

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

**Generic Information Collection #7**

**Cycle Vb. (Revision) - The Medicare and CHIP Reauthorization Act  
(MACRA) Final Report Template for the Round III AI/AN Cooperative  
Agreements**

**Cycle Va. (Revision) - Connecting Kids to Coverage Outreach and Enrollment  
Semi-Annual Report Template**

**Cycle Vb. (Revision) - Connecting Kids to Coverage Outreach and Enrollment  
Monthly Progress Report Template and Final Report Template**

**April 2022**

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

GenIC #7 was first approved by OMB on May 1, 2012. The following summarizes the actions subsequent to the initial PRA package.

March 14, 2014 (Approved) - Revises the Semi-Annual Report Template and increases the number of respondents from 39 to 41. The hours per response remains the same.

April 30, 2015 (Approved) - Cycle III extended without change. Cycle IV added.

July 9, 2015 (Approved) - Cycle III revised by adding Final Report Addendum. Cycle IV extended without change.

April 6, 2017 (Approved) - Cycle IV Final Report Addendum revised, Cycle V Semi-Annual and Final Reports templates added.

August 28, 2019 (Approved) - Cycle Va. Semi-Annual and Vb. Final Report Templates (revised), Cycle Vb. Monthly Progress Report Templates (revised), and Cycle Vb. Final Report Template for the Round III AI/AN Cooperative Agreements extended without change, and removed the Cycle IV Va. and Vb. Semi-Annual and Final Report Template submissions.

April 2022 (Submitted to OMB) – Revises the format of the Cycle Va. Semi-Annual Report (SAR), Cycle Vb. Final Report Templates, and Cycle Vb. Monthly Progress Report Templates, and removes the Cycle Vb. Final Report Template for the Round III AI/AN Cooperative Agreements.

## **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 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.

The Medicare and CHIP Reauthorization Act (MACRA) Pub. L. 114- 10, signed into law by President Obama on April 16, 2015, continued funding for CHIP through FFY 2017. MACRA provided \$36 million in grants aimed at reducing the number of children who are eligible for Medicaid and CHIP, but are not enrolled and improving the retention of eligible children who are currently enrolled. MACRA funding for outreach and enrollment grants built upon successful strategies facilitated by previous grant funding initiatives under the Children's Health Insurance

Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111- 3) and the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148).

The HEALTHY KIDS cooperative agreements support outreach strategies similar to those conducted in previous grant cycles, with the added option that grantees can track and validate assistance and Medicaid/CHIP enrollment of adult family members. Grantees are also required to work with the National Connecting Kids to Coverage Outreach and Enrollment Campaign (Campaign).

#### MACRA Cycle Vb. Round III (Completed/ Proposing Removal in this April 2022 Iteration)

On November 14, 2016, CMS released a funding opportunity announcement (FOA) to award an additional \$4 million in grants to IHS providers, tribes and tribal organizations and Urban Indian organizations as specified in the description of applicant eligibility. These grants also fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. Of the total \$4 million in MACRA funding, in July 2017, CMS awarded 8 cooperative agreements (Round III) in 6 states totaling just under \$4 million.

The period of performance for these cooperative agreement awards is through FY2019. Cooperative agreement funding is disbursed in two separate budget periods with the second budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS January 31, 2018.

In this April 2022 iteration, the Cycle Vb. Connecting Kids to Coverage Final Report Template for the Round III AI/AN cooperative agreement is being removed because the data collection is completed.

## **B. Description of Information Collection**

The Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable (HEALTHY KIDS) Act (Public Law 115-120), signed into law by President Trump in January 2018, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2023. In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, HEALTHY KIDS provides a total of \$120 million for outreach and enrollment activities, including \$96 million for grants to states, local governments, community-based and non-profit organizations and others; \$12 million in grant funds exclusively for Indian health care providers and tribal entities; and \$12 million devoted to a national outreach and enrollment campaign. HEALTHY KIDS funding for outreach and enrollment grants will build upon the successful strategies facilitated by previous grant

funding initiatives under the Medicare and CHIP Reauthorization Act (MACRA) Pub. L. 114-10.

Section 2113(d) of the Social Security Act requires that CMS publish enrollment data and annual reports to Congress on the grant-funded outreach and enrollment efforts. CMS has a contract with an external evaluator to assess, synthesize and report on the success and lessons of the CHIPRA, ACA, MACRA, and HEALTHY KIDS Act grants. In order to conduct the evaluation and meet Congressional requirements, CMS periodically collects specific quantitative and qualitative data from each grantee.

The primary goal of the HEALTHY KIDS Act cooperative agreements is to enroll eligible but uninsured children and their parents (at grantee option) into Medicaid and CHIP and assist currently enrolled children with the renewal process to keep eligible children enrolled in coverage. In order to measure this aspect of grantee performance, grantees will be required to report the following data elements on a monthly basis:

- Number of children for whom a new or renewal application was submitted during the month
- Number of children newly enrolled or renewed in coverage during the month
- Number of parents for whom a new or renewal application was submitted during the month (if the grantee proposes to target parents as well)
- Number of parents who were newly enrolled or renewed in coverage during the month (if the grantee proposes to target parents as well)

If the grantee proposes a specific target population (for example, American Indian/Alaskan Native youth), then the grantee will also report the above data elements by their target population and other population reached. Receiving this data on a monthly basis will allow CMS to provide prompt technical assistance to lower performing grantees, and if necessary, place lower performing grantees on a performance improvement plan.

The HEALTHY KIDS Act cooperative agreements, awarded for a three-year period, support outreach strategies similar to those conducted in previous grant cycles. CMS anticipates that the quantitative information collected through the monthly progress report responses and the qualitative information collected through the semi-annual and final semi-annual report responses together will allow for a more complete synthesis of program results. Another benefit is that this will allow for a more efficient data collection process for the evaluation contractor. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies.

#### HEALTHY KIDS Cycle Va. (Semi-Annual Report) and Vb. (Final Report and Monthly Progress Reports) (Revision)

On November 30, 2018, CMS released a funding opportunity announcement (FOA) to award an additional \$48 million for grants to states, local governments, community-based and non-profit organizations and others. These grants fund activities designed to reduce the number of children who are eligible for, but not enrolled in, Medicaid and CHIP, and to improve retention of eligible

children who are enrolled in the programs. Of the total \$48 million in HEALTHY KIDS Act funding, in July 2019, CMS awarded 39 cooperative agreements in 25 states totaling up to \$48 million.

The period of performance for these cooperative agreement awards will be through FY 2022. Cooperative agreement funding is disbursed in three separate budget periods with the succeeding budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS by August 31, 2019.

#### HEALTHY KIDS AI/AN 2020 Connecting Kids to Coverage Va. Semi-Annual Report and Vb. Final Report and Monthly Progress Reports

On July 19, 2019, CMS released a funding opportunity announcement (FOA) to award an additional \$6 million in grants to IHS providers, tribes and tribal organizations and Urban Indian organizations as specified in the description of applicant eligibility. These grants also fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. Of the total \$6 million in HEALTHY KIDS Act funding, in January 2020, CMS awarded 8 cooperative agreements in 6 states totaling just under \$6 million.

The period of performance for these cooperative agreement awards is through FY2023. Cooperative agreement funding is disbursed in three separate budget periods with the succeeding budget year funding dependent on grantee performance in the previous year. Grantees must submit a non-competitive continuation application which CMS reviews along with grantee progress documented in the required semi-annual reports. The award terms and conditions require grantees to submit reports on a timely basis, with the first report due to CMS February 29, 2020.

This April 2022 iteration sets out to revise the currently approved templates for the Semi-Annual Report and Final Report Templates and the Monthly Progress Report Templates. The revision changes the template format from a Microsoft Excel spreadsheet to an Adobe pdf. This revision makes the reporting templates user-friendly for the grantees and easier to complete than with the Excel spreadsheet format. The content of the reporting information continues without change as collected through the Semi-Annual Report, Final Report and Monthly Progress Report Templates of this current package.

Attachments are labeled: Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report Template, Connecting Kids to Coverage Outreach and Enrollment Final Report Template, Monthly Progress Report Template, Monthly Progress Report Template with Targets, and Monthly Progress Report Template AI/AN Targets.

#### **C. Deviations from Generic Request**

No deviations are requested.

## D. Burden Hour Deduction

The total approved burden of the generic ICR is 154,104 hours, and CMS previously requested to use 66,728 hours, leaving our burden ceiling at 87,376 hours.

The total approved burden for the current package was for 5,258 hours. The 144 hours being removed from the Burden Summary of the current package is due to the completion of the Cycle Vb. Connecting Kids to Coverage Final Report for the Round III AI/AN cooperative agreements.

### *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.

<b>Occupation Title</b>	<b>Occupation Code</b>	<b>Mean Hourly Wage (\$/hr)</b>	<b>Fringe Benefits and Overhead (\$/hr)</b>	<b>Adjusted Hourly Wage (\$/hr)</b>
Community and Social Service Occupations	21-0000	25.09	25.09	50.18

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.

### *Burden Estimates*

#### MACRA Cycle Vb. Round III (Revision)

For this April 2022 iteration, MACRA Cycle Vb. Round III grantees' Final Report Addendum submissions are completed and removed. The total burden is -144 hours (18 hr/response x 8 respondents x -1 response) and -\$7,226 (\$50.18/hr x -144 hours).

#### HEALTHY KIDS Cycles Va. (Semi-Annual Report) and Vb. (Final Report and Monthly Progress Reports) (Revision)

The Cycle Va. and Cycle Vb. templates for the HEALTHY KIDS respondents includes the qualitative data collection sections with the quantitative data collection sections in the Monthly Report Templates. The associated burden for Cycle Va. Semi-Annual Report is 2,820 hours (47

respondents x 5 Va./semi-annual report responses/period of performance x 12 hr/response) and \$141,508 (\$50.18/hr x 2,820 hours). The associated burden for Cycle Vb. Final Report is 658 hours (47 respondents x 1 Vb./final report responses/period of performance x 14 hr/response) and \$33,018 (\$50.18/hr x 658 hours). The associated burden for the Monthly Progress Report is 6,768 hours (47 respondents x 36 monthly report responses/period of performance x 4 hr/response) and \$339,618 (\$50.18/hr x 6,768 hours).

The total approved burden for the current package was 5,258 hours. The Total Annual Time in this iteration is for 10,102 hours which includes the approved 5,258 hours and another 4,844 hours for the HEALTHY KIDS AI/AN cooperative agreements and the approved extension of the grant award period from 24 months to 36 months for the HEALTHY KIDS cooperative agreements.

### *Burden Summary*

<b>Cycle</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Burden per Response (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor Cost of Reporting (\$/hr)</b>	<b>Total Cost (\$)</b>
MACRA Vb. Round III (Final) Completed	(8)	(1)	(18)	(144)	(50.18)	(7,226)
HEALTHY KIDS Va. (Semi-Annual)	47 (39 + 8)	235 (47 x 5)	12* (16-4)	2,820	50.18	141,508
HEALTHY KIDS Vb. (Final)	47 (39 + 8)	47 (47 x 1)	14* (18-4)	658	50.18	33,018
HEALTHY KIDS Vb. (Monthly Progress)	47 (39 + 8)	1,692 (47 x 36)	4* (18-14)	6,768	50.18	339,618
<b>TOTAL</b>	<b>47</b>	<b>1,973</b>	<b>Varies</b>	<b>10,102</b>	<b>50.18</b>	<b>506,918</b>

\*The approved burden per response hours are based on the separation of the quantitative and qualitative collection sections.

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

- HEALTHY KIDS Cycle Va. Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report Template (Revised to Adobe pdf format)
- HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Outreach and Enrollment Final Report Template (Revised to Adobe pdf format)
- HEALTHY KIDS Cycle Vb. Monthly Report (Revised to Adobe pdf format)

- HEALTHY KIDS Cycle Vb. Monthly Report with Targets (Revised to Adobe pdf format)
- HEALTHY KIDS Cycle Vb. Monthly Report AI/AN Targets (Revised to Adobe pdf format)

## E. Timeline

The HEALTHY KIDS Cycle Vb. Monthly Progress Report template for the general or targeted populations is a monthly data collection to obtain quantitative data for a total of thirty-six (36) times over a three-year period. A grantee only has to complete one monthly progress report template. None of the current grantees complete more than one monthly progress report. Receiving this data on a monthly basis will allow CMS to provide prompt technical assistance to lower performing grantees, and if necessary, place lower performing grantees on a performance improvement plan. In addition, with the monthly data collection provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies. The data from the monthly reports along with the qualitative collected from the semi-annual reports together will allow for a more complete synthesis of program results. The period of performance for the HEALTHY KIDS grant ends June 30, 2022. The period of performance for the HEALTHY KIDS AI/AN grant ends January 2023.

The HEALTHY KIDS Va. Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report, and the Vb. Connecting Kids to Coverage Final Report are designed to collect reports semi-annually for a total of five times and once at the end of the grant performance period incorporating the last semi-annual and final report. The period of performance may vary based on whether or not CMS approves no cost extensions for these grants.

Grant financial and program reporting customarily falls on the end of a fiscal quarter, the HEALTHY KIDS Act award coincides with a fiscal quarter. The following chart includes the proposed cooperative agreement planned program reporting periods and report due dates.

<b>Reporting Period</b>	<b>Due Date</b>
<b>HEALTHY KIDS Cycle Va. Connecting Kids to Coverage Semi-Annual Report</b>	
July 1, 2019 to December 31, 2019	January 30, 2020
January 1, 2020 to June 30, 2020	July 30, 2020
July 1, 2020 to December 31, 2020	January 30, 2021
January 1, 2021 to June 30, 2021	July 30, 2021
July 1, 2021 to December 31, 2021	January 30, 2022
<b>HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Monthly Report</b>	
July 1, 2019 through June 30, 2022	Due within 30 days after the end of the preceding month.

	First report due August 31, 2019
HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Final Report	
July 1, 2019 through June 30, 2022	September 30, 2022

<b>Reporting Period</b>	<b>Due Date</b>
HEALTHY KIDS AI/AN 2020 Cycle Va. Connecting Kids to Coverage Semi-Annual Report	
January 13, 2020 to June 30, 2020	July 31, 2020
July 1, 2020 to December 31, 2020	January 31, 2021
January 1, 2021 to June 30, 2021	July 31, 2021
July 1, 2021 to December 31, 2021	January 31, 2022
January 1, 2022 to June 30, 2022	July 31, 2022
July 1, 2022 to December 31, 2022	January 31, 2023
HEALTHY KIDS AI/AN 2020 Cycle Vb. Connecting Kids to Coverage Monthly Report	
January 13, 2020 through January 12, 2023	Due within 30 days after the end of the preceding month. First report due February 29, 2020
HEALTHY KIDS AI/AN 2020 Cycle Vb. Connecting Kids to Coverage Final Report	
January 13, 2020 through January 12, 2023	April 12, 2023