

Generic Supporting Statement
CHIP State Plan Eligibility
CMS-10398 #17, OMB 0938-1148

This July/August 2026 iteration proposes to revise our active collection of information request. The revision adds CS22 (Retroactive Eligibility for Children and/or Pregnant Women) in response to Section 71112 of the Working Families Tax Cut (WFTC) legislation.

The contents of this Supporting Statement and the associated attachments have been reviewed and, if needed, revised, to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

We also note that we may anticipate submitting additional revisions to this package that affect this collection to address any further requirements and corresponding burden associated with other provisions of the WFTC legislation as those provisions take effect and the remaining operational and reporting parameters are confirmed.

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 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

This collection of information consists of mandatory state plan templates for states to report, document, and affirm their compliance with federal eligibility and verification guidelines for the Children's Health Insurance Program (CHIP). It also provides states with a clear, legal framework to successfully secure federal matching funds for their CHIP programs. It restricts states from setting their own shorter eligibility windows.

With regard to beneficiaries, it protects children from losing healthcare, protects postpartum individuals by securing up to 12 months of extended coverage after giving birth, and ensures that

unborn children receive prenatal care through the From-Conception-to-End-of-Pregnancy (FCEP) option.

For applicants it grants families a mandatory 90-day "Reasonable Opportunity Period" to gather citizenship documents while their children receive immediate healthcare.

It also provides families with predictable eligibility rules, regardless of which state they live in.

The revisions proposed in this July/August 2026 iteration are associated with Section 71112 of the WFTC legislation, which amended 2102(b)(1)(B) of the Social Security Act by adding a new paragraph (vi), which retains the state option to provide retroactive CHIP eligibility, but limits states from beginning coverage any earlier than two months prior to the month of application.

The revision proposes to add CS22 (Retroactive Eligibility for Children and/or Pregnant Women) a new template and related implementation guidance for retroactive eligibility for children and/or pregnant women.

The template is only required for states with separate child health assistance programs that elect to provide retroactive eligibility for children and/or pregnant women. The template is used by states to indicate whether they elect the option to provide retroactive eligibility for children and/or pregnant women and, if so, to specify when the retroactive eligibility period begins.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Data

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2025 National Occupational Employment and Wage Estimates for all salary estimates (<https://www.bls.gov/oes/tables.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.

BLS's wage estimates are updated annually. Current and historic wage figures can be found at the BLS address cited above. May 2025 is current as of the date of this collection of information request.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations Specialist	13-1000	44.63	44.63	89.26

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 other indirect 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

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 \$249,928 (2,800 hr x \$89.26/hr).

With respect to these Title XXI State Plan template revisions, we anticipate that up to 41 jurisdictions (40 states and D.C.) may need to submit a SPA, but not all may need to do so. Therefore, so as not to underestimate the burden associated with these requirements, we estimate that each of the 41 jurisdictions will submit one SPA (CS22 - Retroactive Eligibility for Children and/or Pregnant Women) that addresses the WFTC Section 71112 requirements.

We estimate that, on average, it will take a business operations specialist 20 hours at \$89.26/hr to collect the information needed to complete the applicable SPA template and prepare and submit the required materials to CMS.

In aggregate we estimate an annual burden of 820 hours (41 jurisdictions x 20 hr) at a cost of \$73,193 (820 hr x \$89.26/hr).

Burden Summary

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 3,620 hour estimate as an annual figure even though this is an overestimate since many, if not all, of the one-time requirements have been met.

Cost Report	Number of Respondents	Total Number of Responses	Time per Response (hours)	Total Time (hours)	Labor Rate (\$/hr)	Total Cost (\$)
Active Burden	56	56	50	2,800	89.26	249,928
CS22 (Retroactive Eligibility for Children and/or Pregnant Women)	41	41	20	820	89.26	73,193
Total	56	97	varies	3,620	89.26	173,164

Although this collection of information request proposes 3,620 hours of burden, this iteration only requests the addition of 820 new burden hours to avoid double counting our active burden

estimate of 2,800 hours.

Collection of Information Instruments and Instruction/Guidance Documents

As noted, this iteration proposes to revise our active collection of information request by adding CS22 (Retroactive Eligibility for Children and/or Pregnant Women).

Separately, while CS19 is entitled “Social Security Number,” we are not collecting SSNs or any other personally identifiable information (PII).”

SPA Templates

- 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)
- **CS22 – Retroactive Eligibility for Children and/or Pregnant Women (New)**
- CS23 - Non-Financial Requirements - Other Eligibility Standards (No Changes)
- CS24 - General Eligibility - Eligibility Processing (No Changes)
- CS27 - General Eligibility – Continuous Eligibility (No Changes)
- CS28 - General Eligibility - Presumptive Eligibility for Children (No Changes)
- CS29 - General Eligibility - Presumptive Eligibility for Pregnant Women (No Changes)
- CS31- General Eligibility - Incarcerated CHIP Beneficiaries (No Changes)

Implementation Guides

- **Introduction to the Implementation Guide (IG) for the Eligibility Section (CS3, CS7, CS8, CS9, CS10, CS11, CS12, CS13, CS14, CS15, CS16, CS17, CS18, CS19, CS20, CS21, CS22, CS23, CS24, CS27, CS28, CS29, and CS31) (Revised)**
- 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_CS22 – Retroactive Eligibility for Children and/or Pregnant Women (New)**
- IG_CS23 - Non-Financial Requirements - Other Eligibility Standards (No Changes)
- IG_CS24 - General Eligibility - Eligibility Processing (No Changes)
- IG_CS27 - General Eligibility – Continuous Eligibility (No Changes)
- IG_CS28 - General Eligibility - Presumptive Eligibility for Children (No Changes)
- IG_CS29 - General Eligibility - Presumptive Eligibility for Pregnant Women (No Changes)
- IG_CS31- General Eligibility – Incarcerated CHIP Beneficiaries (No Changes)

E. Timeline

Our 14-day notice published in the Federal Register on July 16, 2026 (91 FR 43643). Comments were due July 30; one was received and is attached to this collection of information request along with our response. the commenter expressed their support of the new CHIP eligibility template (CS22 – Retroactive Eligibility for Children and/or Pregnant Women).

CMS requests OMB approval on/by September 1, 2026, to help ensure compliance with the provisions of the WFTC legislation.

This package covers the collection of a new CHIP state plan eligibility SPA template (CS22) necessary to implement requirements in section 71112 of the WFTCL. States have been asking for the template because they need to know as soon as possible what information they will be required to submit to CMS to come into compliance with these statutory requirements, which take effect January 1, 2027. States need time to work through their internal processes for drafting, reviewing, and submitting a SPA timely.

As well, this new SPA will require tribal consultation. Most states with tribes inside their borders have a 30-day consultation period, and a few have a 60-day consultation period, that must elapse before the SPA can be submitted (unless they can justify using an expedited consultation process).

They are also making substantial updates to their eligibility and enrollment systems to enable this information collection, at the same time they are making necessary updates to implement the community engagement requirements in section 71119, and need this template as soon as possible to program their systems.