

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 02/12/2021

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

FOR CERTIFYING OFFICIAL: Perryn Ashmore

FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received  
12/10/2020

ACTION REQUESTED: Generic IC

IC TITLE: GenIC #59 (Revision): Medicaid Section 1115 Serious Mental Illness and Serious Emotional  
Disturbance Demonstrations

ICR REFERENCE NUMBER: 201712-0938-019

AGENCY ICR TRACKING NUMBER: CMCS

TITLE: Generic Clearance for Medicaid and CHIP State Plan, Waiver, and Program Submissions (CMS-  
10398)

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0938-1148

The agency is required to display the OMB Control Number and inform respondents of its legal significance in  
accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 03/31/2021

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	6,720	154,104	0
New	6,720	154,104	0
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the Generic ICR remain in effect.

OMB Authorizing Official: Dominic J. Mancini  
Deputy and Acting Administrator,  
Office Of Information And Regulatory Affairs

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #1 (Extension w/o change): CHIP Annual Report Template System (CARTs)	CMS-10398 #1	Framework for the Annual Report of the Children's Health Insurance Plans Under Title XXI of the Social Security Act		2,240 / 0 / 56
GenIC #2 (Extension w/o change): Medicaid Managed Care Data Collection				2,240 / 0 / 56
GenIC #5 (Extension w/o change): Medicaid Payment Suspensions	CMS-10398 #5	Payment Suspension Screen Shots		1,120 / 0 / 56
GenIC #7 (Extension w/o change): Cycle IV (AI/AN Round II Outreach & Enrollment Grant Final Report Addendum) and Cycle V (Connecting Kids to Coverage Outreach and Enrollment Semi-Annual and Final	CMS-10398 #7, CMS-10398 #7, CMS-10398 #7, CMS-10398 #7	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		3,388 / 0 / 202
GenIC #9 (Extension w/o change): Application for Section 1915(b)(4) Waiver - Fee For Service Selective Contracting Program	CMS-10398 #9	Application for Section 1915(b)(4) Waiver - Fee For Service Selective Contracting Program		2,240 / 0 / 56
GenIC #10 (Extension w/o change): Section 1115 Demonstration and Waiver Application	CMS-10398 #10, CMS-10398 #10, CMS-10398 #10, CMS-10398 #10, CMS-10398 #10, CMS-10398 #10	Long Term Services Benefit Specifications and Provider Qualifications, Section 1115 Demonstration Program Application Guide, Long Term Services and Supports Form, Benefit Specifications and Provider Qualifications, Budget Neutrality Form, Demonstration Financing Form, BN Table Shell		1,600 / 0 / 5
GenIC #11 (Extension w/o change): MAGI-Based Eligibility Verification Plan	CMS-10398 #11	Verification Plan Template		2,240 / 0 / 56
GenIC #13 (Extension w/o change): Medicaid Accountability – Nursing Facility, Outpatient Hospital and Inpatient Hospital Upper Payment Limits	CMS-10398 #13, CMS-10398 #13, CMS-10398 #13, CMS-10398 #13, CMS-10398 #13, CMS-10398 #13	Outpatient Hospital UPL Guidance, Outpatient Hospital UPL Guidance, Inpatient Hospital UPL Guidance, IP Template, OP Template, NF Template, Inpatient Hospital UPL Guidance, Nursing Facility UPL Guidance		2,240 / 0 / 56



List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
		Medicaid Eligibility: Options for Coverage Individuals Eligible for Family Planning Services, Tab S88 – Medicaid Eligibility: Non-Financial Eligibility State Residency, Tab S89 – Medicaid Eligibility: Non-Financial Eligibility Citizenship and Non-Citizen Eligibility		
GenIC #16 (Extension w/o change): Federally-Facilitated Marketplace (FFM) Integration Data Collection Tool	CMS-10398 #16, CMS-10398 #16	Federally Facilitated Marketplace and State Based Rules Integration Charts, Federally Facilitated Marketplace and State Based Rules Integration Charts		1,120 / 0 / 56



List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #24 (Extension w/o change): Medicaid Accountability – UPL ICF/IID, Clinic Services, Medicaid Qualified Practitioner Services and Other Inpatient & Outpatient Facility Providers	CMS-10398 #24, CMS-10398 #24	XIII - UPL Psychiatric Residential Treatment Facility (PRTF) Template, IX - Funding Questions, IV - Clinic Upper Payment Limit (UPL) Guidance, UPL Institute Mental Disease Template 1, UPL Institute Mental Disease Template, Qualified Medicaid Practitioner Enhanced Payment and Average Commercial Rate (ACR) Supplemental Payment Demonstration Guidance, VIII - Other Inpatient and Outpatient Facility Provider Narrative Instruction, UPL Physician Template, XII. Intermediate Care Facility Template, XIV - Clinic Template, II - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) UPL Guidance		2,240 / 0 / 56
GenIC #26 (Extension w/o change): Medicaid Adult Core Set Measures Reporting Template	CMS-10398 #26	Medicaid Adult Core Set Measures Template		2,240 / 0 / 56
GenIC #27 (Extension w/o change): MAGI Conversion Plan Part 2	CMS-10398 #27	Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan		1,120 / 0 / 56
GenIC #28 (Extension w/o change): MMIS APD Template NCCI Coding Initiative	CMS-10398 #28	Advance Planning Document (APD) Template for Implementation of the National Correct Coding Initiative (NCCI) in a State's Medicaid Management Information System (MMIS)		840 / 0 / 280
GenIC #29 (Extension w/o change): Medicaid Cost Sharing	CMS-10398 #29	Medicaid Premiums and Cost Sharing		50 / 0 / 10
GenIC #30 (Extension w/o change): State Reporting Medicaid Payment Suspension			42 CFR 455.23	1,040 / 0 / 1,040
GenIC #31 (Extension w/o change): Statewide HCBS Transition Plans	CMS-10398 #31	Sample Template For State Settings' Analysis		2,016 / 0 / 48
GenIC #32 (Extension w/o change): Provider-Preventable Conditions under 42 CFR 438.6 and 447.26 and Title 2702 Non-Payment Preprint (Attachment 4.19)	CMS-10398 #32	Provider-Preventable Conditions Pre Print		78 / 0 / 2

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #33 (Extension w/o change): Opportunity for families of Disabled Children to Purchase Medicaid Coverage for Such Children (DRA 6062)	CMS-10398 #33	FOA Preprint		3,200 / 0 / 40
GenIC #34 (Extension w/o change): Model Application Template and Instructions for State Child Health Plan Under Title XXI of the SSA, State CHIP	CMS-10398 #34	Title XXI State Plan Template		3,200 / 0 / 40
GenIC #35 (Extension w/o change): Eligibility and Enrollment Performance Indicators	CMS-10398 #35	Eligibility and Enrollment Performance Indicators Template		765 / 0 / 51
GenIC #37 (Extension w/o change): Managed Care Rate Setting Guidance				280 / 0 / 70
GenIC #43 (Extension w/o change): Section 223 Demonstration Programs to Improve Community Mental Health Services				7,490 / 0 / 121



List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #51 (Extension w/o change): Fast Track Federal Review Process for Section 1115 Medicaid and CHIP Demonstration Extensions	CMS-10398 #51, CMS-10398 #51, CMS-10398 #51, CMS-10398 #51	Application Certification Statement - Section 1115(a) Extension, 1115(e) Extension State Certification, 1115(f) Extension State Certification, Extension With Changes Template		450 / 0 / 3
GenIC #52 (Extension w/o change): Delivery System and Provider Payment Initiatives Under Medicaid Managed Care Products	CMS-10398 #52	Section 438.6(c) pre-print		264 / 0 / 264
GenIC #53 (New): Section 1115 Substance Use Disorder (SUD) Demonstration: Guide for Developing Implementation Plan Protocols	CMS-10398 #53	Section 1115 Substance Use Disorder (SUD) Demonstration: Guide for Developing Implementation Plan Protocols		784 / 0 / 49
GenIC #55 (New): Limit on Federal Financial Participation for Durable Medical Equipment in Medicaid	CMS-10398 #55	State Fee Schedule Drop		448 / 0 / 56
GenIC #37 (Rev): Managed Care Rate Setting Guidance				296 / 0 / 74
GenIC #56 (New): Section 1115 Demonstration: Budget Neutrality Workbook	CMS-10398 #56	PMDA Budget Neutrality Workbook Template		1,897 / 0 / 307
GenIC #34 (Revision): Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program	CMS-10398 #34	Template for Child Health Plan Under Title XXI of The Social Security Act Children's Health Insurance Program		5 / 0 / 40
GenIC #54 - Electronic Visit Verification (EVV) Good Faith Effort Exemption Requests	CMS-10398 #54, CMS-10398 #54	EVV Good Faith Effort Request Form (Home Health Care Services), EVV Good Faith Effort Request Form (Personal Care Services)		792 / 0 / 99
GenIC #37 (Revision) Managed Care Rate Setting Guidance				5 / 0 / 46
GenIC #57 (New): Section 1115 Substance Use Disorder (SUD) Demonstration: Monitoring Reports Documents and Templates	1, CMS-10398 #57	1115 SUD Monitoring Report Template, 1115 SUD Metrics Template		10,080 / 0 / 455

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #7 (Revised): Cycle Vb (Final Report Template for the Round III AI/AN Cooperative Agreements), Cycle Va (Semi-Annual Template), and Cycle Vb (Monthly and Final Report Templates)	CMS-10398 #7, CMS-10398 #7, CMS-10398 #7, CMS-10398 #7	HEALTHY KIDS Cycle Vb: Final Report Template (qualitative report) , HEALTHY KIDS Cycle Va: Semi-Annual Report Template (qualitative report) , MACRA Cycle Vb, Round III: Final Report Template , HEALTHY KIDS Cycle Vb: Monthly Report Targets vs Other (quantitative reporting) , HEALTHY KIDS Cycle Vb: Monthly Report (quantitative reporting)		5,258 / 0 / 1,634
GenIC # 58 (New): Medicaid Section 1115 Eligibility and Coverage Demonstration Implementation Plan and Monitoring Reports Documents and Templates	CMS-10398 #58, CMS-10398 #58, CMS-10398 #58	Monitoring Protocol - Planned Metrics, Monitoring Report, Implementation Plan Template		3,080 / 0 / 140
GenIC #34 (Revised): Model Application Template and Instructions for State Child Health Plan Under Title XXI of the Social Security Act, State Children's Health Insurance Program	CMS-10398 #34, CMS-10398 #34, CMS-10398 #34	Crosswalk - Template, Template for Child Health Plan Under Title XXI of the Social Security Act Children's Health Insurance Program, Track Changes - Template		75 / 0 / 1
GenIC # 59 (New) - Medicaid Section 1115 Severe Mental Illness and Children with Serious Emotional Disturbance Demonstrations	CMS-10398 #59, CMS-10398 #59, CMS-10398 #59, CMS-10398 #59	Implementation Plan Template , Monitoring Report Template , Monitoring Workbook, Monitoring Protocol Template, Current Availability Assessment		3,140 / 0 / 110
GenIC #61 - Medicaid Disaster Relief for the COVID-19 National Emergency State Plan Amendment Template and Instructions	CMS-10398.GenIC#61	CMS-10398.GenIC#61 - Medicaid Disaster Relief SPA Template		168 / 0 / 56
CMS-10398.GenIC#11 (revised) - MAGI-Based Eligibility Verification Plan Template and Addendum	CMS-10398.GenIC#11, CMS-10398.GenIC#11.	CMS-10398.GenIC#11.MAGI-Based Eligibility Verification_Plan_Template Final (3-30-20), CMS-10398.GenIC#11. MAGI-Based Eligibility Verification Plan Attachment Disaster Ver Plan Addendum FINAL (3-	42 CFR 435.940-960 , 42 CFR 457.380(j), 42 CFR 435.940-435.965	38 / 0 / 51
GenIC #62 (New): Data Collection for Section 1003 of the SUPPORT Act	CMS-10398 #62	Quarterly Progress Report (QPR) Template		840 / 0 / 60

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #60 (New): SUPPORT Act Survey of Housing-Related Supports and Services Under Medicaid to Individuals with Substance Use Disorders	CMS-10398 #60	State Technical Assistance Needs Assessment Survey		26 / 0 / 51
GenIC #52 (Revised): Delivery System and Provider Payment Initiatives Under Medicaid Managed Care Products	CMS-10398 #52	Section 438.6(c) pre-print		5 / 0 / 264
GenIC #63 (Transfer) - 1932(a) State Plan Amendment Template	CMS-10120	1932(a) State Plan Amendment Template		70 / 0 / 12
GenIC #64 (New): Federal Meta-Analysis Support: Section 1115 Substance Use Disorder Demonstrations	CMS-10398 #64, CMS- 10398 #64, CMS-10398 #64	Implementation Interview Protocol with Instructions for Interviewer, Demonstration Characteristics Interview Questions, Demonstration Characteristics Interview Email Invitation and Grid		162 / 0 / 54
GenIC #37 (Revised): Managed Care Rate Setting Guidance				307 / 0 / 61
GenIC #1 (Revision) - CHIP Annual Report Template System (CARTS)	CMS-10398 #1	CHIP Annual Report Template System (CARTS)		5 / 0 / 56
GenIC #52 (Revision) - Delivery System and Provider Payment Initiatives Under Medicaid Managed Care Products	CMS-10398 #52	Section 438.6(c) Preprint		5 / 0 / 132
GenIC #68 (New) - Section 1006(b) of the SUPPORT Act: Medicaid Assisted Treatment (MAT)	CMS-10398 #68, CMS- 10398 #68	SPA Coverage Template for Limitations (Supplement to Attachment 3.1-B), SPA Coverage Template for Limitations (Supplement to Attachment 3.1-A)		4,485 / 0 / 66
GenIC #59 (Revision): Medicaid Section 1115 Serious Mental Illness and Serious Emotional Disturbance Demonstrations	CMS-10398 #59, CMS- 10398 #59, CMS-10398 #59, CMS-10398 #59, CMS-10398 #59, CMS- 10398 #59	Initial Availability Assessment, Implementation Plan Template, Monitoring Report Template, Monitoring Report Workbook, Monitoring Protocol Template, Monitoring Protocol Workbook		160 / 0 / 80
GenIC #1 (Revised): CHIP Annual Report Template System (CARTS)	# 1	CARTS		5 / 0 / 51

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
GenIC #13 (Revision): Medicaid Accountability – Nursing Facility, Outpatient Hospital and Inpatient Hospital Upper Payment Limits	CMS-10398 #13, CMS-10398 #13, CMS-10398 #13, CMS-10398 #13, CMS-10398 #13	Attachment D – Outpatient Hospital UPL Guidance, Attachment H – Outpatient Hospital Standard Template, Attachment G – Nursing Facility Standard Template, Attachment F – Inpatient Hospital UPL Guidance, Attachment B – Nursing Facility UPL Guidance, Attachment I – Inpatient Hospital Standard Template		5 / 0 / 54
GenIC # 24 (Revision): Medicaid Accountability – Upper Payment Limits for Clinics, Physician Services(ICF/DD), PRTFs, and IMDs	CMS-10398 #24, CMS-10398 #24, CMS-10398 #24, CMS-10398 #24, CMS-10398 #24, CMS-10398 #24, CMS-10398 #24	XII. Institutes for Mental Diseases (IMD) Standard Template, XIV. Psychiatric Residential Treatment Facility (PRTF) Standard Template, XV. Clinic Standard Template, XIII. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Standard Template, XI. Medicaid Qualified Practitioner Services (Physician) Standard Template, IX. Other Inpatient and Outpatient Facility Provider Narrative Instruction, VII. Medicaid Qualified Practitioner Services (Physician) UPL Guidance, IV. Guidance - Medicare Payment-Based Clinic UPL Demonstration, II. Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID) UPL Guidance, V. Clinic Upper Payment Limit (UPL) Guidance		5 / 0 / 54
Total Hours Actually Used for Information Collections Under Currently Approved ICR:				87,060