

Generic Clearance for Medicaid and CHIP Program
(MACPro) Submissions
Medicaid State Plan Eligibility
CMS-10434 #15, OMB 0938-1188

Notes: This April 2026 iteration proposes to revise our active collection of information request.

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

A. Background

Section 1901 of the Social Security Act (the Act) requires States to establish a State plan for medical assistance that is approved by the Secretary to carry out the purpose of Title XIX (42 U.S.C. 1936). The State plan is a comprehensive document (approximately 700 pages) comprised of semi-structured templates developed by CMS and completed by State Medicaid agencies. The State plan functions as a contract between the State and Federal government, providing assurance that it will be administered in accordance with Federal laws and regulations in order to secure Federal funding.

When a State proposes to change their Medicaid policy, the State Medicaid agency must submit an amendment to their State plan to CMS for approval, also called a State plan amendment (SPA), consistent with 42 CFR 430.12. The SPA submission includes the relevant pages the State wishes to update or revise. A State may amend one or more of the plan pages at a time.

The Medicaid and CHIP Program (MACPro) data system is a web-based portal that automates the input and retrieval of data from the States related to the State Medicaid and CHIP Plans. This system supports an efficient workflow for the Medicaid and CHIP SPA adjudication process. States will access this system and submit program information into structured data templates consistent with § 430.12(a). CMS staff will review the submission templates for compliance with Federal statute, regulation, and policy, provide feedback to the States, and track/monitor the review and approval process.

B. Description of Information Collection

The attached Medicaid Eligibility forms are required by CMS and are used by states to capture data and information for Medicaid State Plan Eligibility changes related to non-financial eligibility. The Medicaid State Plan Eligibility SPA is separated into reviewable units (RUs) that contain check-off items and free text areas for a State to describe its Medicaid State Plan Eligibility. The RUs are listed below under section D, under *Information Collection Instruments and Instruction/Guidance Documents*.

Several provisions of the Working Families Tax Cut (WFTC) legislation (P.L. 119-21) with upcoming effective dates, including sections 71103, 71107, 71112, and 71119, may require additional revisions to this collection of information request. We anticipate submitting such

revisions to OMB for review/approval as those provisions take effect and the remaining operational and reporting parameters are confirmed.

This April 2026 iteration proposes substantive changes to the attached Citizenship and Noncitizen Eligibility SPA template (see RU S89) related to section 71109 of the WFTC legislation which added section 1903(v)(5) to the Act, limiting federal financial participation (FFP) for full Medicaid coverage, with limited exceptions, to individuals who are U.S. citizens or nationals or in only three groups of noncitizens, including lawful permanent residents (LPRs), Cuban/Haitian entrants, or COFA (Compact of Free Association) migrants, who CMS refers to as “FFP-eligible noncitizens.”

The revised template includes a required attestation that the state will provide emergency coverage for the care and services necessary for the treatment of an emergency medical condition as described in section 1903(v)(3) of the Act, authorized under section 1903(v)(2) of the Act (often referred to as “emergency Medicaid”), and State option to provide medical assistance to lawfully residing children and pregnant women authorized by section 1903(v)(4) of the Act (often referred to as the “CHIPRA 214 option”). Section 71109 of the WFTC legislation did not change emergency Medicaid or the CHIPRA 214 option and provides that expenditures for emergency Medicaid under section 1903(v)(2) of the Act and for the CHIPRA 214 option under section 1903(v)(4) of the Act are excepted from the FFP limitations in accordance with section 1903(5)(5) of the Act. We also propose editorial and structural changes to the two sections.

The template also proposes to add another required attestation that the State will provide coverage during a reasonable opportunity period (ROP) pending verification of U.S. citizenship/national status/satisfactory immigration status, as well as State options related to extending the ROP for noncitizens, which is unchanged by section 71109. We also propose minor editorial changes to this section.

C. Deviations from Generic Request

No deviations are requested.

D. Burden Hour Deduction

Wage Estimates

To derive average costs, we use data from the U.S. Bureau of Labor Statistics’ (BLS’) May 2024 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 other indirect costs (calculated at 100 percent of salary), and our adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefits and Other	Adjusted Hourly Wage

			Indirect Costs	
Business Operations Specialist	13-1000	\$43.76/hr	\$43.76/hr	\$87.52/hr

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

CMS estimates that each State will complete the collection of data needed to fill out the template and submission to CMS within 20 hours. There is a potential universe of 56 respondents (50 states, the District of Columbia, and the five U.S. Territories).

In aggregate, we estimate a burden of 1,120 hours (56 responses x 20 hr) at a cost of \$98,022 (1,120 hr x \$87.52/hr).

Burden Summary

Cost Report	No. Respondents	Total No. Responses	Time per response (hr)	Total Time (hr)	Adjusted Hourly Wage (\$/hr)	Total Cost (\$)
Active Burden	56	56	20	1,120	71.04	79,565
2026 Burden	56	56	20	1,120	87.52	98,022
CHANGE	No Change	No Changes	No Change	No Change	+16.48	+18,457

Given that this collection of information request proposes no changes to our active total time estimate that was last approved by OMB on July 5, 2024, we are adding 5 hours of burden to account for the limitations of ROCIS which does not allow a change of zero hours which would be indicative of no burden changes.

Information Collection Instruments and Instruction/Guidance Documents

RU A1 - Designation and Authority (no change)
RU A2 - Intergovernmental Cooperation Act Waivers (no change)
RU A3 - Eligibility Determinations and Fair Hearings (no change)
RU A4- Organization and Administration (no change)
RU A5 - Single State Agency Assurances (no change)

RU I1 - Submission Summary (no change)
 RU I2 - Medicaid State Plan (no change)
 RU I3 - Public Comment (no change)
 RU I4 - Tribal Input (no change)
 RU I5 - Other Comment document (no change)

RU S2 - Financial Eligibility Requirements for Non-MAGI Groups (no change)
 RU S2t - Financial Eligibility Requirements for Non-MAGI Groups – Territories (no change)
 RU S3 - Optional Eligibility Groups (no change)
 RU S3a - De-selected (no change)
 RU S4 - Mandatory Eligibility Groups (no change)
 RU S10 - MAGI Based Methodologies (no change)
 RU S10T - MAGI Based Methodologies – Territories (no change)
 RU S11 - Reasonable Classification of Children All (no change)
 RU S11a - Reasonable Classification of Children Limit (no change)
 RU S13a - Income Standard (no change)
 RU S14 - AFDC Income Standards (no change)
 RU S14a - Income Standards – Poverty Level – Territories (no change)
 RU S14t - Income Standards - AFDC-related – Territories (no change)
 RU S16 - Presumptive Eligibility for Children under Age 19 (no change)
 RU S17 - Qualified Entities (no change)
 RU S21 - Presumptive Eligibility by Hospitals (no change)
 RU S25 - Parents and Other Caretaker Relatives (no change)
 RU S25a - Presumptive Eligibility for Parents and Other Caretaker Relatives (no change)
 RU S28 - Pregnant Women (no change)
 RU S28a - Presumptive Eligibility for Pregnant Women (no change)
 RU S28t - Presumptive Eligibility for Pregnant Women (no change)
 RU S30 - Infants and Children under Age 19 (no change)
 RU S30t - Infants and Children under Age 19 – Territories (no change)
 RU S32 - Adult Group (no change)
 RU S32a - Adult Group - Presumptive Eligibility (no change)
 RU S32t - Adult Group - Presumptive Eligibility – Territories (no change)
 RU S33 - Former Foster Care Children (no change)
 RU S33a - Former Foster Care Children – Presumptive Eligibility (no change)
 RU S50 - Individuals above 133% FPL under Age 65 (no change)
 RU S50a - Individuals above 133% FPL under Age 65 - Presumptive Eligibility (no change)
 RU S51 - Optional Coverage of Parents and Other Caretaker Relatives (no change)
 RU S52 - Reasonable Classification of Individuals under Age 21 (no change)
 RU S53 - Children with Non IV-E Adoption Assistance (no change)
 RU S54 - Optional Targeted Low Income Children (no change)
 RU S55 - Individuals with Tuberculosis (no change)
 RU S57 - Independent Foster Care Adolescents (no change)
 RU S59 - Individuals Eligible for Family Planning Services (no change)
 RU S59a - Individuals Eligible for Family Planning Services - Presumptive Eligibility (no change)

RU S88 - State Residency (no change)

RU S89 (version 04_2026) - Citizenship and Noncitizen Eligibility (Revised, please refer to the attached Crosswalk for a description of changes)

RU S94 - Eligibility Process (no change)

RU S94a - Application (no change)

The PRA Disclosure Statement

E. Timeline

The 14-day notice published in the Federal Register on April 22, 2026 (91 FR 21502).

Comments are due on/by May 6, 2026.