

Generic Supporting Statement
Model Application Template and Instructions for State Child Health Plan Under Title XXI of the
Social Security Act, State Children's Health Insurance Program
CMS-10398 #34, OMB 0938-1148

This September/October 2026 iteration adds one new State assurance in the CHIP state plan template. The State must attest that it does not make payment under the plan for sex-rejecting procedures for children under the age of 19 pursuant to regulations described at 42 CFR 457.746.

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.

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.

On August 13, 2026, CMS published the final rule titled *Medicaid Program; Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children* (CMS-2451-F). The final rule adds at § 457.476 to subpart D which prohibits the use of Federal CHIP dollars to fund sex-rejecting procedures for children under the age of 19. The services defined at § 441.801 apply equally to § 457.476. The final rule is effective sixty days after publication on October 13, 2026.

The amendments to regulation provide the authority for State plan amendments (SPAs) to collect assurances from states regarding the operation of state CHIP programs. The attached template has been updated to add an assurance to the CHIP state plan indicating the state Medicaid agency does not make payment under the plan for sex-rejecting procedures for children under the age of 19 pursuant to regulations described at § 457.746.

B. Description of Information Collection

The Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act. Title XXI enables states to initiate and expand health insurance coverage for uninsured children. In order to be eligible for payment under this legislation, each state submitted an initial CHIP state plan for approval by the Secretary that

details how the state intends to use the funds. States may also amend their plans at any time by submitting an amendment for approval by the Secretary.

All 50 states, the District of Columbia and the territories have a CMS-approved CHIP state plan that encompasses all of the child health assistance being provided using Title XXI funding. It is important to note that once a CHIP state plan is approved, the state is obligated to continue operating their program in the same manner as described in that plan until the plan is amended in accordance with the rules governing the program. States apply for changes to their CHIP state plan utilizing the revised CHIP state plan template and instructions developed by CMS in cooperation with the states to reduce the burden associated with the information collection requirements to a minimal level.

Under the law, a state plan or a state plan amendment is considered approved in 90 days unless the Secretary notifies the state in writing that the plan is disapproved or that specified additional information is needed. As is currently done, states are asked to submit only the applicable parts of the template for their amendment request. They do not have to resubmit their state plan in its entirety using this template.

This September/October 2026 iteration adds one new State assurance in the CHIP state plan template. Specifically, the State must attest that it does not make payment under the plan for sex-rejecting procedures for children under the age of 19 pursuant to regulations described at § 457.746.

The information collected through the Title XXI State Plan Template is used by CMS to review State compliance with Federal statutory and regulatory requirements, approve State plan submissions and SPAs, document required assurances and descriptions, and support oversight of State administration of CHIP. The revisions in this package support CMS review of State processes for obtaining and using updated enrollee address information.

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 (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the 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 Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations	13-1199	45.18	45.18	90.36

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Specialist, All Other				

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, there is no practical alternative, and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Active Burden Based upon CMS's experience with state plan amendments, we estimate that on average, it will take a state 4 hours at \$90.36 for a Business Operations Specialist to complete and submit the revised SPA template. We also expect that a total of 41 jurisdictions (40 states and D.C.) will submit at least one SPA. However, States will not need to address these provisions in the same SPA and may submit separate SPAs to come into compliance with each requirement individually. Therefore, so as not to underestimate the burden associated with these requirements, we estimate that each of the 41 jurisdictions will submit two separate SPAs that address the WFTC Section 71103 and CMS-0057-F requirements separately, for a total of 82 SPAs (41 jurisdictions x 2 SPAs). We estimate a total annual burden of 328 hours (41 jurisdictions x 2 SPAs x 4 hr) at an estimated cost of \$29,638 (328 hr x \$90.36/hr).

Sept/Oct 2026 Burden With respect to these Title XXI State Plan template revisions, we anticipate that 30 states will submit one SPA.

We estimate that, on average, it will take a business operations specialist, all other, 4 hours at \$90.36/hr to complete and submit each SPA. We estimate a total annual burden of 120 hours (30 jurisdictions x 4 hr) at a cost of \$10,843 (120 hr x \$90.36/hr).

Burden Summary

The following approach accommodates the 120-hour new requirement by using 120 hours from the 328 hours that are currently approved but no longer needed. This reduces the amount of excess approved burden from 328 hours to 208 hours. However, ROCIS does not allow negative burden adjustments for individual generic collections. We are adding 5 arbitrary hours to compensate for ROCIS' limitations.

Cost Report	No. Respondents	Total No. Responses	Time per response (hr)	Total Time (hr)	Adjusted Hourly Wage (\$/hr)	Total Cost (\$)
Active Burden	41	82 (41 x 2 SPAs)	4	328	90.36	29,638
Sept/Oct 2026 Burden	30	30	4	120	90.36	10,843
CHANGE	-11	-52	No Change	-208	No Change	-18,795

Information Collection Instruments

- Title XXI State Plan Template (Revised)

E. Timeline

Our 14-day notice published in the Federal Register on September 25, 2026 (91 FR 60959). Although public comments were due on/by October 9, 2026, none were received.