## 2. Information for Users:

The information that MBES/CBES collects and stores is state and territory Medicaid program financial information. The financial information is uploaded directly into the MBES/CBES system by a designated state or territory user. The information contained within MBES/CBES is not broken down to the recipient or provider-detail level and does not contain any information that can identify any individual.

Forms CMS-21 and CMS-21B: These are budget and expenditure forms. The Form CMS-21 should be filed on or before 30 days after the end of the federal quarter. The Form CMS-21B provides estimates for CHIP.

Form CMS-37: Is an estimate for the year and quarter, both for the current year and the budgeted year. It needs to be certified before it is submitted to the MBES/CBES.

Form CMS-64: Used by the states and territories to report their actual program benefit costs and administrative expenses to the CMS. CMS uses this information to compute the FFP for the state's Medicaid Program costs.

## 3. Use of Improved Information Technology

CMS has developed an automated Medicaid budget and expenditure system for use within CMS using electronic transfer between states and CMS for processing all state Medicaid budget & expenditure data. During the planning phase of the MBES/CBES redesign, CMS saw the need to reorganize and create a System's team to assist with the development, migration and maintenance of the MBES/CBES system. A part of the team's purpose is to be an effective liaison between CMS and the contractor. The system's team consults with the contractor regularly to ensure that the system is functioning according to the system's business rules, and to provide guidance to the state and CMS personnel should they have questions or identify glitches. As a result of this process, the MBES/CBES system continually evolves to meet the needs of MBES/CBES users and stay true to the MBES/CBES system's purpose. In addition, the Header columns are now fixed which assists in streamlining a particular task by reducing the time that a user had to scroll up and down to view the headers. As a result of additional COS Line items and enhanced graphics, the loading time has increased for many of the larger forms. To help continually enhance the system's performance, a "quick entry" solution was implemented for the largest forms, and it is CMS' intent to apply this function more frequently to the larger forms. The additional COS Lines assists the states as well as CMS by means simplifying the identification, reporting and analysis of these budget & expenditures. Moreover, the new platform has significantly less down time, and the new platform helps to optimize the overall performance of the MBES/CBES system. Although there are new COS Lines, they do not result in an increase in burden as this information was originally reported on the 64.9I, 64.10I, 64.9PI, and 64.10PI Informational Forms (I-Forms). In addition, the Line items added in accordance with ACA do not result in an increase in burden because the updated MBES/CBES system's intuitive, efficient nature, and reduced down time offsets any increase in time for data entry.

## 4. Duplication/Similar Information

The information covered by this request does not duplicate any data being collected. While the Form CMS-37, Medicaid Program Budget Report, is used to collect expenditure data, it is used only to report estimated data on a quarterly basis for budgetary purposes. The Form CMS-64 is the only means used by CMS to collect actual expenditure data on a quarterly basis. The Form CMS-21B collects expenditure estimates for CHIP and the Form CMS-21 collects actual expenditures on a quarterly basis.

5. Small Business

This information collection does not significantly impact small businesses.

6. Less Frequent Collection

Failure to collect the data on a quarterly basis may result in delays in states and territories receiving the appropriate amount of initial federal funding to operate the Medicaid and CHIP and federal funds not being returned promptly and properly to the Federal Government. States and territories could mispend large sums of federal funds undetected with no immediate mechanism of recovery. Conversely, there are instances where states and territories are due federal funds and delays in reimbursement could cause financial hardships on states and territories and adversely impact the operation of Medicaid and CHIP. Quarterly reporting applies to Forms CMS-37, CMS-64, CMS-21B, and CMS-21.

Forms CMS-21 and CMS-21B: Similar to the Form CMS-37, the Form CMS-21B will be filed 45 days prior to the beginning of the quarter. It is required be filed on or before 2/15, 5/15, 8/15, 11/15. Certain schedules of the Form CMS-64f are used by states and territories to report budget, expenditure and related statistical information required for implementation of the Medicaid portion of CHIP, Title XXI of the Act, established by BBA. The Form CMS-21 are expenditure forms that should be filed on or before 30 days after the end of the federal quarter.

Form CMS-37: It will be filed 45 days prior to the beginning of each federal quarter. Therefore, it will be filed on or before 2/15, 5/15, 8/15 and 11/15. It is an estimate for the year and quarter, both for the current year and the budgeted year. It needs to be certified before it is submitted to the MBES/CBES.

Form CMS-64: This form has been used since January 1980 by the states and territories to report their actual program benefit costs and administrative expenses to CMS. CMS uses this information to compute the FFP for the state's or territory's Medicaid costs. The Form CMS-64 has been modified over the years to incorporate legislative, regulatory, and operational changes.

7. Special Circumstances

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;

- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

#### 8. Federal Register Notice/Outside Consultation

The American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) was signed into law on March 11, 2021. State Medicaid Director Letter (SMDL# 21-003), effective May 13, 2021, implements section 9817 of ARP. State Health Official letter (SHO# 21-004), signed August 30, 2021, implements sections 9811, 9814, 9815, and 9821 of the ARP. This 2021 collection of information request proposes both non-substantive and substantive changes that were implemented as a result of legislative action and sub-regulatory guidance and does not require the publication of any Federal Register notices.

#### 9. Payment/Gifts To Respondents

There were no payments/gifts to respondents.

#### 10. Confidentiality

Forms CMS-64, CMS-37, CMS-21, and CMS-21B do not collect information on individuals. Consequently, they are not subject to the Privacy Act.

#### 11. Sensitive Questions

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

#### 12. Burden Estimate

##### *Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2020

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.

BLS Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Data Entry and Information Processing Workers	43-9020	17.96	17.96	35.92
Financial Analysts	13-2098	46.46	46.46	92.92

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 Respondent Burden Estimates*

Respondents consist of 56 state or territorial Medicaid agencies. Each respondent will make four quarterly submissions to CMS with an average staff effort of 20 or 40 hours per submission.

Since reports are submitted electronically, there are negligible printing and distribution costs to the respondent. The total annual respondent burden follows:

Form CMS-64

9,184 hours (56 agencies x 41 hr x 4 qtr)  
 \$840,609 [56 agencies x 4 qtr x ((40 hr x \$92.92/hr) + (1 hr x 35.92))]

Form CMS-37

4,480 hours (56 agencies x 20 hr x4 qtr)  
 \$416,282 (4,480 hr x \$92.92/hr)

Forms CMS-21/21B

4,480 hours (56 agencies 20 hr x4 qtr)  
 \$416,282 (4,480 hr x \$92.92/hr)

Total

18,144 hours (9,184 hr + 4,480 hr + 4,480 hr)  
 \$1,673,173 (\$840,609 + \$416,282 + \$416,282)

When considering the federal match, the state/territory share is 50% of the cost.

Total Respondents Cost (Rounded)	\$1,673,173
Less 50% Federal Match	<u>-\$836,587 (\$1673173 x 0.5)</u>

## Respondents Share of Cost

\$836,587

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

Attached are non-screen shot versions of Forms CMS-21, CMS-21B, CMS-37, CMS-37.3 Summary, CMS-64, CMS 64.9 ARP 9817, CMS-64.9 ARP 9817 Reinvest Regular FMAP, and CMS 64.9 ARP 9817 Reinvest FMAP rate + 10%. We are providing these versions since the printed screen shot versions would be cumbersome and burdensome to review – they would consist of more than a hundred pages. Moreover, the non-screen shots versions set out the same identical data fields as the screen shots would.

To view the forms as they appear on the MBES Production screens the MBES URL Test Site can be found at: <https://mbescbesval0.medicaid.gov/MBESCBES/Default.aspx>

- Form CMS-21: These are CHIP expenditure forms which should be filed on or before 30 days after the end of the federal quarter. (No changes)
- Form CMS-21B: Provides an estimate of CHIP expenses for the year and quarter, both for the current year and the budgeted year. It must be certified before it is submitted to the MBES/CBES. The form should be filed on or before 45 days before the start of the federal quarter.
- Form CMS-37: Provides an estimate of Medicaid expenses for the year and quarter, both for the current year and the budgeted year. The Form CMS-37 was revised to add the Form CMS- 37.3 Summary which will allow accurate reporting, transparency, and oversight of states' budget estimates for the various provisions of the ARP and FFCRA. It must be certified before it is submitted to the MBES/CBES. The forms should be filed on or before 45 days before the start of the federal quarter.
  - Form CMS-37.3 Summary: Provides a break out of estimates for Medicaid expenses for sections 9811, 9813, 9814, 9815, and 9817 of ARP and sections 6004 and 6008 of FFCRA.
- Form CMS-64: Used by states and territories to report their actual program benefit costs and administrative expenses to the CMS for Medicaid. CMS uses this information to compute the FFP for the state's and territory's Medicaid Program costs. (No changes)
  - Form CMS 64.9 ARP 9817: Provides reporting for a temporary 10 percentage point increase to the FMAP for qualifying states for certain Medicaid expenditures for HCBS services.
  - Form CMS-64.9 ARP 9817 Reinvest Regular FMAP: Provides reporting at the regular FMAP for qualifying states and territories for certain Medicaid

expenditures for HCBS services related to federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021.

- o Form CMS 64.9 ARP 9817 Reinvest FMAP rate + 10%: Provides reporting for a temporary 10 percentage point increase to the FMAP for qualifying states for certain Medicaid expenditures for HCBS related to federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021.

### 13. Capital Cost

There is no capital cost.

### 14. Cost to the Federal Government

We use the hourly salary from the General Schedule (GS) Locality Pay Table for employees with the grade of GS-14 step 3 (at \$55.65/hr) to estimate analyst cost. Because of the various localities involved, we used the hourly rate chart for the “Rest of the United States” link below.

[https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/RUS\\_h.pdf](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/RUS_h.pdf)

#### *Division of Financial Operations – East Costs*

Central Office cost would include an estimated average of salaries for a GS-14 step 3 analyst (at \$55.65/hr) that reviews Forms CMS-64, CMS-37, CMS-21B and CMS-21.

For the Form CMS-64, analysts’ costs are based on reviewing 224 submissions per year (56 submissions times 4 quarters per year). Each review takes approximately 7 hours to complete at \$55.65 per hour totaling \$87,259 (224 submissions x 7 hours x \$55.65 per hour).

For the Form CMS-37, analysts’ costs are based on reviewing 224 submissions per year (56 submission times 4 quarters per year). Each review takes approximately 4 hours to complete at \$55.65 per hour totaling \$49,862 (224 submissions x 4 hours x \$55.65 per hour).

For the Form CMS-21B, analysts’ costs are based on reviewing 224 submissions per year (56 submission times 4 quarters per year). Each review takes approximately 4 hours to complete at \$55.65 per hour totaling \$49,862 (224 submissions x 4 hours x \$55.65 per hour).

For the Form CMS-21, analysts’ costs are based on reviewing 224 submissions per year (56 submission times 4 quarters per year). Each review takes approximately 4 hours to complete at \$55.65 per hour totaling \$87,259 (224 submissions x 7 hours x \$55.65 per hour).

Total central office analyst’s costs are estimated at \$274,242.

Printing and Distribution Costs

Printing and distribution costs are estimated to be \$7,100. This has been confirmed with CMS's Printing and Distribution Branch.

Divisions of Financial Operations Costs

The costs for the Divisions of Financial Operations are calculated as follows: 2,080 total hours per person year, multiplied by 90 full time financial management employees totals 187,200 hours. It is estimated that 23 percent of total staff time is spent on analysis of the form CMS-64 at a cost of \$55.65 per hour totaling \$2,396,066 (187,200 x 23% x \$55.65/hr).

Federal Share of State Reporting Costs

The total federal share is half of the total state reporting costs or \$836,587 (see section 12, above).

TOTAL

The total federal costs consist of central office review, regional office review, printing and distribution and the federal share of State reporting costs.

\$274,242	Division of Financial Operations - East Review
\$ 7,100	Printing and Distribution
\$2,396,066	Divisions of Financial Operations Review
<u>+ \$836,587</u>	<u>State Reporting Federal Share</u>
\$3,513,995	Total

15. Changes in Program/Burden

On March 11, 2021, the President of the United States signed into law H.R. 1319, the American Rescue Plan Act of 2021 (ARP; Public Law 117-2). Federal funding associated with the provisions are available for qualifying expenditures on a quarterly basis through Forms CMS-21B, CMS-21, CMS-37, and CMS-64 submissions in MBES/CBES.

CMS requests OMB approval to add routine non-substantive lines to MBES/CBES to implement sections 9811 and 9821 of ARP for Medicaid and CHIP. We also propose to add new Forms to MBES/CBES to implement section 9817 of ARP. This September 2021 information collection request will allow states and territories to report the aggregate actual expenditures for each provision of ARP.

CMS requests OMB approval to add a routine non-substantive line to MBES/CBES to implement sections 9811 and 9821 of ARP for Medicaid and CHIP.

The added reporting lines will not impose any additional burden on states or territories since states and territories are already knowledgeable about the process of claiming expenditures. The

line will be added to existing standard reporting forms which will require minimal action from states and territories to select the new reporting line from those forms and input the quarterly expenditure amount to be claimed.

The added lines are necessary for accurate reporting of state Medicaid and CHIP expenditures matched at 100 percent FMAP and Enhanced FMAP for COVID-19 vaccines and their administration. This increased FMAP is available beginning April 1, 2021, and ending on the last day of the first quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act.

New Line added to the CMS-64.9, CMS-64.21U, and the CMS-21 Forms to MBES/CBES to implement section 9811 and 9821 of ARP.

**Line 47** - added to the **Form CMS-64.9**: This line will allow reporting for a temporary 100 percentage increase to the FMAP for states and territories for Medicaid expenditures for COVID-19 vaccines and vaccine administration under section 9811 of ARP.

**Line 26** - added to the **Form CMS-64.21U**: This line will allow reporting for a temporary 100 percentage increase to the enhanced FMAP for states and territories for CHIP expenditures for COVID-19 vaccines and vaccine administration under section 9821 of ARP.

**Line 26** - added to the **Form CMS-21**: This line will allow reporting for a temporary 100 percentage increase to the enhanced FMAP for states and territories for CHIP expenditures for COVID-19 vaccines and vaccine administration under section 9821 of ARP.

CMS requests OMB approval to add new Forms to MBES/CBES to implement section 9817 of ARP.

Due to the enactment of ARP, there were new Forms introduced to determine new expenditures under ARP section 9817 requirements. As a result, new forms were added to the Form CMS-64.9 to determine expenditures for the temporary 10 percentage point increase to the FMAP for allowable medical assistance expenditures for certain HCBS expenditures under the Medicaid program beginning April 1, 2021, and ending March 31, 2022. The increased FMAP for HCBS for any state or territory cannot exceed 95 percent.

New Forms added to the Form CMS-64 beginning with the 4<sup>th</sup> quarter of 2021 reporting quarter.

- Form CMS-64.9 ARP 9817, HCBS services eligible for 10% FMAP increase
- Form CMS-64.9 ARP 9817 Reinvest (Regular FMAP), state share supplemented from the 10% FMAP increase reinvested in HCBS services eligible with Regular Federal Share
- Form CMS-64.9 ARP 9817 Reinvest (FMAP Rate + 10%), state share supplemented from the 10% FMAP increase reinvested in HCBS services eligible for 10% FMAP increase

(These forms are available on the “Add Forms” function of the Form CMS-64. Once selected, a selection menu will appear that will allow for the selection of Form CMS-64.9 ARP 9817, the Form CMS-64.9 ARP 9817 Reinvest Regular FMAP, and Form CMS-64.9 ARP 9817 Reinvest FMAP rate + 10%. Following the HCBS form selection, a dropdown list of all the Form CMS-64.9 series of forms will appear where expenditures can be entered against that MAP expenditure applying the Section 9817 claiming rules.)

As a result of these additions of the Form CMS-64.9 ARP 9817 forms to the MBES/CBES the following three new forms have been added and some functionality has been updated:

**Form CMS-64.9 ARP 9817:** This form provides reporting for a temporary 10 percentage point increase to FMAP) for qualifying states and territories with for certain Medicaid expenditures for HCBS services.

**Form CMS-64.9 ARP 9817 Reinvest:** This form provides reporting for federal funds attributable to the increased FMAP to supplement, not supplant, existing state/territory funds expended for Medicaid HCBS in effect as of April 1, 2021. There are two forms available under the Form CMS-64.9 ARP 9817 Reinvest; the Form CMS-64.9 ARP 9817 Reinvest Regular FMAP, and the Form CMS-64.9 ARP 9817 Reinvest FMAP rate + 10%. A waiver version of these forms will also be available. The Form CMS-64.9 ARP 9817 Reinvest forms are available to states and territories with approved spend plans defined within the May 13, 2021, SMDL.

Starting with the 4<sup>th</sup> Quarter of 2021 reports, Forms CMS-64.9 ARP 9817, CMS-64.9 ARP 9817 Reinvest Regular FMAP, and CMS 64.9 ARP 9817 Reinvest FMAP rate + 10% forms were also added for Waivers for qualified states and territories.

This 2021 information collection request will allow states and territories to report the aggregate actual expenditures for each provision of ARP. The added forms are necessary for the accurate reporting, transparency, and oversight of states’ and territories’ expenditures for the various provisions of ARP (H.R. 1319 the American Rescue Plan Act of 2021).

16. Publication and Tabulation Data

The results of this information collection are not planned for publication for statistical use nor does this information collection employ statistical research methodologies.

17. Expiration Date

CMS would like to display the expiration date as determined by OMB

18. Certification Statement

There are no exceptions to the certification statement.

**B. Collection of Information Employing Statistical Methods**

The use of statistical methods does not apply.