

Medicaid and CHIP State Plan, Waiver, and Program Submissions
(CMS-10398, OMB 0938-1148)
October 2022

Generic Information Collection #7
Connecting Kids to Coverage Outreach and Enrollment

Cycle Va. (No Change) - Semi-Annual Report (SAR) Template

Cycle Vb. (No Change) - Monthly Progress Report Template and
Final Report Template for the HEALTHY KIDS and HEALTHY KIDS AI/AN Cooperative
Agreements

Cycle Vb. (New) - Monthly Progress Report Template and
Monthly Progress Report Template with AI/AN Targets

Cycle Va. (New) Semi-Annual Report for the Proposed HK2023
Cooperative Agreements

Cycle Vb. (New) Final Report and Monthly Progress Report for the Proposed
AI/AN HK2023 Cooperative Agreements

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

This generic collection of information was first approved by OMB on May 1, 2012. The following summarizes the actions subsequent to the initial approval:

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

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

April 6, 2017 (Completed) - Cycle IV Final Report Addendum revised, Cycle V Semi-Annual and Final Reports templates added.

August 28, 2019 (Completed) - Cycle Va. Semi-Annual and Vb. Final Report Templates (revised), Cycle Vb. Monthly Progress Report Templates (revised), and Cycle Vb. Final Report Template for the Round III AI/AN Cooperative Agreements extended without change, and removed the Cycle IV Va. and Vb. Semi-Annual and Final Report Template submissions.

June 28, 2022 (Completed) – Cycle Va. Semi-Annual Report (SAR), Cycle Vb. Final Report Templates (revised), and Cycle Vb. Monthly Progress Report Templates (revised), and removed the Cycle Vb. Final Report Template submissions for the Round III AI/AN Cooperative Agreements.

October 2022 (Additions and Extension)

Additions

Adding a new round of HEALTHY KIDS cooperative agreements awarded in July 2022 identified as HK2022. Adding a new Cycle Vb. Monthly Progress Report Template and a new Cycle Vb. Monthly Progress Report Template with AI/AN Targets. Adding language for a proposed round of HEALTHY KIDS AI/AN cooperative agreements scheduled for award in FY2023.

Extension Without Change

Cycle Va. Semi-Annual Report (SAR) and Cycle Vb. Monthly Progress Report Templates and Final Report Template for the HEALTHY KIDS and HEALTHY KIDS AI/AN cooperative agreements awarded in FY2019 and FY2020 respectively extended without change.

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 Helping Ensure Access for Little Ones, Toddlers and Hopeful Youth by Keeping Insurance Delivery Stable (HEALTHY KIDS) Act (Public Law 115-120), signed into law by President Trump in January 2018, reauthorized the Children's Health Insurance Program (CHIP) through federal fiscal year (FFY) 2023. In addition to financing health coverage for low-income children, the law contains provisions aimed at reducing the number of children who are eligible for Medicaid or CHIP (but are not enrolled in either) and improving retention so that eligible children stay covered for as long as they remain qualified. To support such efforts, HEALTHY KIDS provides a total of \$120 million for outreach and enrollment activities, including \$96 million for grants to states, local governments, community-based and non-profit organizations and others; \$12 million in grant funds exclusively for Indian health care providers and tribal entities; and \$12 million devoted to a national outreach and enrollment campaign.

This program is authorized under Section 2113 of the Social Security Act, as amended by Section 3004(a) of the HEALTHY KIDS Act and included in Pub. L. 115-120. Section 50103 of the Advancing Chronic Care, Extenders, and Social Services Act (ACCESS) Act was signed into law by President Trump in February 2018, and included in Public Law 115-123) further extended the program, providing funding for future cooperative agreement awards for the period of fiscal years 2024 through 2027, for the purpose of awarding grants under this section.

The HEALTHY KIDS 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).

B. Description of Information Collection

The primary goal of the HEALTHY KIDS Act cooperative agreements is to enroll eligible but uninsured children, with the option to target parents, into Medicaid and CHIP and assist currently enrolled children with the renewal process to keep them enrolled in coverage. To measure this aspect of grantee performance, grantees are required to report the following data elements on a monthly basis:

- Number of children for whom a new or renewal application was submitted during the month.
- Number of children newly enrolled or renewed in coverage during the month.

- Number of parents for whom a new or renewal application was submitted during the month (if the grantee proposes to target parents as well).
- Number of parents who were newly enrolled or renewed in coverage during the month (if the grantee proposes to target parents as well) .

If the grantee proposes a specific target population (for example, American Indian/Alaskan Native youth), the grantee must also report the above data elements by their target population and other population reached. Receiving this data on a monthly basis will allow CMS to provide prompt technical assistance to lower performing grantees and, if necessary, place lower performing grantees on a performance improvement plan.

HEALTHY KIDS Connecting Kids to Coverage Vb. Monthly Progress Report Templates (New)

In this October 2022 iteration, we are adding a new Cycle Vb. Monthly Progress Report Template and a new Cycle Vb. Monthly Progress Report Template with AI/AN Targets. The templates include as part of the monthly progress data collection pregnant individuals as an optional targeted population. The reason is that babies born to pregnant individuals covered by Medicaid or CHIP are deemed eligible for Medicaid or CHIP. We believe that including pregnant individuals as a target population supports the statutory goal of enrolling more children in Medicaid and CHIP. Assisting pregnant individuals with applications also establishes a relationship between the grantee and the pregnant individual who after their postpartum period will need to renew coverage. Currently, grantees often provide enrollment assistance to pregnant individuals, but are not receiving credit for those enrollments.

The new templates will be used beginning with the HK2022 grantees and will require grantees to report on the number of applications denied, both new and renewals, broken out by children, parents, and pregnant individuals. This will allow us to have a better gauge of the overall effort from the grantee and a sense of how many of the applications being submitted are denied eligibility. We will use this as monitoring tool to determine if technical assistance is needed in this area.

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Reporting Period	Due Date
Attachment 1: HEALTHY KIDS HK2022 Cycle Va. Connecting Kids to Coverage Semi-Annual Report	
July 1, 2022 to December 31, 2022	January 30, 2023
January 1, 2023 to June 30, 2023	July 30, 2023
July 1, 2023 to December 31, 2023	January 30, 2024
January 1, 2024 to June 30, 2024	July 30, 2024

July 1, 2024 to December 31, 2024	January 30, 2025
Attachment 6: HEALTHY KIDS HK2022 Cycle Vb. Connecting Kids to Coverage Monthly Progress Report	
July 1, 2022 through June 30, 2025	Due within 30 days after the end of the preceding month. First report due August 31, 2022
Attachment 2: HEALTHY KIDS HK2022 Cycle Vb. Connecting Kids to Coverage Final Report	
July 1, 2022 through June 30, 2025	September 30, 2025

HEALTHY KIDS AI/AN Connecting Kids to Coverage Va. Semi-Annual Report and Vb. Final Report and Monthly Progress Reports (New)

In this October 2022 iteration, we are adding the Cycle Va. Semi-Annual Report and Cycle Vb. Connecting Kids to Coverage Final Report and Monthly Progress Report submissions for the proposed HEALTHY KIDS AI/AN HK2023 cooperative agreements.

CMS plans to release a funding opportunity announcement (FOA) in FY2023 to award an additional \$6 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 fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. CMS plans to award approximately 8 cooperative agreements in total up to the \$6 million.

The period of performance for these cooperative agreement awards will be through FY2026. Cooperative agreement funding is disbursed in three separate budget periods with the succeeding 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 90 days after the award.

Reporting Period	Due Date
Attachment 1: HEALTHY KIDS HK2023 AI/AN Cycle Va. Connecting Kids to Coverage Semi-Annual Report (Proposed)	
January 1, 2023 to June 30, 2023	July 30, 2023
July 1, 2023 to December 31, 2023	January 30, 2024
January 1, 2024 to June 30, 2024	July 30, 2024
July 1, 2024 to December 31, 2024	January 30, 2025
January 1, 2025 to June 30, 2025	July 30, 2025

Attachment 7: HEALTHY KIDS HK2023 AI/AN Cycle Vb. Connecting Kids to Coverage Monthly Progress Report	
January 1, 2023 through December 31, 2026	Due within 30 days after the end of the preceding month. First report due February 29, 2024
Attachment 2: HEALTHY KIDS HK2023 AI/AN Cycle Vb. Connecting Kids to Coverage Final Report	
January 1, 2023 through June 30, 2026	September 30, 2026

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Estimates

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2021 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 overhead (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Community and Social Service Occupations	21-0000	25.94	25.94	51.88

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.

Annual Burden Estimates

HEALTHY KIDS HK2022 Cycle Vb. Monthly Progress Reports (New)

For this October 2022 iteration, HEALTHY KIDS HK2022 Cycle Vb. Monthly Progress Report is being added. The annual burden is 1,728 hours (4 hr/response x 36 grantees x 12 responses/year) at a cost of \$89,649 (1,728 hr x \$51.88/hr).

HEALTHY KIDS Cycles Va. (Semi-Annual Report) and Vb. (Final Report and Monthly Progress Reports) (New)

For this October 2022 iteration, the Cycle Va. and Cycle Vb. templates for the HEALTHY KIDS respondents includes the qualitative data collection sections with the quantitative data collection sections in the Monthly Report Templates.

The associated burden for Cycle Va. Semi-Annual Report is 2,184 hours (91 grantees x 2 semi-annual reports/year x 12 hr/response) and \$113,306 (\$51.88/hr x 2,184 hr).

The associated burden for Cycle Vb. Final Report is 1,274 hours (91 grantees x 1 final report x 14 hr/response) and \$66,095 (\$51.88/hr x 1,274 hr).

The associated burden for the Cycle Vb. Monthly Progress Report is 4,368 hours (91 grantees x 12 reports/year x 4 hr/response) and \$226,612 (\$51.88/hr x 4,368 hours).

HEALTHY KIDS Cycle Vb. Monthly Progress Reports AI/AN (New)

For this October 2022 iteration, HEALTHY KIDS Cycle Vb. Monthly Progress Reports AI/AN is being added. The annual burden is 384 hours (4 hr/response x 8 grantees x 12 responses/year) and \$19,922 (\$51.88/hr x 384 hr).

Burden Summary

Cycle	No. Respondents	Total Responses	Time per Response (hours)	Total Annual Time (hours)	Labor Cost (\$/hr)	Total Cost (\$)
HK2022 Cycle Vb. Monthly Progress Reports (New)	36	432	4	1,728	51.88	89,649
Cycle Va. Semi-Annual Report (New)	91	182	12	2,184	51.88	113,306
Cycle Vb. Final Report (New)	91	91	14	1,274	51.88	66,095
Cycle Vb. Monthly Progress Report (New)	91	1,092	4	4,368	51.88	226,612
Cycle Vb. Monthly Progress Reports AI/AN (New)	8	96	4	384	51.88	19,922

TOTAL	135	1,893	varies	9,938	51.88	515,584
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*The approved burden per response hours are based on the separation of the quantitative and qualitative collection sections.

Information Collection Instruments and Instruction/Guidance Documents

Attachments 6 and 7 are new templates. Attachments 1 – 5 are currently approved by OMB. We are not making changes to any of those templates and are keeping them active.

- Attachment 1: HEALTHY KIDS Cycle Va. Connecting Kids to Coverage Outreach and Enrollment Semi-Annual Report Template (No Change)
- Attachment 2: HEALTHY KIDS Cycle Vb. Connecting Kids to Coverage Outreach and Enrollment Final Report Template (No Change)
- Attachment 3: HEALTHY KIDS Cycle Vb. Monthly Progress Report Template (No Change)
- Attachment 4: HEALTHY KIDS Cycle Vb. Monthly Progress Report with Targets Template (No Change)
- Attachment 5: HEALTHY KIDS Cycle Vb. Monthly Progress Report AI/AN Targets Template (No Change)
- Attachment 6: HEALTHY KIDS Cycle Vb. Monthly Progress Report Template (New to add pregnant individuals to the template)
- Attachment 7: HEALTHY KIDS Cycle Vb. Monthly Progress Report with AI/AN Targets Template (New to add pregnant individuals to the template)

E. Timeline

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, MACRA, and HEALTHY KIDS Act grants. To conduct the evaluation and meet the aforementioned Congressional requirements, CMS periodically collects specific quantitative and qualitative data from each grantee.

The HEALTHY KIDS Act cooperative agreements, awarded for a three-year period, support outreach strategies similar to those conducted in previous grant cycles. CMS anticipates that the quantitative information collected through the monthly progress report responses and the qualitative information collected through the semi-annual and final semi-annual report responses together 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 evaluation contractor. With this data provided on a timelier basis, the evaluator can produce a more accurate and effective evaluation of grant outcomes and strategies.