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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10398 #17, #34 and #95 and CMS-10434 #15, #22, #26, and #47]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services (CMS), Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the "generic" clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are "usually voluntary, low-burden, and uncontroversial collections," do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. On October 23, 2011, OMB approved our initial request to use the generic clearance process under control number 0938–1148 (CMS-10398). It was last approved on April 26, 2021, via the standard PRA process which included the publication of 60- and 30-day **Federal Register** notices. The scope of the April 2021 umbrella accounts for Medicaid and CHIP State plan amendments, waivers, demonstrations, and reporting. This **Federal Register** notice seeks public comment on one or more of our collection of

information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit comments regarding our burden estimates or any other aspect of this collection of information, including: the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by **[INSERT DATE 14 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: When commenting, please reference the applicable form number (CMS-10398 #___/CMS-10434 #___) and the OMB control number (0938-_____). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to http://www.regulations.gov. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs

Division of Regulations Development

Attention: CMS-10398 #___/CMS-10434 #___/OMB control number: 0938-_____

Room C4-26-05

7500 Security Boulevard

Baltimore, Maryland 21244-1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing.

FOR FURTHER INFORMATION CONTACT: William N. Parham at 410-786-4669.

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collections

1. *Title of Information Collection:* CHIP State Plan Eligibility; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Section 71112 of the Working Families Tax Cut (WFTC) Act (Pub. L. 119-21) amended section 2102(b)(1)(B) of the Social Security Act by retaining the state option to provide retroactive CHIP eligibility while limiting states from beginning coverage any earlier than two months prior to the month of application. This 2026 iteration adds a new template (CS22, "Retroactive Eligibility for Children and/or Pregnant Women") that includes required eligibility attestations for the state to document state assurances/elections and verification processes, including that the State will provide coverage during a ROP (reasonable opportunity period) of at least 90 days; *Form*

Number: CMS-10398 #17 (OMB control number: 0938-1148); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 41; *Total Annual Responses:* 41; *Total Annual Hours:* 820. (For policy questions regarding this collection contact Abby Kahn at 410-786-4321.)

2. *Title of Information Collection:* Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Section 71103 of the WFTC legislation adds new paragraph (88) under section 1902(a) of the Social Security Act with corresponding amendments to section 2107(e)(1) to create new state plan requirements related to address verification. Beginning no later than January 1, 2027, the 50 States and the District of Columbia must regularly obtain updated address information from reliable data sources while Medicaid/CHIP managed care contracts must require prompt transmission to the state of updated address information obtained or verified directly with the individual.

This 2026 iteration also adds several new state assurances and updates existing requirements in the CHIP state plan template. The state must attest that each contracted managed care entity or plan promptly transmits to the state any enrollee address information it receives directly from the enrollee or verifies directly with the enrollee and that the state regularly obtains updated address information for Medicaid and CHIP enrollees from reliable data sources.

Consistent with our February 8, 2024 (89 FR 8758) final rule CMS-0057-F (RIN 0938-AU87) this iteration amends the quality assurance for prior authorizations in the

CHIP state plan template. States must provide a narrative description of methods used to ensure prior authorization determination timeframes are met within 7 calendar days for standard requests and 72 hours for expedited requests. States must also provide an assurance that prior authorization data will be posted on the state's website by March 31 for data from the previous calendar year. We estimate all states with a separate CHIP will be required to submit a SPA to attest to compliance with the provisions of CMS-0057-F.

Revisions to the template require the state to: attest that it has a process to regularly obtain address information for enrolled individuals and attest that it uses specified reliable data sources for updated address information. It also requires the state to describe its quality oversight for prior authorization determination timeframes.

Form Number: CMS-10398 #34 (OMB control number: 0938–1148); *Frequency:* Annual; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 41; *Total Annual Responses:* 82; *Total Annual Hours: 328*. (For policy questions regarding this collection contact Abby Kahn at 410-786-4321.)

3. *Title of Information Collection:* Home and Community Based Services (HCBS) Quality Measure Set (QMS) Reporting; *Type of Information Collection Request:* New collection of information; *Use:* This new collection of information supports reporting requirements for states participating in the Money Follows the Person (MFP) demonstration. As a condition of award under the MFP demonstration, participating state Medicaid agencies are required to report on measures included in the Home and Community-Based Services (HCBS) Quality Measure Set (QMS) beginning September 1, 2026; *Form Number:* CMS-10398 #95 (OMB control number: 0938-1148); *Frequency:* Biennial and once; *Affected Public:* Individuals and households, and State,

Local, or Tribal Governments; *Number of Respondents:* 48,048; *Total Annual Responses:* 24,024; *Total Annual Hours:* 109,200. For policy questions regarding this collection contact Melanie Brown at 410-786-1095.

4. *Title of Information Collection:* Medicaid State Plan Eligibility; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* This 2026 iteration incorporates revisions related to sections 71103, 71107, and 71112 of the WFTC legislation. The revisions are associated with RU S95 (Regularly Obtain Address Information for Enrolled Individuals) for section 71103; RU S94 (Eligibility Process) and RU S96 (Frequency of Renewals of Eligibility) for section 71107; and RU S85 (Beginning Dates of Eligibility) for section 71112; *Form Number:* CMS-10434 #15 (OMB control number: 0938–1188); *Frequency:* Once and occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,120. (For policy questions regarding this collection contact Abby Kahn at 410-786-4321.)

5. *Title of Information Collection:* Health Home State Plan Amendment (SPA); *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Information submitted via the Health Home State Plan Amendment (SPA) web-based application is used by CMS to analyze a State's proposal to implement Section 1945 and/or Section 1945A of the Act. Section 1945 provides a State plan option to provide coordinated care through a health home program for individuals with chronic conditions while Section 1945A provides a State plan option to provide coordinated care through a health home program for children with medically complex conditions; *Form Number:* CMS-10434 #22 (OMB control number: 0938–

1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 35; *Total Annual Responses:* 35; *Total Annual Hours:* 2,800. (For policy questions regarding this collection contact Sara Rhoades at 410-786-4484.)

6. *Title of Information Collection:* Child and Adult Core Set Measures; *Type of Information Collection Request:* Revision of an active collection of information request; Use: For federal fiscal year (FFY) 2026, States are required to submit data on 25 Child Core Set and 10 behavioral health Adult Core Set mandatory quality measures. We also added two new optional stratification standards to state reporting: foster care status (Child measures only) and Medicaid expansion status (Adult measures only).

States will be required to report stratified data for 2026 on: 12 Child Core Set measures and 5 Adult Core Set behavioral health measures. As per usual practice, states can choose to voluntarily submit data on up to two provisional measures and three utilization measures on the Child Core Set and up to 23 voluntary measures, two provisional measures, and one utilization measure on the Adult Core Set and provide measurement data stratified by race, ethnicity, sex (male/female), geography (urban/rural), foster care status (Child measures only) or Medicaid expansion status (Adult measures only). Questions related to stratification have been provided as a separate reviewable units (RUs) and revised to include foster care status and Medicaid expansion standards.

For the mandatory measures on the Child and Adult Core Sets, the burden estimate has been updated to reflect efficiencies in state reporting, improvements in the reporting system, and the requirement to stratify 50% of these measures. For the voluntary measures on the Adult Core Set, the burden estimate has been updated to

reflect the number of states who have reported these measures since mandatory reporting was implemented.

For the annual exemption request, the burden estimate has been updated based on the number of states who submitted exemption requests since mandatory reporting began.

Form Number: CMS-10434 #26 (OMB control number: 0938–1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 61,293; *Total Annual Responses:* 61,431; *Total Annual Hours:* 85,489. (For policy questions regarding this collection contact Virginia (Gigi) Raney at 410-786-6117.)

7. *Title of Information Collection:* Health Home Core Sets; *Type of Information Collection Request:* Revision of an active collection of information request; *Use:* Information submitted via the Health Home Core Sets web-based application is used by CMS to analyze the Health Home programs. Through the establishment of sections 1945 and 1945A of the Social Security Act (the Act) states may elect a new Health Homes service option under the Medicaid state plan that could help states address and receive additional federal support for enhanced integration and care coordination for Medicaid eligible individuals with chronic conditions, such as mental health conditions, including substance use disorders, asthma, diabetes, heart disease, overweight, and medically complex children. *Form Number:* CMS-10434 #47 (OMB control number: 0938–1188); *Frequency:* Yearly; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 45; *Total Annual Responses:* 45; *Total Annual Hours:* 4,350. (For policy questions regarding this collection contact Sara Rhoades at 410-786-4484.)

William N. Parham, III,

Director,

Division of Information Collections and Regulatory Impacts,

Office of Strategic Operations and Regulatory Affairs.

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