

Generic Supporting Statement
Health Home State Plan Amendment (SPA)
CMS-10434 #22, OMB 0938-1188

Background

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 review and approval of the State Medicaid and CHIP adjudication process. States will access this system and submit program information into structured data templates. 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.

The Health Home state plan amendment (SPA) collection is currently approved under OMB control number (0938-1148; CMS-10398 #22). Under that information collection request, the Health Home SPA template was processed through one of our electronic web-based reporting systems known as the Medicaid Model Data Lab (MMDL). Electronic reporting in MMDL has been transitioned to MACPro to comport with regulatory requirements of a standardized template, which is periodically updated and formatted as specified by the Secretary. In addition, to reduce the burden for states, previously approved Health Home SPAs in MMDL were migrated into the MACPro system for states to use when they amend their Health Home benefit or to create new Health Home programs. This transition was necessary since the MACPro system is intended to become the sole system of record and supports CMS' initiative to improve processes by providing states: reviewable units with built-in logic to ensure consistency across states and provide clear policy guidance; simplified templates that eliminate the need for many same page reviews; automated workflows to reduce unnecessary delay; clear, centralized communication processes; and improved transparency that allows states to check the status of their submissions.

Information submitted via the Health Home State Plan Amendment (SPA) web-based application is used by CMS Central and Regional Offices to analyze a State's proposal to implement Sections 1945 and 1945A of the Social Security Act (the Act) to establish a State plan option to provide coordinated care through a health home program for individuals with chronic conditions and Medicaid-eligible children with medically complex conditions.

this July 2026 iteration updates our wage and cost estimates as well as the number of 1945A respondents/responses. There are no changes to the number of 1945 respondents/responses. We are not proposing to change any of our active RUs.

A. Description of Information Collection

Information submitted via the Health Home State Plan Amendment (SPA) web-based application will be used by CMS Central and Regional Offices 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 and Section 1945A provides a State plan option to provide coordinated care through a health

home program for children with medically complex conditions. In either case, State Medicaid Agencies will complete the SPA web-based application template in MACPro and submit it to CMS for a comprehensive analysis.

The Section 1945 and Section 1945A Health Home SPA templates in MACPro are separated into separate reviewable units (see *Information Collection Instruments and Instruction/Guidance Documents* for a list of those units) that contain check-off items and free text areas for a State to describe its health home program.

B. Deviations from Generic Request

There are no deviations.

C. Burden Hour Deduction

Wage Data

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2025 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). The following table presents the 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 (\$/hr)	Fringe Benefits and Other Indirect Costs (\$/hr)	Adjusted Hourly Wage (\$/hr)
Business Operations Specialist	13-1000	44.63	44.63	89.26

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. We believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Burden Estimates

Section 1945 SPA Templates

In this July 2026 iteration we are keeping our currently approved time estimates as is, but we are revising our cost estimate to account for the most recent BLS wage data which increased from \$77.28/hr (May 2021) to \$89.26 (May 2025) .

With respect to our currently approved 1945 health homes, CMS continues to estimate that it will take 80 hours at \$89.26/hr for a business operations specialist to complete the collection of data

and submission to CMS. We also estimate a potential universe of 30 respondents and 30 responses per year. In aggregate, we estimate an unchanged annual burden of 2,400 hours (30 responses x 80 hr) and an updated cost of \$214,224 (2,400 hr x \$89.26/hr).

Section 1945A SPA Templates

With respect to the 1945A health homes collection of information requests, CMS estimates that it will take 80 hours at \$89.26/hr for a business operations specialist to complete the collection of data and report to CMS. However, we do not estimate as many respondents and responses as in the last iteration and propose to decrease this number based upon the interest received from states since the availability of this benefit. this far. ..

CMS estimates 5 respondents and 5 responses per year. In aggregate, we estimate an annual burden of 400 hours (5 responses x 80 hr) at a cost of \$35,704 (400 hr x \$89.26/hr). CMS intends to continue to monitor interest in this program for future estimates.

Burden Summary

Requirement	Respondents	Total Responses	Time per Response (hr)	Total Time (hr)	Labor Cost (\$/hr)	Total Cost (\$)
1945	30	30	80	2,400	89.26	214,224
1945A	5	5	80	400	89.26	35,704
TOTAL	35	35	80	2,800	89.26	249,928

Information Collection Instruments and Instruction/Guidance Documents

Note: Please see #22 - 1945 Health Home SPA Templates.pdf for the following:

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

1945 Health Home Criteria (Please see #22 - 1945 Health Home SPA Templates for the following.)

- HH1 – Health Homes Introduction (No Changes)
- HH2 – Population and Enrollment (No Changes)
- HH3 – Geographic Limitations (No Changes)
- HH4 – Health Homes Services (No Changes)
- HH5 – Health Homes Providers (No Changes)
- HH6 – Health Homes Delivery Systems (No Changes)
- HH7 – Health Homes Payment Methodologies (No Changes)
- HH8 – Health Homes Monitoring, Quality Measurement, and Evaluation (No Changes)
- HH9 – Health Homes Program Termination (No Changes)

Note: Please see #22 – 1945A Health Home SPA Templates.zip for the following:

- HH1A – 1945A Health Homes Introduction (No changes)

HH2A – 1945A Population and Enrollment (No changes)
HH3A – 1945A Geographic Limitations (No changes)
HH4A – 1945A Health Homes Services (No changes)
HH5A – 1945A Health Homes Providers (No changes)
HH6A – 1945A Health Homes Delivery Systems (No changes)
HH7A – 1945A Health Homes Payment Methodologies (No changes)
HH8A – 1945A Health Homes Monitoring, Quality Measurement, and Evaluation (No changes)
HH9A – 1945A Health Homes Program Termination (No changes)

I1 – Submission Summary (No Changes)
I2 – Medicaid State Plan (No Changes)
I3 – Public Comment (No Changes)
I4 – Tribal Input (No Changes)
I5 – Other Comment (No Changes)

I2A – 1945A Submission Summary (No changes)
I3A – 1945A Public Comment (No changes)
I3aA-1945A Public Notice-Process (No changes)
I4A – 1945A Tribal Input (No changes)
I5A – 1945A Other Comment (No changes)

S2 - Financial Eligibility Requirements for Non-MAGI Groups (No Changes)
S2T - -Financial Eligibility Requirements for Non-MAGI Groups – Territories (No Changes)
S3 - Optional Eligibility Groups (No Changes)
S3a - De-selected (No Changes)
S4 - - Mandatory Eligibility Groups (No Changes)
S10-MAGI Based Methodologies (No Changes)
S10T-MAGI Based Methodologies - Territories (No Changes)
S11 - Reasonable Classification of Children – All (No Changes)
S11a - Reasonable Classification of Children - Limit (No Changes)
S13a - Income Standard (No Changes)
S14-AFDC Income Standards (No Changes)
S14a-Income Standards – Poverty Level - Territories (No Changes)
S14T- Income Standards - AFDC-related – Territories (No Changes)
S16 - Presumptive Eligibility for Children under Age 19 (No Changes)
S17 - Qualified Entities (No Changes)
S21-Presumptive Eligibility by Hospitals (No Changes)
S25-Parents and Other Caretaker Relatives (No Changes)
S25a-Presumptive Eligibility for Parents and Other Caretaker Relatives (No Changes)
S28-Pregnant Women (No Changes)
S28a-Presumptive Eligibility for Pregnant Women (No Changes)
S28T-Presumptive Eligibility for Pregnant Women - Territories (No Changes)
S30 – Infants and Children under Age 19 (No Changes)
S30T - Infants and Children under Age 19 - Territories (No Changes)
S32 - Adult Group (No Changes)
S32a-Adult Group - Presumptive Eligibility (No Changes)
S32T-Adult Group - Presumptive Eligibility - Territories (No Changes)

S33-Former Foster Care Children (No Changes)
 S33a-Former Foster Care Children – Presumptive Eligibility (No Changes)
 S50 – Individuals above 133% FPL under Age 65 (No Changes)
 S50a - Individuals above 133% FPL under Age 65 - Presumptive Eligibility (No Changes)
 S51 - Optional Coverage of Parents and Other Caretaker Relatives (No Changes)
 S52 – Reasonable Classification of Individuals under Age 21 (No Changes)
 S53 – Children with Non-IV-E Adoption Assistance (No Changes)
 S54 - Optional Targeted Low Income Children (No Changes)
 S55- Individuals with Tuberculosis (No Changes)
 S57 – Independent Foster Care Adolescents (No Changes)
 S59 – Individuals Eligible for Family Planning Services (No Changes)
 S59a - Individuals Eligible for Family Planning Services - Presumptive Eligibility (No changes)
 S88-State Residency (No Changes)
 S89-Citizenship and Non-Citizenship (No Changes)
 S94-Eligibility Process (No Changes)
 S94a-Application (No Changes)

- Health Home State Medicaid Director Letter (SMDL) #10-024 – RE: Health Homes for Enrollees with Chronic Conditions (No Changes).

This letter provides preliminary guidance to states on the implementation of Section 1945 of the SSA/ 2703 of the Affordable Care Act. <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD10024.pdf>

- Health Home State Medicaid Director Letter (SMDL) #22-004 – RE: Health Homes for Children with Medically Complex Conditions (No change).

This letter provides guidance on the implementation of Section 1945A of the Social Security Act [42 U.S.C. 1396w-4a] (“the Act”). Found here: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22004.pdf>

- Health Home CMCS Informational Bulletin (CIB) 12-22-2010 CMCS Information Bulletin: December 22, 2010: Web-Based SPA Submission Process for Health Home for Medicaid Enrollees with Chronic Conditions (No Changes).

This bulletin provides guidance on the automated State Plan submission process for Health Homes. <http://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/CIB-12-22-10.pdf>

- Health Home Health Home CMCS Informational Bulletin (CIB) 10-20-2021: Guidance on Coordinating Care Provided by Out-of-State Providers for Children with Medically Complex Conditions (New)

This bulletin and accompanying guidance document provide a description of best practices and other implementation considerations related to coordination of care from out-of-state providers for children with medically complex conditions. These best practices and other considerations

were informed by public comments received in response to a Request for Information (RFI) issued by CMS in January 2020, in accordance with Section 1945A(e)(2) of the Act.
<https://www.medicaid.gov/federal-policy-guidance/downloads/cib102021.pdf>

- 1945 Health Home Implementation Guide (No Changes).

Provides health home guidance and instructions on completing each of the reviewable units within the SPA template and is available as a web-link on the MACPro system screen.

- 1945A Health Home Implementation Guide (No changes).

Provides 1945A health home guidance and instructions on completing each of the reviewable units within the SPA template and is available as a web-link on the MACPro system screen.

D. Timeline

The 14-day notice published in the Federal Register on July 16, 2026 (91 FR 43643). Comments must be received on/by July 30, 2026.

The collected information will not be published but will serve as the official system of record for approved health home State Plan amendments under both 1945 and 1945A of the Social Security Act authority.