

Generic Supporting Statement

Generic Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions

Generic Information Collection #72
Expressions of interest in the Infant Well-Child Visit Affinity Group
(CMS-10398, OMB 0938-1148)

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.

In December 2020, CMS launched the next phase of the Maternal and Infant Health Initiative (MIHI) to support state Medicaid and CHIP agencies in their efforts to improve maternal and infant health. This initiative includes technical assistance (TA) learning collaboratives for states addressing the three focus areas recommended by the MIH Expert Workgroup. Each learning collaborative will offer TA to state Medicaid and CHIP agencies and their partners using two modalities: (1) a webinar series open to all states, including a webinar that will address payment reform strategies to incentivize improvement, and (2) an affinity group for states interested in developing and implementing a quality improvement project. One aspect of the affinity group is to encourage improvement in the corresponding quality measures in the Medicaid and CHIP Child and Adult Core Sets established in sections 1139A and 1139B of the Social Security Act.

B. Description of Information Collection

State Medicaid and CHIP agencies are given the opportunity to submit the attached Expression of Interest Form regarding participation in the Infant Well-Child Visit Affinity Group. Information requested will be used to see if each state meets the criteria for participation in the Affinity Group. Criteria for affinity group participation include:

- Well-articulated goals for improving infant well-child visit rates and quality
- An understanding of the state's challenges and opportunities related to infant well-child visits
- Access to infant well-child visit data, including the ability to report the Core Set measure Well-Child Visits in the First 30 Months of Life (W30-CH)
- Identification of a well-rounded state team willing to work about 10 to 15 hours each month (depending on role, project, and team size) on the state quality improvement (QI) project
- Commitment to action, with support from Medicaid and/or CHIP leadership

Once participating in the Affinity Group, a states will meet monthly virtually for workshops and one-on-one state coaching calls, learning from QI advisors, subject matter experts, and peers in order to test, implement, and assess their data-driven QI change idea.

C. Deviations from Generic Request

No deviations from the generic PRA request.

D. Burden Hour Deduction

High-level Assumptions

- Historically approximately less than 20 states and territories have submitted Expressions of Interest for our Affinity Groups
- This is a one-time submission
- Submissions are completed by Health Services Manager

Wage Estimates

To derive average costs, we are using 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). 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.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Health services manager	11-9111	57.12	57.12	114.24

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

States will submit expressions of interest by September 30th, 2021 at 8pm ET.

Since all states/territories (state) will have the option to complete and submit an expression of interest, but historically we have never exceeded 20 respondents, we project 20 state respondents. We estimate it would take 7 hours (per state) at \$114.24/hr for a health services manager to complete the expression of interest form describing their project idea, team, and state needs. In aggregate, we estimate a burden of 140 hours (20 states x 7 hr) at a cost of \$15,994 (140 hr x \$114.24/hr).

Summary of Collection of Information Requirements and Burden Estimates

Requirement	No. Respondents	Total Responses	Time per Response (hr)	Total Time (hr)	Labor Cost (\$/hr)	Total Cost (\$)
Expression of Interest Form Submission	20	20	7	140	114.24	15,994
TOTAL	20	20	140	140	114.24	15,994

Information Collection Instruments and Instruction/Guidance Documents

Maternal and Infant Health Initiative Infant Well-Child Visit Learning Collaborative Affinity Group Expression of Interest Form

Maternal and Infant Health Initiative Infant Well-Child Visit Learning Collaborative Affinity Group Fact Sheet

E. Timeline

Approval is requested by July 23, 2021.

The 14-day Federal Register notice is expected to publish the week of July 26-30. Public comments (whether received or not) will be addressed timely in a subsequent generic collection of information collection request.