

Application to Use Burden/Hours from Generic PRA Clearance:
Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)

Information Collection #7

**Cycle IV - American Indian and Alaska Native Round II
Outreach & Enrollment Grant Final Report Addendum**

**Cycle V - Connecting Kids to Coverage Outreach and Enrollment
Semi-Annual and Final Report Templates**

November 2017

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

GenIC #7 was first approved by OMB on May 1, 2012. The following summarizes the actions subsequent to the initial PRA package.

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

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

January 2017 (Submitted to OMB) Cycle IV Final Report Addendum revised, Cycle V Semi-Annual and Final Reports templates added.

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 Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3), signed into law by President Obama on February 4, 2009, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2013. (The ACA extended CHIP funding through 2015.) In addition to financing health coverage for low-income children, the law contained provisions aimed at reducing the number of children who were eligible for Medicaid or CHIP but are not enrolled and improving retention so that eligible children stay covered for as long as they qualified. To support such efforts, CHIPRA provided a total of \$100 million for outreach and enrollment activities, including \$80 million for grants to states, local governments, community-based and non-profit organizations and others; \$10 million in grant funds exclusively for Indian health care providers and tribal entities; and \$10 million devoted to a national outreach and enrollment campaign.

Cycle I (Completed)

The first \$40 million in grants, entitled CHIPRA Outreach and Enrollment Grants (Cycle I), were awarded in September 2009, to 68 grantees in 42 states. This was followed in April 2010 with awards amounting to \$10 million in grants to 41 American Indian/Alaska Native (AI/AN)

grantees in 19 states. The grant terms and conditions require all grantees to complete a final report at the end of their grant program. Approximately half of the grantees received no cost extensions and several did not meet reporting deadlines which explains the late completion date.

Cycle II (Completed)

The next cohort of CHIPRA Outreach and Enrollment Grants was awarded in August 2011 with another \$40 million going to 39 grantees in 23 states. The grant terms and conditions require all grantees to complete a final report at the end of their grant program. Approximately half of the grantees received no cost extensions and several did not meet reporting deadlines which explains the late completion date.

Cycle III (Completed)

In July 2013, 41 Connecting Kids to Coverage Outreach and Enrollment Grants (Cycle III), totaling \$32 million were awarded in 22 states. These Cycle III grants supported outreach strategies similar to those conducted in previous grant cycles, and also funded activities designed to help families understand new application procedures and health coverage opportunities, including Medicaid, CHIP and insurance affordability programs under the ACA. The period of award for these grants is through FY2015 but we are in the process of approving one year no cost extensions for approximately half of the grantees which will extend these grants through FY2016

In the July 2015 iteration, the newly attached template includes additional pages for Cycle III that are referred to as the “Final Report Addendum.” With the end of the grant period rapidly approaching, and based on past grantee experience, the evaluator designed an attachment to the grantee’s last semi-annual report, allowing grantees to expand on their previous report responses and to summarize their experience across the entire period of performance. The additional attachment questions will be administered in the same information collection package together with the final semi-annual report. Together, both the semi-annual and cumulative results 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 evaluator since the current program evaluation contract is due to end September 2015. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies before the end of their contract date.

Cycle IV (Extension of a Currently Approved Collection)

In November 2014, an additional \$4 million in Connecting Kids to Coverage Outreach and Enrollment Grant funding (Round II) was awarded to ten AI /AN grantees including Indian health care providers and tribal entities in six states. These grants share the same broad goal, to increase enrollment of children who are eligible for Medicaid and the CHIP but are not enrolled, and to keep them covered for as long as they qualify. These two year grants help prepare AI/AN organizations and communities to reach out to those children who remain uninsured and provide them and their families with enrollment assistance as well as improving the renewal processes so children will continue with their health care coverage. The award period for these grants is through FY2016 and no cost extensions are not allowed under this award.

In this January 2017 iteration, the revised template adds the same eight questions we added to the Cycle III final addendum to the currently approved semi-annual reporting template. Since this is the last Cycle IV report, the combined semi-annual report template and added questions are now referred to as the “Final Report Addendum.”

Please note, that the eight additional questions are not new to this package. They have been used in the Cycle III data collection which is now complete.

Cycle V (Extension of a Currently Approved Collection)

The Medicare and CHIP Reauthorization Act (MACRA) Pub. L. 114- 10, signed into law by President Obama on April 16, 2015, provides continued funding for CHIP through FFY 2017. MACRA also provides \$36 million in grants aimed at reducing the number of children who are eligible for Medicaid and CHIP, but are not enrolled and improving the retention of eligible children who are currently enrolled. MACRA funding for outreach and enrollment grants builds upon successful strategies facilitated by previous grant funding initiatives under the Children’s Health Insurance Program Reauthorization Act (CHIPRA) of 2009 (Pub. L. 111- 3) and the Patient Protection and Affordable Care Act (ACA) of 2010 (Pub. L. 111-148).

These Cycle V 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).

Of the total \$36 million in MACRA funding, in June 2016, CMS awarded 38 cooperative agreements in 27 states totaling just under \$32 million. On November 14, 2016, CMS released a funding opportunity announcement (FOA) to award an additional \$4 million in grants to IHS providers, tribes and tribal organizations and Urban Indian organizations as specified in the description of applicant eligibility. These grants also will fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP.

The period of performance for these cooperative agreement awards is through FY2018. Cooperative agreement funding is disbursed in two separate budget periods with the second 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 January 30, 2017.

B. Description of Information Collection

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 and MACRA grants. In order to conduct the evaluation and meet Congressional requirements, CMS periodically collects specific quantitative and qualitative data from each grantee. The first evaluation contractor developed the data collection templates for Cycles I, II and III and this data collection is now completed. The initial contractor also designed the Cycle IV semi-annual report template (completed) and the additional final addendum questions (revision of currently approved collection request). A new evaluation and technical assistance contract was awarded to a new contractor effective September 2016.

This information request is necessary to complete the CHIPRA Round II AI/AN Grants data collection process and begin data collection for the new MACRA Cycle IV and Round III AI/AN Cooperative Agreements. While the funding mechanism and funding opportunity announcements are new, the data collection is based on the same approved templates from previous cycles. With the new data collection contractor, we've attempted to streamline the templates over time to facilitate collection of both quantitative and qualitative program outcomes. At this time, we request the Office of Management and Budget PRA review and approval of the instruments described below.

Cycle IV (Extension of a Currently Approved Collection)

In November 2014, an additional \$4 million in funding was awarded to 10 AI/AN grantees including Indian health care providers and tribal entities. These grants share the same broad goal, to increase enrollment of children who are eligible for Medicaid and the CHIP but are not enrolled, and to keep them covered for as long as they qualify. These two year grants help prepare AI/AN organizations and communities to reach out to those children who remain uninsured and provide them and their families with enrollment assistance as well as improve the renewal processes so children will continue with their health care coverage. While the period of performance for these grants has just ended, grantees must still submit their final reports in order to closeout the grant.

As mentioned in the background section above, the July 2015 PRA request added the Final Report Addendum to the currently approved Semi-Annual Report template for Cycle III and now CMS requests the same approval for the Round II AI/AN grants (Cycle IV).

CMS requests that these Cycle IV grantees expand on their semi-annual report responses by answering additional questions that summarize their experience across the grant period of performance. The additional attachment questions will be administered in the same information collection package together with the final semi-annual report. Together, both the semi-annual and cumulative results 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 new evaluation contractor. With this data provided on a more timely basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies.

The following eight additional questions will allow grantees to expand on their previous report responses and to summarize their experience across the entire grant period of performance.

1. If you had a limited amount of money and staff and had to implement just one or two of the most effective strategies you used during the grant to help children in your focus area newly enroll and stay enrolled through renewal, which would you choose to continue and why?
2. If you compare the amount of grant funding you received with the number of children your grant project newly enrolled or renewed, which strategies do you think were the most cost effective? Explain why.
3. Will you continue implementing any grant strategies once the funding ends? If so, which strategies, and how will they be funded?
4. What are the most important things you have learned about identifying, contacting, and engaging eligible families in your focus area to assist them with the application and renewal process for CHIP/Medicaid?
5. Looking ahead over the next 3 years, what do you think are the key challenges in increasing the percentage of eligible AI/AN children enrolled in CHIP/Medicaid in your state?
6. Please discuss all types of challenges: state policies, cultural belief, language, transportation, administrative, and funding. Please discuss how these challenges relate to the children in your grant's specific focus area. For each challenge, what do you believe are the most effective approaches to overcome them?
7. What recommendations can you make through lessons you have learned that would be helpful to other organizations that want to implement projects to increase the percentage of AI/AN eligible children enrolled and renewed in CHIP/Medicaid, in terms of planning the project, educating families, getting known in the community, marketing, and establishing partnerships/collaborations?
8. If you were able to access a future funding opportunity to help AI/AN children enroll in CHIP/Medicaid, how might you change your approach to program implementation and management?

The Final Report Addendum will allow for a more complete synthesis of program results. Another benefit is that this allows for a more efficient data collection process for the new CMS evaluation contractor (effective September 2016). One impact of this more timely data collection, is the potential that the new evaluation contractor will produce a more accurate and effective evaluation of grant outcomes and strategies for this grant cohort.

Cycle V (Extension of a Currently Approved Collection)

In June 2016, CMS awarded 38 Connecting Kids to Coverage Outreach and Enrollment Grants as cooperative agreements in 27 states totaling just under \$32 million in federal funding. The cooperative agreements in this latest cycle support outreach strategies similar to those conducted

in previous 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).

The period of performance for these cooperative agreement awards is through FY2018. Cooperative agreement funding is disbursed in two separate budget periods with the second 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 January 30, 2017.

Attachments are labeled: Connecting Kids to Coverage Outreach and Enrollment Semi- Annual Report Template and Connecting Kids to Coverage Outreach and Enrollment Final Report Template.

These new templates are modified versions of previously approved templates from completed grant cycles with modifications that allow grantees who propose to enroll eligible parents in health coverage, the option to collect:

- Number of parents assisted in applying for health coverage
- Number of parents enrolled in Medicaid/CHIP as a direct result of the project
- Number of parents assisted in renewing health coverage
- Number of parents retained in Medicaid/CHIP as a direct result of the project

The new templates also include a question to collect information about activities associated with the Connecting Kids to Coverage Campaign which is another new requirement.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

The total approved burden ceiling of the generic ICR is 154,104 hours, and CMS previously requested to use 66,728 hours, leaving our burden ceiling at 87,376 hours.

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2016 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 mean hourly wage, the cost of fringe benefits (calculated at 100 percent of salary), and the adjusted hourly wage.

| Occupation Title | Occupation Code | Mean Hourly Wage (\$/hr) | Fringe Benefit (\$/hr) | Adjusted Hourly Wage (\$/hr) |
|--|------------------------|---------------------------------|-------------------------------|-------------------------------------|
| Community and Social Service Occupations | 21-0000 | 22.70 | 22.70 | 45.40 |

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

Cycle IV (Extension of a Currently Approved Collection)

Grantees' semi-annual report submissions are completed. Consequently, the associated burden (600 hours = 10 respondents x 3 responses/period of performance x 20 hr/response) is removed.

For the final report, we estimate it will take each grantee an additional 2 hours per submission to respond to the additional eight questions. This is in addition to the currently approved estimate for completing the semi-annual report. To reiterate, the final report is the culmination of the semi-annual report and the eight added questions.

For this January 2017 iteration, we continue to anticipate a potential universe of 10 respondents. Consequently, the total burden is 220 hours (22 hr/response x 10 respondents x 1 response) at a cost of \$9,988.00 (\$45.40/hr x 220 hours).

Cycle V (Extension of a Currently Approved Collection)

The grantee semi-annual report submission (V.a.) is required twice the first year and just once the second year because the second second year semi-annual report will be incorporated in the final report submission. We estimate the associated burden for these semi-annual reports is 2,304 hours (48 respondents x 3 responses/period of performance x 16 hr/response) at a cost of \$103,601.60 (\$45.40/hr x 2,304 hours).

The final report submission (V.b.) is a combination of the last semi-annual report mentioned above with seven of the eight final evaluation questions from Cycles III and IV. As a result we estimate the burden using the same semi-annual report estimate from above, 16 hours/grantee and an additional 2 hours per submission to complete the same eight final evaluation questions (from Cycle IV above). For this iteration of the burden calculation we estimate 864 hours (48 respondents x 1 final report responses/period of performance x 18 hr/response) at a cost of \$39,225.60 (\$45.40/hr x 864 hours).

Burden Summary

| Cycle | Respondents | Responses per Respondent | Burden per Response (hours) | Total Annual Burden (hours) | Labor cost of Reporting (\$/hr) | Total Cost (\$) |
|--------------|--------------------|---------------------------------|------------------------------------|------------------------------------|--|------------------------|
| IV (final) | 10 | 1 | 22 | 220 | 45.40 | 9,988 |
| V.a. | 48 | 3 | 16 | 2,304 | 45.40 | 104,601 |
| V.b. | 48 | 1 | 18 | 864 | 45.40 | 39,226 |
| Total | 58 | 5 | 56 | 3,388 | 45.40 | 153,815 |

Information Collection Instruments and Instruction/Guidance Documents

- Cycle IV AI/AN Round II Outreach & Enrollment Grant Final Report (Formerly Known as the Semi-Annual Report)
- Cycle IV AI/AN Round II Outreach & Enrollment Grant Final Report Addendum
- Cycle Va. Connecting Kids to Coverage Semi-Annual Report Template
- Cycle Vb. Connecting Kids to Coverage Final Report Template

E. Timeline

The CHIPRA Cycle IV Final Addendum template is designed as a onetime only data collection to obtain a final qualitative data in addition to the quantitative data in the semi-annual report. The period of performance for this grant ended November 11, 2016

The MACRA Cycle IV templates, the Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report, and the Connecting Kids to Coverage Final Report are designed to collect reports semi-annually for a total of three times and once at the end of the grant performance period incorporating the last semi-annual and final reports. The period of performance may vary based on whether or not CMS approves no cost extensions for these grants.

Grant financial and program reporting customarily falls on the end of a fiscal quarter, the MACRA Cycle IV award coincides with a fiscal quarter but it's not yet clear whether the Round III reporting periods will. The following chart includes the current Cycle IV grant and new Cycle V cooperative agreement planned program reporting periods and report due dates

| Reporting Period | | Due Date |
|--|---------------------------|---|
| Cycle IV (CHIPRA Round II AI/AN Grants Final Addendum) | | |
| November 12, 2014 through November 11, 2016 | TBD based on OMB approval | TBD based on OMB approval February 12, 2017 |
| | | |
| Cycle Va. MACRA Connecting Kids to Coverage Semi-Annual Report | | |

| Reporting Period | | Due Date |
|--|---------------------------|---|
| (for CMCS Cycle IV and Round III cooperative agreements respectively) | | |
| July 1, 2013 to December 31, 2016. | TBD based on OMB approval | TBD based on OMB approval January 30, 2017 |
| January 1, 2017 to June 30, 2017 | July 30, 2016 | July 30, 2017 |
| July 1, 2017 to December 31, 2017 | | January 31, 2018 |
| | | |
| May 18, 2017 to December 31, 2017 | | January 30, 2018 |
| January 1, 2018 to June 30, 2018 | | July 30, 2018 |
| July 1, 2018 to December 31, 2018 | | January 30, 2019 |
| | | |
| Cycle Vb. MACRA Connecting Kids to Coverage Final Report (for CMCS Cycle IV and Round III cooperative agreements respectively) | | |
| July 1, 2016 through June 30, 2018 | | September 30, 2018 |
| May 18, 2017 to May 17, 2019 | | August 18, 2019 |
| | | |