Generic Supporting Statement Medicaid and CHIP State Plan, Waiver, and Program Submissions CHIP State Plan Eligibility OMB 0938-1148 (CMS-10398 #17

This November 2023 iteration is a revision of an active collection of information request.

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 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.

The Center for Medicaid and CHIP Services (CMCS) adjudicates 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 can be found below under *Collection of Information Instruments and Instruction/Guidance Documents*.

This October 2023 iteration revises the currently approved CHIP template CS27. This revision relates to sections 5112 and 5113 of the Consolidated Appropriations Act, 2023. Section 5112 makes continuous eligibility mandatory for separate CHIPs. A state may refer to the Continuous Eligibility for Children SHO #23-004¹ for more detailed information. Section 5113 eliminates the sunset date of the extended postpartum coverage option, making the option permanent and removes the March 31, 2027, date from the template.

Other revisions to the state plan template:

• Revises language in the template to reflect that CE for children is mandatory.

¹ https://www.medicaid.gov/sites/default/files/2023-09/sho23004.pdf

- Removes age selection for optional CE and the drop-down menu for the number of months for the CE eligibility period.
- Adds assurances for a state that elects to provide coverage for the from-conception-to-end-of pregnancy (FCEP) population (otherwise known as the "unborn").
- Changes the authority of continuous eligibility from section 2105(a)(4)(A) to 2107(e)(1) (K).

Our cost estimates have been adjusted by using current (May 2022) BLS wage data (see below).

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 2022 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 other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation	Mean Hourly	Fringe	Adjusted Hourly
_	Code	Wage (\$/hr)	Benefits	Wage (\$/hr)
			and Other	
			Indirect	
			Costs	
			(\$/hr)	
Business and Financial	13-0000	41.39	41.39	82.78
Operations Occupations				

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 \times 50 hr) at a cost of \$231,784 (2,800 hr \times \$82.78 /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 (General Eligibility – Continuous Eligibility) 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 Description of Information Collection and in the attached Crosswalk.

Although this September 2023 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 \$14,560 (from \$217,224 to 231,784) 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 a change of zero hours which would be indicative of no burden changes.

Collection of Information Instruments and Instruction/Guidance Documents

SPA Templates

As indicated the CS27 SPA template has been have been revised. Please refer to the attached crosswalk and redline version of the template for a description of the changes. The remaining templates are unchanged.

- 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 (No Changes)
- 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 General Eligibility Continuous Eligibility (Revised)
- CS28 General Eligibility Presumptive Eligibility for Children (No Changes)
- CS29 General Eligibility Presumptive Eligibility for Pregnant Women (No Changes)

Implementation Guides

As indicated the IG_CS27 implementation guide (IG) has been revised. Please refer to the attached crosswalk and redline version of the guide for a description of the changes. The remaining IGs are unchanged.

The IGs had been approved by OMB but were inadvertently excluded from the active iteration. This November 2023 collection of information request proposes to correct that oversight by adding the applicable IGs. Except for IG_CS27, all of remaining IGs are unchanged.

- Introduction to the Implementation Guide for the Eligibility Section (CS3, CS7, CS8, CS9, CS10, CS11, CS12, CS13, CS14, CS15, CS16, CS17, CS18, CS19, CS20, CS21, CS23, CS24, CS27, CS28, and CS29)
- IG_CS3 Eligibility for Medicaid Expansion Program (No Changes)
- IG_CS7 Eligibility Targeted Low-Income Children (No Changes)
- IG_CS8 Eligibility Targeted Low-Income Pregnant Women (No Changes)
- IG_CS9 Eligibility Coverage From Conception to Birth (No Changes)
- IG_CS10 Eligibility Children Who Have Access to Public Employee Coverage (No Changes)
- IG_CS11 Eligibility Pregnant Women Who Have Access to Public Employee Coverage (No Changes)
- IG_CS12 Eligibility Dental Only Supplemental Coverage (No Changes)
- IG_CS13 Eligibility Deemed Newborns (No Changes)
- IG_CS14 Eligibility Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards (No Changes)
- IG_CS15 MAGI-Based Income Methodologies (No Changes)
- IG_CS16 Other Eligibility Criteria Spenddowns (No Changes)
- IG CS17 Non-Financial Eligibility Residency (No Changes)
- IG_CS18 Non-Financial Eligibility Citizenship (No Changes)
- IG_CS19 Non-Financial Eligibility Social Security Number (No Changes)
- IG_CS20 Non-Financial Eligibility Substitution of Coverage (No Changes)
- IG_CS21 Non-Financial Eligibility Non-Payment of Premiums (No Changes)
- IG_CS23 Non-Financial Requirements Other Eligibility Standards (No Changes)
- IG_CS24 General Eligibility Eligibility Processing (No Changes)
- IG_CS27 General Eligibility Continuous Eligibility (Revised)
- IG_CS28 General Eligibility Presumptive Eligibility for Children (No Changes)
- IG_CS29 General Eligibility Presumptive Eligibility for Pregnant Women (No Changes)

E. Timeline

Our 14-day notice published in the Federal Register on October 27, 2023 (88 FR 73857). No comments were received.

The revisions to the CS27 - General Eligibility - Continuous Eligibility template become effective January 1, 2024.