

Medicaid and CHIP State Plan, Waiver, and Program Submissions  
(CMS-10398, OMB 0938-1148)  
November 2022

**Generic Information Collection #7**  
**Connecting Kids to Coverage Outreach and Enrollment**

HK2019 Cooperative Agreements

HK2020 Cooperative Agreements

HK2022 Cooperative Agreements

HK2023 Cooperative Agreements

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

This generic collection of information was first approved by OMB on May 1, 2012. The following summarizes the actions subsequent to the initial approval:

March 14, 2014 (Completed) - 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 (Completed) - Cycle III extended without change. Cycle IV added.

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

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

August 28, 2019 (Completed) - 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.

June 28, 2022 (Completed) – Cycle Va. Semi-Annual Report (SAR), Cycle Vb. Final Report Templates (revised), and Cycle Vb. Monthly Progress Report Templates (revised), and removed the Cycle Vb. Final Report Template submissions for the Round III AI/AN Cooperative Agreements.

November 2022 (Additions, Revisions, and Extensions)

#### *Added Burden*

Adding a new round of HEALTHY KIDS cooperative agreements awarded in July 2022 (identified below as HK2022).

Adding a proposed round of HEALTHY KIDS AI/AN cooperative agreements scheduled for award in FY2023 (identified below as HK2023).

#### *Revised Templates*

For HK2022 and HK2023, we are revising the HEALTHY KIDS 2019 (HK2019) Monthly Progress Report Template (Attachment 3) by adding a new data field to the currently approved Child Data and Parent Data sections to capture denials data and by adding a new section to capture the pregnant individuals population for the HK2022 and HK2023 cooperative agreements. For HK2022 (general population), there are 36 respondents being added. For HK2023 (AI/AN), there are 8 respondents proposed to be added. See Attachment 5 for the revised template.

#### *Extension Without Change*

For the FY2019 and FY2020 cooperative agreements, the Semi-Annual Report (SAR) (Attachment 1), the Final Report Template for the HEALTHY KIDS and HEALTHY KIDS AI/AN (Attachment 2), and the Monthly Progress Report Templates (Attachment 3) are extended without change.

For the FY2022 and FY2023 cooperative agreements, the Semi-Annual Report (SAR) (Attachment 1) and the Final Report Template for the HEALTHY KIDS and HEALTHY KIDS AI/AN (Attachment 2) are extended without change.

## **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 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 contains provisions aimed at reducing the number of children who are eligible for Medicaid or CHIP (but are not enrolled in either) and improving retention so that eligible children stay covered for as long as they remain 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.

This program is authorized under Section 2113 of the Social Security Act, as amended by Section 3004(a) of the HEALTHY KIDS Act and included in Pub. L. 115-120. Section 50103 of the Advancing Chronic Care, Extenders, and Social Services Act (ACCESS) Act was signed into law by President Trump in February 2018, and included in Public Law 115-123) further extended the program, providing funding for future cooperative agreement awards for the period of fiscal years 2024 through 2027, for the purpose of awarding grants under this section.

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). Please note that cooperative agreements were awarded in fiscal years 2019, 2020, 2022 and another will be awarded in fiscal year 2023. No cooperative agreements were awarded in fiscal year 2021.

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

The primary goal of the HEALTHY KIDS Act cooperative agreements is to enroll eligible but uninsured children, with the option to target parents, into Medicaid and CHIP and assist currently enrolled children with the renewal process to keep them enrolled in coverage. To measure this aspect of grantee performance, grantees are 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), the grantee must 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.

### **HK2019 Cooperative Agreements**

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.

<b>HK2019 Cooperative Agreements</b>
<b>Attachment 1: HEALTHY KIDS 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>Attachment 3 or 4 : HEALTHY KIDS Connecting Kids to Coverage Monthly Progress 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
<b>Attachment 2: HEALTHY KIDS Connecting Kids to Coverage Final Report</b>	
July 1, 2019 through June 30, 2022	September 30, 2022

For Attachments 3 and 4, these templates continue to be used by the HK2019 grantees. A grantee is required to complete one monthly progress report template; therefore, the grantee can choose either Attachment 3 or 4 to report their monthly count whichever best suits their reporting needs. None of the current grantees complete more than one monthly progress report template. 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 this November 2022 iteration, the HK2019 reporting templates are being extended without change.

**HK2020 Cooperative Agreements**

On July 19, 2019, CMS released a funding opportunity announcement (FOA) to award an additional \$6 million in grants to Indian Health Services (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.

<b>HK2020 Cooperative Agreements</b>
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<b>Attachment 1: HEALTHY KIDS AI/AN 2020 Connecting Kids to Coverage Semi-Annual Report</b>	
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
<b>Attachment 3: HEALTHY KIDS AI/AN Connecting Kids to Coverage Monthly Progress Report</b>	
January 13, 2020 through January 12, 2023	Due within 30 days after the end of the preceding month. First report due February 29, 2020
<b>Attachment 2: HEALTHY KIDS AI/AN 2020 Connecting Kids to Coverage Final Report</b>	
January 13, 2020 through January 12, 2023	April 12, 2023

In this November 2022 iteration, the HK2020 reporting templates are being extended without change.

### HK2022 Cooperative Agreements

On January 27, 2022, CMS released a funding opportunity announcement (FOA) to award an additional \$49 million in 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 \$49 million in HEALTHY KIDS Act funding, in July 2022, CMS awarded 36 cooperative agreements in 20 states totaling up to \$49 million.

The period of performance for these cooperative agreement awards is through FY2025. 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 August 31, 2022.

<b>HK2022 Cooperative Agreements</b>
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<b>Attachment 1: HEALTHY KIDS HK2022 Connecting Kids to Coverage Semi-Annual Report</b>	
July 1, 2022 to December 31, 2022	January 30, 2023
January 1, 2023 to June 30, 2023	July 30, 2023
July 1, 2023 to December 31, 2023	January 30, 2024
January 1, 2024 to June 30, 2024	July 30, 2024
July 1, 2024 to December 31, 2024	January 30, 2025
<b>Attachment 5: HEALTHY KIDS HK2022 Connecting Kids to Coverage Monthly Progress Report</b>	
July 1, 2022 through June 30, 2025	Due within 30 days after the end of the preceding month. First report due August 31, 2022
<b>Attachment 2: HEALTHY KIDS HK2022 Connecting Kids to Coverage Final Report</b>	
July 1, 2022 through June 30, 2025	September 30, 2025

In this November 2022 iteration, we are revising the HK2019 Monthly Progress Report Template (Attachment 3) by adding a new data field for denials data for the HK2022 cooperative agreements. The new Denials Data section is added to track of the number of new and/or renewal applications submitted but denied for eligibility.

We are also adding a new section, Pregnant Individuals Data, to capture pregnant individuals for the HK2022 cooperative agreements. The addition of the Pregnant Individuals Data section as an optional targeted population is added to count the number of infants born to pregnant individuals covered by Medicaid or CHIP deemed eligible for Medicaid or CHIP. We believe that including pregnant individuals as a target population supports the statutory goal of enrolling more children in Medicaid and CHIP. Assisting pregnant individuals with applications also establishes a relationship between the grantee and the pregnant individual who after their postpartum period will need to renew coverage. Currently, grantees often provide enrollment assistance to pregnant individuals, but are not receiving credit for those enrollments.

See Attachment 5 for the revised template.

The HK2022 cooperative agreements would require the submission of the Monthly Progress Report for the proposed HEALTHY KIDS AI/AN (Attachment 5), the Semi-Annual Report (Attachment 1), and the Final Report (Attachment 2).

HK2023 Cooperative Agreements

On October 17, 2022, CMS released a funding opportunity announcement (FOA) to award an additional \$6 million in grants to Indian Health Services (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. The deadline for applications is December 20, 2022. CMS plans to award about 8 cooperative agreements in April 2023. The period of performance for these cooperative agreement awards is through FY2026. 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 in May 2023. .

<b>HK2023 Cooperative Agreements (Proposed)</b>	
<b>Attachment 1: HEALTHY KIDS HK2023 AI/AN Connecting Kids to Coverage Semi-Annual Report</b>	
January 1, 2023 to June 30, 2023	July 30, 2023
July 1, 2023 to December 31, 2023	January 30, 2024
January 1, 2024 to June 30, 2024	July 30, 2024
July 1, 2024 to December 31, 2024	January 30, 2025
January 1, 2025 to June 30, 2025	July 30, 2025
<b>Attachment 5: HEALTHY KIDS HK2023 AI/AN Connecting Kids to Coverage Monthly Progress Report</b>	
January 1, 2023 through December 31, 2026	Due within 30 days after the end of the preceding month. First report due in May 2023.
<b>Attachment 2: HEALTHY KIDS HK2023 AI/AN Connecting Kids to Coverage Final Report</b>	
January 1, 2023 through June 30, 2026	September 30, 2026

In this November 2022 iteration, we are revising the HK2020 Monthly Progress Report Template AI/AN (Attachment 3) by adding a new data field for denials data for the HK2023 cooperative agreements. The new Denials Data section is added to track the number of new and renewed applications submitted but denied for eligibility.

We are also adding a new section, Pregnant Individuals Data, to capture pregnant individuals. The addition of the Pregnant Individuals Data section as an optional targeted population is to count the number of infants born to pregnant individuals covered by Medicaid or CHIP are deemed eligible for Medicaid or CHIP. We believe that including pregnant individuals as a target population supports the statutory goal of enrolling more children in Medicaid and CHIP. Assisting pregnant individuals with applications also establishes a relationship between the

grantee and the pregnant individual who after their postpartum period will need to renew coverage. Currently, grantees often provide enrollment assistance to pregnant individuals, but are not receiving credit for those enrollments.

See Attachment 5 for the revised template.

The HK2023 cooperative agreements would require the submission of the Monthly Progress Report for the proposed HEALTHY KIDS AI/AN (Attachment 5), the Semi-Annual Report (Attachment 1), and the Final Report (Attachment 2).

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

No deviations are requested.

### **D. Burden Estimates**

#### *Wage Estimates*

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2021 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 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)
Community and Social Service Occupations	21-0000	25.94	25.94	51.88

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.

#### *Annual Burden Estimates*

#### HK2019 Cooperative Agreements (No Change)

For this November 2022 iteration, HEALTHY KIDS HK2019 Monthly Progress Report Template is being extended without change. The annual burden is 1,872 hours (4 hr/response x 39 grantees x 12 responses/year) at a cost of \$97,119 (1,872 hr x \$51.88/hr). [Attachment 3]

The HK2019 Semi-Annual Report and Final Report is being extended without change. The annual burden for the Semi-Annual Report is 936 hours (12 hr/response x 39 grantees x 2 responses/year) at a cost of \$48,560 (936 hr x \$51.88/hr). [Attachment 1]

The annual burden for the Final Report is 546 hours (14 hr/response x 39 grantees x 1 responses/year) at a cost of \$28,326 (546 hr x \$51.88/hr). [Attachment 2]

#### HK2020 Cooperative Agreements (No Change)

For this November 2022 iteration, HEALTHY KIDS HK2020 Monthly Progress Report Template is being extended without change. The annual burden is 384 hours (4 hr/response x 8 grantees x 12 responses/year) at a cost of \$19,922 (384 hr x \$51.88/hr). [Attachment 3]

The HK2019 Semi-Annual Report and Final Report is being extended without change. The annual burden for the Semi-Annual Report is 192 hours (12 hr/response x 8 grantees x 2 responses/year) at a cost of \$9,961 (192 hr x \$51.88/hr). [Attachment 1]

The annual burden for the Final Report is 112 hours (14 hr/response x 8 grantees x 1 response/year) at a cost of \$5,811 (112 hr x \$51.88/hr) [Attachment 2]

#### HK2022 Cooperative Agreements (New)

For this November 2022 iteration, HEALTHY KIDS HK2022 Monthly Progress Report Template is being added. The annual burden is 1,728 hours (4 hr/response x 36 grantees x 12 responses/year) at a cost of \$89,649 (1,728 hr x \$51.88/hr). [Attachment 5]

The HK2022 Semi-Annual Report and Final Report is being added without change for these respondents. The annual burden for the Semi-Annual Report is 192 hours (12 hr/response x 36 grantees x 2 responses/year) at a cost of \$9,961 (192 hr x \$51.88/hr). [Attachment 1]

The annual burden for the Final Report is 504 hours (14 hr/response x 36 grantees x 1 responses/year) at a cost of \$26,147 (504 hr x \$51.88/hr). [Attachment 2]

#### HK2023 Cooperative Agreements (New)

For this November 2022 iteration, HEALTHY KIDS HK2023 Monthly Progress Report Template is being added. The annual burden is 384 hours (4 hr/response x 8 grantees x 12 responses/year) at a cost of \$19,922 (384 hr x \$51.88/hr). [Attachment 3]

The HK2023 Semi-Annual Report and Final Report is being added without change. The annual burden for the Semi-Annual Report is 192 hours (12 hr/response x 8 grantees x 2 responses/year) at a cost of \$9,961 (192 hr x \$51.88/hr). [Attachment 1]

The annual burden for the Final Report is 112 hours (14 hr/response x 8 grantees x 1 response/year) at a cost of \$5,811 (112 hr x \$51.88/hr) [Attachment 2]

*Burden Summary*

<b>Report Type</b>	<b>No. Respondents</b>	<b>Total Responses</b>	<b>Time per Response (hours)</b>	<b>Total Annual Time (hours)</b>	<b>Labor Cost (\$/hr)</b>	<b>Total Cost (\$)</b>
<b>HK2019 Cooperative Agreements</b>						
Monthly Progress Reports (No Change)	39	468	4	1,872	51.88	97,119
Semi-Annual Report (No Change)	39	78	12	936	51.88	48,560
Final Report (No Change)	39	39	14	546	51.88	28,326
<i>Subtotal</i>	39	585	Varies	3,354	51.88	174,005
<b>HK2020 Cooperative Agreements</b>						
Monthly Progress Reports (No Change)	8	96	4	384	51.88	19,922
Semi-Annual Report (No Change)	8	16	12	192	51.88	9,961
Final Report (No Change)	8	8	14	112	51.88	5,810
<i>Subtotal</i>	8	120	Varies	688	51.88	35,693
<b>HK2022 Cooperative Agreements</b>						
Monthly Progress Reports (New Burden)	36	432	4	1,728	51.88	89,649

Semi-Annual Report (New Burden)	36	72	12	864	51.88	44,824
Final Report (New Burden)	36	36	14	504	51.88	26,147
<i>Subtotal</i>	36	540	Varies	3,096	51.88	160,620
HK2023 Cooperative Agreements						
Monthly Progress Reports (New Burden)	8	96	4	384	51.88	19,922
Semi-Annual Report (New Burden)	8	16	12	192	51.88	9,961
Final Report (New Burden)	8	8	14	112	51.88	5,811
<i>Subtotal</i>	8	109	Varies	688	51.88	35,693
<b>TOTAL</b>	<b>91</b>	<b>7,826</b>	<b>Varies</b>	<b>7,826</b>	<b>51.88</b>	<b>406,013</b>

*Information Collection Instruments and Instruction/Guidance Documents*

For HK2019 and HK 2020, we extend OMB’s approval of Attachments 1 – 4 without change. For HK2022 and HK2023, we extend Attachments 1 and 2 without change. We also revise Attachment 3 and redesignate the revised attachment as Attachment 5.

- Attachment 1: HEALTHY KIDS Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report Template (No Change)
- Attachment 2: HEALTHY KIDS Connecting Kids to Coverage Outreach and Enrollment Final Report Template (No Change)
- Attachment 3: HEALTHY KIDS Monthly Progress Report Template (No Change for HK2019 and HK2020. Revised for HK2022 and HK2023.)
- Attachment 4: HEALTHY KIDS Monthly Progress Report with Targets Template (No Change for HK2019.)

- Attachment 5: HEALTHY KIDS Monthly Progress Report Template (For HK2022 (general population) and HK2023 (AI/AN), revises Attachment 3 by adding denials data and pregnant individuals data to the template.)

## **E. Timeline**

The 14-day Federal Register notice published in the Federal Register on November 1, 2022 (87 FR 65773). One comment was received but is outside of the scope of this collection of information request. The reporting requirements do not touch on Medicaid providers, licensed acupuncturists, or waivers.

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. To conduct the evaluation and meet the aforementioned Congressional requirements, CMS periodically collects specific quantitative and qualitative data from each grantee.

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 timelier basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies.