

Generic Supporting Statement
Medicaid Emergency Response Templates
CMS-10398 #98, 0938-1148

Notes: This iteration is being submitted to OMB for approval as a new generic collection of information request.

The contents of this Supporting Statement and the associated attachments have been reviewed to ensure that they are consistent with the Trump administration's policies, goals, and objectives.

A. Background

The Centers for Medicare & Medicaid Services (CMS) work in partnership with states to implement the Medicaid program. Medicaid provides health coverage to millions of Americans. Medicaid is governed by federal statutes, associated regulations and policy guidance. The approved State Plan and waiver documents serve as an agreement between CMS and each state about how Medicaid will operate in that state. CMS works collaboratively with states in the ongoing management of programs and policies and develops implementing guidance and templates to comply with statutory provisions. CMS also continues to work with states through other methods to further the goals of Medicaid, including training and technical assistance initiatives.

B. Description of Information Collection

Disaster Relief State Plan Amendment Template

Per 42 CFR § 430.10, the Medicaid State Plan is a comprehensive written statement submitted by a state describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with federal laws, regulations, and policies. The State Plan serves as the basis for the state to claim Federal financial participation for eligible beneficiaries and covered services and payments. 42 CFR § 431.12(c) requires states to submit State Plan Amendments (SPAs) to make changes to their approved State Plans. Regulations at 42 CFR § 430.14 through 430.20 establish requirements for review, approval, timing and effective dates of SPAs.

In response to a public health emergency or disaster, states may wish to temporarily revise policies in their State Plan related to eligibility, enrollment, benefits, premiums and cost sharing, and/or payments. In March 2020, CMS created a Medicaid Disaster Relief SPA template and instructions to assist states in responding to the COVID-19 national Public Health Emergency (PHE). This streamlined SPA template combined multiple, time-limited State Plan options into a single document, and included flexibilities specific to the COVID-19 PHE passed in the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act which are no longer in effect.

The revised Disaster Relief SPA template does not include any flexibilities related to a specific PHE, making it usable for all future PHEs. It provides space for states to describe what disaster

or PHE the SPA responds to and the effective and end dates of the proposed changes. It also describes flexibilities states can temporarily elect and checkboxes to select them. The template includes flexibilities in the following areas:

- eligibility,
- enrollment,
- cost sharing and premiums,
- benefits,
- payments,
- post-eligibility treatment of income, and
- other.

The revised template will streamline states' development and CMS' review and approval of Disaster Relief SPAs. Efficient and accurate review of Disaster Relief SPAs is critical during periods of response to PHEs, when beneficiary health and welfare may be at risk and resources are strained.

Appendix K Template

Section 1915(c) of the Social Security Act (Act) authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements so a state may offer home and community-based services (HCBS) to state-specified target group(s) of Medicaid beneficiaries who meet a level of institutional care that is provided under the Medicaid state plan.

Appendix K of the Section 1915(c) HCBS waiver was developed by CMS to help states accelerate requests for temporary changes to their 1915(c) HCBS waiver operations in response to an emergency. This standalone appendix was developed to be used by states during emergency situations. It can be used by states to seek approval of time-limited amendment(s) to its approved HCBS waiver(s). It includes actions states can take under the existing section 1915(c) HCBS waiver authority. These changes are tied specifically to individuals impacted by the emergency.

The Appendix K template will streamline states' development and CMS review of state requests for changes to their HCBS waiver operations in response to an emergency. Efficient and accurate review of HCBS waiver actions is critical during periods of response to PHEs, when beneficiary health and welfare may be at risk and resources are stretched thin.

SPA and 1915(c) HCBS Waiver Submission Requirements

The following federal laws, regulations, and guidance establish submission requirements for Medicaid SPAs and 1915(c) HCBS waivers.

- Effective Dates –
 - 42 CFR § 430.20(b)(1) requires that the effective date for SPAs that increase services included in the State Plan, increase payment amounts for services already included in the Plan, or make additional groups eligible for services is no earlier than the first day of the quarter in which an approvable SPA is submitted.

- 42 CFR § 430.20(b)(2) establishes that for SPAs that change states' payment methods or amounts, 42 CFR § 447.256 also applies. That regulation requires public notice of such SPAs, and that notice must be provided before the effective date of the SPA.
- Public Notice –
 - As noted previously, 42 CFR § 447.256 requires public notice for SPAs that change states' payment methods or amounts.
 - 42 CFR § 447.57(c) requires public notice for SPAs affecting premiums and cost-sharing. A reasonable opportunity to comment must be provided prior to the submission of the SPA to CMS.
 - 42 CFR § 440.386 requires public notice for SPAs affecting Alternative Benefit Plans. A reasonable opportunity to comment must be provided prior to the submission of the SPA to CMS.
- Tribal Consultation –
 - Sections 1902(a)(73) and § 2107(e)(1)(F) of the Act require states to consult with their Tribal nations on Medicaid SPAs and 1915(c) HCBS waivers. CMS issued a State Medicaid Director Letter on July 17, 2001, reiterating the requirement for states to consult with tribal governments on 1915(c) waiver requests.
 - Every state has an approved tribal consultation policy in their Medicaid State Plan. The policy defines what SPAs and waivers Tribal consultation is required for, and how the state will conduct consultation.
 - Tribal consultation must be conducted in accordance with the state's policy documented in the approved State Plan pages, and before the SPA or waiver is submitted to CMS.

1135 Waiver Template

Under section 1135 of the Act, the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally declared PHE. The Secretary may invoke section 1135 waiver authority when a declaration of emergency or disaster under the National Emergencies Act or Stafford Act, and a Public Health Emergency Declaration under Section 319 of the Public Health Service Act have been made. Under Section 1135 authority, CMS can waive the SPA submission requirements related to effective dates, public notice, and tribal consultation.

The revised 1135 waiver template streamlines the process of requesting 1135 waivers of effective dates, public notice, and tribal consultation rules for Medicaid SPAs and 1915(c) HCBS waiver Appendix Ks. It clarifies what waivers are available under which authorities and includes check boxes for states to indicate which waivers are requested and provides space for states to describe the justification for the requests.

The revised template also streamlines the review and approval process for 1135 waivers of SPA and HCBS waiver submission requirements. Efficient and accurate review of 1135 waiver requests is critical during periods of response to PHEs, when beneficiary health and welfare may be at risk and resources are strained.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Data

To derive average costs, we used data from the U.S. Bureau of Labor Statistics (BLS) May 2025 National Occupational Employment and Wage Estimates for all salary estimates (<https://www.bls.gov/oes/tables.htm>). In this regard, the following table presents BLS 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 wage estimates are updated annually. Current and historic wage figures can be found at the above BLS address and can be used to calculate current cost estimates. May 2025 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)
Management Analysts	13-1111	54.71	54.71	109.42

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 other indirect 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.

Burden Estimates

Disaster Relief SPAs In 2024, CMS received 8 Disaster Relief SPAs not related to the COVID-19 PHE.¹ In 2025, CMS received 2 Disaster Relief SPAs. It is difficult to predict the number of Disaster Relief SPAs that will be submitted annually. Barring another national PHE, CMS' best estimate is an average of 5 Disaster Relief SPAs per year.

We estimate that completing each Disaster Relief SPA template will require 2 hours of work by a business operations specialist.

Appendix Ks In 2024, CMS received 32 Appendix Ks not related to the COVID-19 PHE. In 2025, CMS received 15 Appendix Ks. It is difficult to predict the number of Appendix Ks that will be submitted annually. Absent another national PHE, CMS anticipates an average of 24 Appendix Ks per year.

¹ Although the COVID-19 PHE ended in May 2023, CMS was still receiving SPAs related to extending, rescinding, and unwinding the flexibilities put in place during the COVID-19 PHE in the latter half of 2023 and all of 2024.

CMS estimates that completing each Appendix K template will require 2 hours of work by a business operations specialist.

1135 Waivers Only Disaster Relief SPAs and Appendix K amendments associated with declared PHEs are eligible to use the 1135 waiver template. In 2025, there were 2 Disaster Relief SPAs and 2 Appendix Ks approved concurrently with 1135 waivers of submission requirements. It is difficult to predict the number of Disaster Relief SPAs and Appendix Ks with 1135 waivers of submission requirements that will be submitted annually. CMS estimates that 4 1135 waiver templates will be submitted annually, based on the number of Disaster Relief SPAs and Appendix Ks submitted with waivers in 2025.

We estimate that completing each 1135 waiver template will require 1 hour of work.

Annual Burden Summary

Submission Type	Total Annual Responses	Burden per Response (hours)	Total Time (hours)	Labor Cost (\$/hr)	Total Annual Cost (\$)
Disaster Relief SPA	5	2	10	109.42	1,094
Appendix K	24	2	48	109.42	5,252
1135 Waiver	4	1	4	109.42	437
Total	33	5	62	109.42	6,783

Information Collection Instruments

Disaster Relief SPA Template (New)

Appendix K: Emergency Preparedness and Response (New)

Section 1135 Waiver Template (New)

E. Timeline

Our 14-day notice published in the Federal Register on September 25, 2026 (91 FR 60959). Comments must be received by October 9, 2026.

CMS aims to publish all three templates in October 2026. There is no specific deadline for states to submit any of the templates; rather, states will submit the relevant template whenever they wish to elect temporary changes to their State Plans or section 1915(c) HCBS waivers in response to a disaster or PHE, or request 1135 waivers of the SPA and waiver effective date, public notice, and tribal consultation rules in response to a disaster or PHE.