

Generic Supporting Statement
CAA of 2024, Section 206 Planning Grant Reporting
CMS-10398 #90, OMB 0938-1148

This January 2025 iteration is being submitted to OMB for approval as a new generic collection of information request under control number 0938-1148.

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 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.

This information collection relates to section 206(a) of the Consolidated Appropriations Act, 2024, “State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration”. This four-year, discretionary grant program supports state Medicaid agencies and Children’s Health Insurance Programs (CHIP) to develop the operational capabilities to promote continuity of care for Medicaid-eligible individuals who have been incarcerated.

B. Description of Information Collection

All CMS grant awards require recipients to submit program progress reports (PPRs). The frequency and program-specific instructions for preparing and submitting these reports are identified on page 3 of the attached Program Terms and Conditions (PTCs) of the Notice of Award. The section 206(a), PTCs for “Section 206(a) State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration”, require grant recipients to submit semi-annual progress reports (2 per year) and a final progress report following the end of the period of performance (1). The period of performance for the section 206(a) planning grants is four years.

Using states’ reporting formats (CMS is not making an optional template or form available for states to use), the reports reflect progress in accomplishing grant activities as reflected in each recipient’s approved grant application. PPRs describe the amount, duration, and scope of the state planning grant activities; target populations; and reflect the recipients’ metrics for assessing progress. Consistent with the PTCs, the semi-annual and final PPRs include:

- Each recipient’s work plan updates reflecting progress in meeting project timelines and the status of measurable objectives as specified in each recipient’s approved application; and

- Narrative updates on planning grant activities.

Recipients must complete and electronically submit to CMS semi-annual and final reports through GrantSolutions.¹ GrantSolutions provides comprehensive management of PPRs for Grantors and Grant Recipients. Grant recipients view, manage, and electronically submit PPRs in GrantSolutions. Submission of semi-annual PPRs is required to be completed no later than 30 days after the end of the following federal fiscal year quarters: Quarter Three ends June 30; and Quarter One ends December 31. The final PPR must be submitted no later than 120 days after the cooperative agreement period of performance ends on December 31, 2028.

To ensure maximum state flexibility and to reduce the reporting burden on states as much as possible, states will submit semi-annual and final progress reports in their preferred format. CMS will not require states to use a standardized template or form, and CMS is not making an optional template or form available for states to use.

While not included in this information request, the PTCs (and all federal grants) require financial reports. CMS recipients are required to record expenses in real-time as well as submit semi-annual expenditure Federal Financial Reports SF-425s via the Payment Management System. The SF-425 is OMB-approved with the control number 0348-0061.

Planning Grant Authorization

The planning grants are authorized under section 206(a) of division G of the Consolidated Appropriations Act, 2024 (CAA, 2024) to support states with operationalizing requirements under section 205 of division G of the CAA, 2024 (P.L. 118-42), as well as the CAA, 2023 (P.L. 117-328). Funding is available for activities and expenses related to complying with the requirements under section 5121 of the CAA, 2023, and section 205 of division G of the CAA, 2024, that:

- A state shall provide certain Medicaid and CHIP services to eligible juveniles in the period surrounding their release from a public institution as of January 1, 2025; and
- A state shall not terminate eligibility for medical assistance for individuals who are inmates of a public institution as of January 1, 2026.

Funds may be used for addressing operational barriers and improving systems for continuity of care following incarceration in state-operated prisons, local, tribal, and county jails, and youth correctional or detention facilities. For example, funds may be used for identifying and addressing operational gaps with respect to complying with requirements or adopting state plan options, in collaboration with public institutions, state human services agencies, Medicaid managed care plans, providers, community-based organizations, and others. Or, planning grant recipients may choose to work on operational barriers related to establishing standardized processes and automated systems to improve eligibility continuity for this population.

C. Deviations from Generic Request

¹ GrantSolutions is a financial assistance management software platform that enables federal agencies to manage grants and cooperative agreements.

No deviations are requested.

D. Burden Hour Deduction

Wage Estimate

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2023 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/2023/may/oes_nat.htm). In this regard, the following table presents BLS's 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 wage figures can be found at http://www.bls.gov/oes/current/oes_nat.htm and can be used to calculate current cost estimates. May 2023 (see above) 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)
Health Services Manager	11-9111	64.64	64.64	129.28

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.

Collection of Information Requirements and Associated Burden Estimates

Based upon CMS's experiences with discretionary grant program progress reports,² we estimate that on average, it will take each state 4 hours to complete and submit their progress reports through GrantSolutions³. For the four-year period of performance, we project 30 state respondents.

² See, for example, CMS-10398 #69, OMB 0938-1148. Reporting Requirements for Additional Funding Available Under The American Rescue Plan Act of 2021 for State Planning Grants for Qualifying Community-Based Mobile Crisis Intervention Services During the COVID-19 Emergency.

³ GrantSolutions is a financial assistance management software platform that enables federal agencies to manage grants and cooperative agreements.

States will submit the first semi-annual report by July 30, 2025. Each recipient will be required to submit semi-annual progress reports over four years, with an additional final report due 30 days after the end of the grant program.

In year 1, we estimate a one-time burden of 120 hours (30 states x 4 hr/report) for the development of each state’s report template and the affiliated information technology (IT) burden to gather the information needed for reporting at a cost of \$15,513.60 (120 hr x \$129.28 for a Health Services Manager).

In years 1, 2, and 3, we estimate an annual burden of 240 hours (30 states x 2 semi-annual progress reports x 4 hr/report) at a cost of \$31,027.20 (240 hr x \$129.28 for a Health Services Manager) to complete and submit the required semi-annual progress reports.

In year 4, we estimate a one-time burden of 360 hours (30 states x 3 progress reports x 4 hr/report) at a cost of \$46,540.80 (360 hr x \$129.28 for a Health Services Manager) to complete and submit the required semi-annual and final progress reports.

Burden Summary

Requirements	Number of Respondents	Total Number of Responses	Time per Response (hr)	Total Time (hr)	Labor Rate (\$/hr)	Total Cost (\$)
Year 1 One-time Reporting Set-up	30	30	4	120	129.28	15,514
Semi-Annual Progress Reports – Year 1	30	60	4	240	129.28	31,027
Semi-Annual Progress Reports – Year 2	30	60	4	240	129.28	31,027
Semi-Annual Progress Reports – Year 3	30	60	4	240	129.28	31,027
Semi-Annual and Final Progress Reports – Year 4	30	90	4	360	129.28	46,541
Total	30	300	varies	1,200	129.28	155,136

Information Collection Instruments and Instruction/Guidance Documents

Program Terms and Conditions for the “Section 206 of the Consolidated Appropriations Act, 2024: State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration” Award program. Attached. See page 3, Reporting Requirements.

Notice of Funding Opportunity (NOFO) Section 206 State Planning Grants to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration Notice of Funding Opportunity.⁴ The requirements contained in the NOFO, FON# CMS-2T2-25-001, are incorporated by reference as Program Terms and Conditions (PTCs) attached to recipients’ Notices of Award (NoA). Screen Shot: GrantSolutions

E. Timeline

The 14-day notice published in the Federal Register on January 16, 2025 (90 FR 4744). Comments are due on/by January 30.

CMS hopes to deploy this collection in February 2025.

⁴ Available at <https://www.grants.gov/search-results-detail/356168>.