

# Implementation Guide: Submission – Summary

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## Submission – Summary

### **POLICY CITATION**

**Statute:** 1902(b), 1915(f), 1116 of the Social Security Act

**Regulation:** 42 CFR 430.12; 430.20; 447.256

### **BACKGROUND**

#### **Overview**

On this screen, states provide information about the Submission Package they are creating for submission to CMS. This screen initially applies only to Medicaid state plan amendments (SPAs). Eventually its use will be expanded to include amendments to a state's CHIP state plan and submissions for other MACPro components, such as 1915(c) waivers, 1115 demonstrations, and Payment Suspension Reporting, as those are added to the MACPro system. This screen must be completed for each separate submission package the state is submitting.

#### **Medicaid State Plan**

States are required to describe their Medicaid programs in their Medicaid state plan. 42 CFR 430.12 describes the requirements for submission of Medicaid state plan materials, including:

- The format for state plan materials
- Governor's office review
- The content of the state plan

This screen replaces the submittal section of the *CMS-179 Transmittal and Notice of Approval of State Plan Material* paper form by including much of the same information that is found on that form. This includes the:

- State Name
- The Submission Component (initially limited to Medicaid State Plan submissions). This is similar to the Program Identification section of CMS-179.
- The SPA ID (Transmittal Number on the CMS-179)
- The Proposed Effective Date for each reviewable unit included in the submission.
- The Superseded SPA ID for each reviewable unit included in the submission, if applicable
- An Executive Summary (similar to the Subject of Amendment section of the CMS-179)
- Federal Budget Impact for the first fiscal year impacted by the amendment and the subsequent fiscal year
- Federal Statute/Regulation Citations
- Governor's Office Review

Regarding the proposed effective date of the State Plan Amendment (SPA), or Submission Package, 42 CFR 430.20 includes the requirements that pertain to the

effective date of initial state plan submissions and amendments. The following rules apply:

- The effective date of a SPA that provides additional services to individuals eligible under the approved plan, increases the payment amounts for services already included in the plan, or makes additional groups eligible for services provided under the approved plan can be no earlier than the first day of the quarter in which an approvable SPA is submitted.
- For SPAs that change the state's payment method and standards, the rules at 42 CFR 447.205 apply. The rule concerning the effective date for such payment methodology SPAs is the same as directly above, no earlier than the first day of the quarter in which an approvable SPA is submitted.
- For other plan amendments, the effective date may be a date requested by the state, subject to CMS approval.

## INSTRUCTIONS

### State Information

- The name of the state is automatically populated from your **User Profile**.
- The name of the Medicaid agency is automatically populated, based on the state.

### Submission Component

- Select the component of the system which corresponds to the type of submission you are creating.
- For example, select *State Plan Amendment* if you are submitting a state plan amendment. Then select *Medicaid* to indicate this is for the Medicaid state plan.

### Submission Type

If *State Plan Amendment* is selected, choose whether this package will be an *Official Submission* or a *Draft Submission*. Draft is pre-selected, but this can be changed.

- *Official Submission Package*  
If selected, respond, *Yes* or *No*, to the following question: *Allow this official package to be viewable by other states?*
- *Draft Submission Package*  
If selected, respond, *Yes* or *No*, to the following question: *Allow this draft package to be viewable by other states?*

Indicating *Yes* to either of these questions permits other states to view the package prior to adjudication.

### Key Contact Information

- Select the key contact state official or officials with which you would like the CMS reviewers to interact when reviewing the submission package.
- Select the + *Add a Key Contact* link and then the *Choose a Key Contact* item to display a drop-down list of Key Contact state officials that have been recorded on the **State Profile** screen.

- Select at least one individual from the list of state key contacts. You may select more than one key contact.
- Upon selecting a key contact, their title, phone number and email address fields will be pre-populated with the data from the **State Profile** screen.
- If you want to designate more than one key contact, select the + **Add a Key Contact** link to select another key contact.
- If a key contact is not listed, contact the individual with the State System Admin role to update the information for this individual on the **State Profile** screen. After this has been done, you will see the individual's name in the key contact list.

### **SPA ID and Effective Date**

These fields are not available for draft submissions. However, for official submission packages, enter a SPA ID for the state plan amendment using the following format: SS-YY-NNNN-xxxx where:

- SS = State (use the two character postal abbreviation for your state)
- YY = Calendar Year (last two characters of the calendar year of the state plan amendment)
- NNNN = SPA number (a four character number beginning with 0001) States should track their submissions to assign sequential numbers to their submissions. The system will not permit reuse of a previously used SPA ID for a package that has been formally submitted.
- xxxx = an optional entry for specific SPA types
- The system only permits the user to enter his/her state code.

The **Proposed Effective Date** and **Superseded SPA ID** fields in this section of the screen are not available for completion until after the state completes the **Submission - Medicaid State Plan** screen, and other screens if eligibility groups are to be included.

- Identify the reviewable units (RUs), which are the sections of the Medicaid State Plan that the state proposes to amend, on the **Submission - Medicaid State Plan** screen.
  - If **Optional Eligibility Groups** is selected on the **Submission – Medicaid State Plan** screen and you plan to include an optional eligibility group in the package, you will also need to navigate to the **Optional Eligibility Groups** RU to select which eligibility groups you would like to include in the package.
  - If **Mandatory Eligibility Groups** is selected on the **Submission – Medicaid State Plan** screen and you plan to include a mandatory eligibility group in the package, you will need to navigate to the **Mandatory Eligibility Groups** RU to select which eligibility groups you would like to include in the package.
  - If **Presumptive Eligibility** is selected on the **Submission – Medicaid State Plan** screen and you plan to include a presumptive eligibility RU in the package, you will need to navigate to the **Presumptive Eligibility** RU to select the PE RUs you would like to include in the package.

Once all validations have been cleared for the **Medicaid State Plan** screen and it has been saved, and, if appropriate, the **Optional Eligibility Groups, Mandatory Eligibility Groups** and **Presumptive Eligibility** RUs have been completed and saved, then the possible RUs that are to be included in the Submission Package are known and the **Proposed Effective Date** and **Superseded SPA ID** fields on this screen will be available for completion for each selected RU.

- If all of the RUs have the same effective date,
  - Select **Yes** for the ***Do you want to enter the same effective date for all the Reviewable Units?***
  - Enter the date that applies to all of the reviewable units in the ***Proposed Effective Date*** field.
  - The ***Proposed Effective Date*** field will be populated with this date for each RU in the submission package.
- If one or more reviewable units will have a different effective date,
  - Select **No** for the ***Do you want to enter the same effective date for all the Reviewable Units?***
  - Enter the appropriate effective date for each reviewable unit that will be included in the submission package. (Note: For new Health Homes programs, all of the reviewable units should have the same effective date.)
- If there is an approved version of the RU already in MACPro, the ***Superseded SPA ID*** field will pre-fill with the SPA ID of the most recently approved version with the latest effective date, which is being used as the basis for the amendment.
  - If for some reason this ***Superseded SPA ID*** is incorrect you may edit it to correct the ID.
- If there is no approved version of the RU but there is a converted version, the ***Superseded SPA ID*** field will pre-fill with the SPA ID of the converted version. You may edit this if it is incorrect or formatted incorrectly.
- If neither an approved or converted version of the RU exists in MACPro, enter the ***Superseded SPA ID*** (or the Transmittal Number for paper or MMDL submissions) that is associated with the RU that is being amended.
- If the RU is totally new to the state’s Medicaid State Plan (e.g. a new Health Homes program or a new eligibility group), enter “New” in the ***Superseded SPA ID*** field. This is a required field.
- The ***Superseded SPA ID*** associated with each RU entered in this screen will appear in the header of the RU.

### **Executive Summary**

Provide a brief description of the submission package being created, including the goals and objectives of the submission.

### **Dependency Description**

At your option, provide a description of any other submissions currently undergoing CMS review that are dependent on this submission. For example, there may be a submission package containing some of the same reviewable units as this one that is currently under CMS review.

### **Disaster-Related Submission**

- Select *Yes* or *No* to indicate whether or not the submission package is related to a natural disaster.
- If *Yes*, provide a brief summary description of the disaster or emergency that is the reason for the submission. Although there is no requirement to do so, whenever possible CMS will give priority to the processing of disaster-related submissions.

### **Federal Budget Impact and Statute/Regulation Citation**

- Provide information concerning the federal budget impact for the first federal fiscal year impacted by the SPA and for the subsequent federal fiscal year. The first fiscal year entered corresponds to the Proposed Effective Date.
  - Indicate the first fiscal year for which there is a budgetary impact using a YYYY format. The system will automatically prefill the second fiscal year.
  - Enter the estimated federal share of the cost of the SPA for both fiscal years.
    - Enter full dollar amounts. Do not enter a dollar sign or any punctuation.
    - Enter a minus sign to express a negative number.
  - At your option, upload documentation to support the budget impact estimate.
- Enter the federal statute and/or regulatory citations that pertain to the submission package that is being created.

### **Governor's Office Review**

Section 42 CFR 430.12(b) requires, with certain exceptions, that the Medicaid agency seek comments from the state's governor's office for each SPA submitted. Related to this requirement, provide the following:

- Select one of the four options to indicate the result of the governor's office review.
- If *Comments received* is selected, enter a summary of the comments received in the space provided.
- If *Other* is selected, provide an explanation in the text box provided. If the submission meets one of the exceptions to governor's office review specified at 42 CFR 430.12(b)(2) indicate the exception that applies here.

### **Authorized Submitter**

This section will be completed by the system when the submission package is sent to CMS for review. The name and contact information of the State Point of Contact (SPOC) who submits the package will be listed as the "Authorized Submitter" and the box certifying that this individual is authorized to submit the package will be checked by the system.

## **REVIEW CRITERIA**

### **SPA ID and Effective Date**

*The Proposed Effective Date for each RU complies with the Medicaid State Plan regulatory requirements for effective dates given the type of RU being amended.*

*The Superseded SPA ID selected for each reviewable unit must be the SPA ID or Transmittal Number of the version of the RU that was most recently approved and has the latest effective date, or the version that was converted. If two versions of the RU were approved on the same date, it should be the SPA ID of the version with the latest effective date.*

### **Executive Summary**

*The Executive Summary description of the new program or changes included in the Submission Package must be sufficiently clear so that the general content and purpose (goals and objectives) of the submission can be readily understood.*

### **Disaster-Related Submission**

*For disaster-related submissions, the disaster description must be clear concerning the nature of the disaster and the purpose of the proposed change related to the disaster.*

### **Federal Budget Impact and Statute/Regulation Citation**

*The first fiscal year of the Federal Budget Impact that is entered must correspond to the Proposed Effective Date.*

### **Governor's Office Review**

*If Comments Received or Other is selected in the Governor's Office Review section, the summary or description must clearly describe the comments made by the governor's office or the other circumstance that applies.*