

Supporting Statement For Paperwork Reduction Act Submissions For Integrated Care State Plan Pre-Print

A. Background

CMS is supportive of programs that integrate and coordinate Medicaid and Medicare services for dual eligible beneficiaries. The State Plan Preprint for Integrated Care Programs was developed for States to use on a voluntary basis as a tool to demonstrate and explain the key features of the Integrated Care Programs.

This State Plan Preprint does not replace the need for States to operate under the appropriate statutory authorities and to be in compliance with both statutory and regulatory requirements. States will still need to follow the usual process for submitting waiver applications and contracts required under Federal law to the appropriate CMS Regional and Central Office components.

The Integrated Care Preprint is an optional tool for use by States to highlight the arrangements provided between a State and Medicare Advantage Special Needs Plans that are also providing Medicaid services. The Preprint also provides the opportunity for States to confirm that their integrated care model complies with both federal statutory and regulatory requirements.

B. Justification

1. Need and Legal Basis

At the CMS Administrator's request, CMS formed a workgroup comprised of both Medicare and Medicaid staff, State Medicaid Agencies and other key stakeholders. From this effort came a suggestion that CMS develop a State Plan Preprint for Integrated Care Programs for States to use on a voluntary basis as a tool to demonstrate and explain the key features of their Integrated Care Programs. As a result, CMS is seeking OMB approval to use this preprint.

2. Information Users

State Medicaid Agencies may complete the preprint and CMS will review the information provided in order to determine if the State has properly completed and explained their integrated care arrangements and that the appropriate assurances have been met.

3. Use of Information Technology

The application process is facilitated through the use of emails, faxes and phone calls between the Regional Offices and the States. Once the preprint forms are completed, every effort is made to communicate via the use of information technology to complete the process.

4. Duplication of Efforts

There is no duplication of effort on how information is associated with this collection. The State is required to complete the preprint only once.

5. Small Businesses

The collection of this information is not applicable to small businesses.

6. Less Frequent Collection

Interested States are required to complete the preprint only once. Therefore, less frequent collection circumstances are not applicable.

7. Special Circumstances

There are no special circumstances or impediments.

8. Federal Register/Outside Consultation

A 60-day Federal Register was published on 9/21/2007.

9. Payments/Gifts to Respondents

There are no payments or gifts associated with this collection.

10. Confidentiality

There is no personal identifying information collected. All of the information is available to the public.

11. Sensitive Questions

There are no questions of a sensitive nature associated with this preprint.

12. Burden Estimates (Hours & Wages)

The burden associated with these requirements is the time and effort for a State to develop its State Plan Amendment to elect to provide integrated Medicare and Medicaid services. CMS estimates that each State would take 20 hours to complete the requirements. At 20 hours X \$50.00 per hour, the cost for one State would be \$1,000.00. The total cost is derived from the multiplying that figure by 30 States. Potentially, as all 56 States and Territories could elect complete the Integrated Care Preprint, there could be more applications. CMS believes that 30 States is an appropriate estimate based on expressed State interest and the existence of

integrated care programs.

13. Capital Costs

There are no capital costs.

14. Cost to Federal Government

There are no costs to the Federal Government.

15. Changes to Burden

This is a new collection.

16. Publication/Tabulation Dates

There are no plans to publish the information for statistical use.

17. Expiration Date

CMS does not oppose the display of the expiration date.

18. Certification Statement

There are no exceptions to the certification statement.

C. Collections of Information Employing Statistical Methods

The use of statistical methods does not apply to this preprint.