

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

Generic Information Collection #17 (Revision)
CHIP State Plan Eligibility

January 2022

A. Background

The Centers for Medicare & Medicaid Services (CMS) 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. 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 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.

The Center for Medicaid and CHIP Services (CMCS) and the CMS Regional Offices adjudicate over 2,000 actions annually, including state plan amendments, waiver applications, Advanced Planning Documents, and more. CMCS also engages in extensive work in the oversight of current programs, the development of new policy (regulations, State Medicaid letters, on-going technical assistance to states, etc.) to keep pace with state and industry innovations.

B. Description of Information Collection

In 2014, states submitted a number of state plan amendments to implement the Medicaid and CHIP changes related to the Affordable Care Act. The vehicle in submitting these 2014-related SPAs is a set of “fillable” PDF templates submitted through the web-based repository known as the Medicaid Model Data Lab (MMDL). States continue to access and submit these PDFs through the MMDL system, the list of SPA templates follows under *Collection of Information Instruments and Instruction/Guidance Documents*.

This January 2022 revision relates to the American Rescue Plan Act of 2021 and the new extended postpartum coverage option available to Medicaid and CHIP for a 5-year period beginning April 1, 2022 through March 31, 2027. If a state elects this option in Medicaid, it is required to also provide extended postpartum coverage in its separate CHIP. We are revising an existing CHIP template, the CS27, to capture this new requirement. We are also revising the portion of the template regarding optional continuous eligibility for children to align with finalized continuous eligibility regulations at 42 CFR 457.342.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimate

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). In this regard, the following table presents BLS’ mean hourly wage, our estimated cost of fringe benefits and overhead (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business and Financial Operations Occupations	13-0000	38.79	38.79	77.58

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

With a potential universe of 56 respondents, we estimate that each State will complete the collection of data and submission to CMS within 50 hours. In aggregate, we estimate 2,800 hours (56 responses x 50 hr) at a cost of \$217,224 (2,800 hr x \$77.58/hr).

We have no reliable way of knowing how many states will revise their templates in subsequent years nor how many templates they will revise. Recognizing that there is burden in subsequent years, to remain in compliance with the PRA we consider our one-time 2,800 hour estimate as an annual figure even though this is an overestimate since much, if not all, of the one-time requirements have been met.

We also believe that the overstated burden accounts for the effort associated with the revised CS27 (Non-Financial Requirements - Other Eligibility Standards) template. In this regard, we do not estimate any changes to our active burden except for adjusting the cost based on recent BLS wage data.

A discussion of the CS27 revisions can be found above under Background and in the attached Crosswalk.

Although this January 2022 iteration proposes to maintain the current number of respondents (56), responses (56), and total time estimate (2,800 hr), we have adjusted our cost estimate by \$15,680 (from \$201,544 to \$217,224) to account for more up to date BLS wage figures.

Given that this collection of information request proposes no changes to our active total time estimate (2,800 hr) we are adding 5 hours of burden to account for the limitations of ROCIS which does not allow the submission of zero hours as would be indicative of no changes.

Collection of Information Instruments and Instruction/Guidance Documents

- CS3 - Eligibility for Medicaid Expansion Program (No Changes)
- CS7 - Eligibility - Targeted Low-Income Children (No Changes)
- CS8 - Eligibility - Targeted Low-Income Pregnant Women (No Changes)
- CS9 - Eligibility - Coverage From Conception to Birth (No Changes)
- CS10 - Eligibility - Children Who Have Access to Public Employee Coverage (No Changes)

- CS11 - Eligibility - Pregnant Women Who Have Access to Public Employee Coverage (No Changes)
- CS12 - Eligibility - Dental Only Supplemental Coverage (No Changes)
- CS13 - Eligibility - Deemed Newborns (No Changes)
- CS14 - Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards (No Changes)
- CS15 - MAGI-Based Income Methodologies (No Changes)
- CS16 - Other Eligibility Criteria – Spenddowns (No Changes)
- CS17 - Non-Financial Eligibility – Residency (No Changes)
- CS18 - Non-Financial Eligibility – Citizenship (Reinstatement)¹
- CS19 - Non-Financial Eligibility - Social Security Number (No Changes)
- CS20 - Non-Financial Eligibility - Substitution of Coverage (No Changes)
- CS21 - Non-Financial Eligibility - Non-Payment of Premiums (No Changes)
- CS23 - Non-Financial Requirements - Other Eligibility Standards (No Changes)
- CS24 - General Eligibility - Eligibility Processing (No Changes)
- CS27 - Non-Financial Requirements - Other Eligibility Standards (Revised, please refer to the attached Crosswalk for a description of the changes.)
- CS28 - General Eligibility - Presumptive Eligibility for Children (No Changes)
- CS29 - General Eligibility - Presumptive Eligibility for Pregnant Women (No Changes)

E. Timeline

Our 14-day notice published in the Federal Register on January 19, 2022 (87 FR 2795). Comments were due on/by February 2, 2022. No comments were received.

The new postpartum coverage requirements for CHIP become effective as early as April 1, 2022 for a 5-year period ending on March 31, 2027.

¹ The template was approved by OMB on June 28, 2013. We are reinstating the template since it had inadvertently been omitted from this package's last renewal. The reinstated template is unchanged.