[State] Advance Planning Document (MES APD)

> **Instruction:**
> Remove this instruction before submission.
>
> Fill out the following front matter table with all relevant state information.

Name of State:	[Full State Name]
Name of State Medicaid Agency:	[Full State Medicaid Agency Name]
Name of Contact(s) and Role(s) at State Medicaid Agency:	1. [Name of State Contact], [State Contact Job Title] 2. [Name of State Contact], [State Contact Job Title]
E-Mail Address(es) of Contact(s) at State Medicaid Agency:	1. [Email address for contact 1] 2. [Email address for contact 2]
Telephone Number(s) of Contact(s) at State Medicaid Agency:	1. [Phone Number for Contact 1] 2. [Phone Number for Contact 2]
Date of Submission:	[Month, DD, YYYY]
Version:	[Match version history on the following page]
APD Type:	[PAPD] [IAPD] [Annual APD Update] [As-Needed APD Update]
Do any initiatives described in this APD benefit multiple Programs (Y/N):	

Document Version History

Version Number	Date Updated	Update Description	Updated By	Approved By

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Instruction:
Remove this page before submission.

Using This Document

This template can be used for the following types of Medicaid Enterprise Systems (MES) Advance Planning Documents (APD):

- Planning APD (PAPD)
- Implementation APD (IAPD)
- APD Update (APDU)
- As-Needed APDU

This template contains guidance information and examples for completing each section in the form of Instructions, in alignment with 45 CFR §95.610. The instructional text provides questions to consider, offers suggestions on content, and indicates whether a subsection or table is optional.

Instructions and related examples should be deleted before submitting the final completed document.

Table of Contents

Executive Summary

> **Instruction:**
>
> Remove this page before submission.
>
> Please draft a brief executive summary (one or two paragraphs) that presents the intent of this APD, answers the following questions, and provides the suggested content and applicability to the MES landscape, which includes Medicaid Management Information Systems (MMIS) and/or Eligibility and Enrollment (E&E) systems:
>
> - What is the project name, and what year of the project is this?
> - How does this project align with the previously approved APDs?
> - How will this project benefit Medicaid?
>
> If applicable, is this a state-developed solution/system or Commercial Off-the-Shelf (COTS)?

[Click **here** and type text.]

1. Statement of Needs and Objectives

Instruction:
Remove this instruction before submission.

PAPD – Describe the problem/need that the existing capabilities cannot resolve, new or changed program requirements, or opportunities for improved economies, efficiencies, and effectiveness of program, administration, and operations. [45 CFR §95.610(a)(2)(i)].

Refer to **Appendix D** for the outcomes and metrics that describe how the state will measure success for the planned work.

IAPD, APDU, or As-Needed – Provide a summary of project needs, objectives, and the anticipated benefits of the proposed activities. Include a statement of purpose, a vision (the roadmap), needs, objectives, and anticipated benefits [45 CFR §95.610(b)(2)]. States should also describe the business needs for system(s) development and/or modifications and indicate which system(s) the state seeks to enhance or modify, if any. States should provide the name and description for each system.

[Click **here** and type text.]

2. Project Management Plan / Summary of Activities

Instruction:

Remove this instruction before submission.

This section is required for all APD types. Update the title of this section based on the APD type as described.

PAPD – A Project Management Plan is required to be included with all PAPD submissions (45 CFR §95.610(a)(2)(ii)). The Project Management Plan should: Describe the project organization, including an overview of personnel roles and number needed (state/in-house and contractor), regarding the work to be completed via this APD; Describe the IT team's approach (two to three paragraphs) to working and collaborating with the business program and participating in cross-component benefit programs; Include a detailed description of the nature and scope of the activities to be undertaken and the methods to be used to accomplish the project; Include a high-level project schedule (major task categories); Section 7 is not mandatory for a PAPD.

IAPD – The IAPD should include a detailed description of the nature and scope of the activities to be undertaken and the methods to be used to accomplish the project (45 CFR §95.610(b)(6)). **Section 7**, Proposed Activity Schedule will capture additional details. States should provide the results of the activities conducted under any associated PAPD (45 CFR §95.610(b)(1)).

APDU – A Project Activity Report is required to be included with all APDU submissions (45 CFR §95.610(c)(1)(ii)). The state should include the status of the past year's major project tasks and milestones, address the degree of completion and tasks/milestones remaining to be completed, and discuss past and anticipated problems or delays in meeting target dates in the previously approved APD and approved changes to it.

As-Needed – States should include information necessary to support the as-needed request, based on 45 CFR 95.610(c)(2).

[Click **here** and type text.]

2.1   Medicaid Enterprise Systems Introduction

Instruction:
Remove this instruction before submission.

Provide a high-level introduction (two to three paragraphs) to the state's MES.

Include the current state of the MES and the state's future vision for it.

[Click **here** and type text.]

2.2   Scope of APD Request

Instruction:
Remove this instruction before submission.

Provide a brief description (two to three paragraphs) of the purpose and objectives (anticipated benefits) and how they fit into the MES vision described in subsection 2.1.

Include a summary of how this project will enhance the effective and efficient administration of the Medicaid program.

Describe how this funding request aligns with the State Medicaid program's priorities.

Refer to **Appendix D** for the outcomes and metrics that describe how the state will measure success for the planned work.

If this is the initial APD for a replacement system, the following information is also needed per 42 CFR §433.117(b): The date the replacement system will be in operation and certification plan, if applicable; A plan for an orderly transition from the system in place to the replacement.

[Click **here** and type text.]

3. Requirements Analysis, Analysis of Alternatives Considerations

> **Instruction:**
> Remove this instruction before submission.
>
> **PAPD –** The state should: Include a statement that the state will commit to conducting/preparing the problem(s) needs assessment, and Analysis of Alternatives (AoA), and to develop a Statement of Objectives and Outcomes along with supporting system diagram (include diagrams in **Appendix A**) (45 CFR §95.610 (a)(2)(v));
>
> Include a statement that the state will commit to defining the state's goals based on the state's business needs, which may be used to evaluate the transfer of an existing system, including the transfer of another state's GSD that the state may adapt to meet state-specific requirements (45 CFR §95.610(a)(2)(vi)).
>
> Include a statement indicating whether the system performs similar functionalities to any other system within the state MES. If so, include the name of the system.
>
> **IAPD, APDU, or As-Needed –** The state should: Include the results and methodology for the Requirements Analysis, and AoA considerations that the SMA completed regarding implementing the system (e.g., modular modifications vs. fully competitive procurement), if applicable. A summary can be included as **Appendix B**; the complete results **should** be submitted as a supplemental document to this APD (45 CFR §95.610(b)(3)) using the AoA template. Include the results and methodology for the Requirements Analysis, as well as the AoA considerations that the SMA completed regarding the implementation of appropriate measures and provide any updates to the previous AoA Report. The state must follow the AoA template and instructions when conducting the **AoA**.

[Click **here** and type text.]

4. Cost-Benefit Analysis

Instruction:
Remove this instruction before submission.

PAPD – Include a statement that the state will commit to conducting/preparing the cost-benefit analysis (CBA). (45 CFR §95.610(a)(2)(v)).

IAPD, APDU, or As-Needed – At the beginning of any major DDI phase, the state should provide a cost-benefit analysis for the activity or indicate if CMS allowed an exemption of this cost-benefit analysis. If the state is proposing new scope that is not in a prior APD, then a cost-benefit analysis is required (45 CFR §95.610(b)(4)). CBA may also be a component of the AoA process. Talk to your State Officer if you are unsure if a project requires it.

[Click **here** and type text.]

5. Acquisitions

> **Instruction:**
>
> Remove this instruction before submission.
>
> **PAPD –** This section is not required. Please indicate that "Acquisitions are addressed in future IAPDs."
>
> **IAPD, APDU, or As-Needed –** Provide an acquisition summary for the upcoming year in Table A that provides the following information on proposed or changes to acquisitions (45 CFR §95.610(a)(2)(viii), 45 CFR §95.610(b)(12), 45 CFR §95.610(c)(1)(viii), and 45 CFR §95.610(c)(2)(vi)):
>
> - Contract name
> - Type and scope of contract(s)
> - Procurement strategy
> - Estimated cost or not-to-exceed amount
> - Include the term of the contract(s), to include all optional years
> - A statement or certification that the proposed acquisition will comply with all state and federal requirements, including the retention of software ownership rights specified in 45 CFR §95.617

[Click **here** and type text.]

Table A. Sample Summary Acquisitions Table

Vendor	Contract Name	Contract Pricing Type (Fixed Price/T&M/ Labor Hours/etc.)	Scope	Procurement Strategy	Total Cost Est./Actual	Base Start Time	Base End Time	Number of Option Periods (Include Start and End Dates for Each Period)
Alpha Company	Workstations for county office upgrades	Firm Fixed Price	Hardware	Non-competitive	$10 million	1/31/2021	Authority to use this contract ends 6/30/2024	NA
(Vendor TBD)	Enterprise Technical Support	Time and Materials	PMO	Master Services Agreement	Variable based on workload, not to	9/1/2022	9/31/2027	2

Vendor	Contract Name	Contract Pricing Type (Fixed Price/T&M/ Labor Hours/etc.)	Scope	Procurement Strategy	Total Cost Est./Actual	Base Start Time	Base End Time	Number of Option Periods (Include Start and End Dates for Each Period)
					Exceed $20 million			
ABC Vendor	Voice Response Unit/Call Center Support	Labor Hours	Service Contract	Full and Open	$2 million	1/1/2020	12/31/2025	NA
Vendor XYZ	Image Backfile Scanning	Fee Based – per page scanning fee	Service Contract	Full and open competition	Per transaction, estimated total cost of $7 million	6/1/2024	1 year – estimated 6/30/2025	Up to 3, exercised annually

6. Personnel Resource Statement

Instruction:

Remove this instruction before submission.

PAPD – This section is not required. Please indicate that "Resource needs are addressed in the Project Management Plan section."

IAPD, APDU, or As-Needed – A personnel resource statement indicating availability of qualified and adequate numbers of staff, including a project director to accomplish the project objectives (45 CFR §95.610(b)(5)). Provide an estimate of total staffing requirements and personnel costs and identify all state key personnel.

Key reminder: If any personnel or contractor resources are to be cost allocated, **Section 10** must include the total costs and the cost allocation methodology used to arrive at the Medicaid share.

[Click **here** and type text.]

6.1   State Resource Statement

Instruction:

Remove this instruction before submission.

Provide an estimate of total staffing requirements and costs, identifying all key state personnel.

In addition to a description of responsibilities, the state should document all proposed personnel funded via this APD, including annual salary, percent of time allocated to the project, official job title, and other relevant information that will assist CMS in evaluating the state's project staff.

Table B provides an example of a state resource table.

Note: If the resources assigned to this project also support other MES initiatives, please specify the distribution of time and funding across each applicable APD.

[Click **here** and type text.]

Table B. Sample State Resource Table

State Staff Title and Name	% of Time Allocated to the Project	Annual Salary to include Benefits	Description of Responsibilities
Chief, Division of Health: *John Doe*	80	$	Oversees all Medicaid efforts, initiatives, projects, and programs that relate to Health Information Technology for the state. Ensures the program meets all statutory and regulatory requirements. Provides primary contact with CMS for the Medicaid program and other Medicaid-focused initiatives. Serves as designee for the intra-state collaborative effort with the states.
Program Director: *Sally Jones*	100	$	Provides leadership for the Medicaid program; reports program progress, risks, and escalation of issues to the Division Chief; ensures adequate resources and appropriate budget for the program; and communicates program status to leaders.
Health Manager: *Ted Pill*	90	$	Manages the technical and business resources for project development and implementation for the related programs.
Program Advisor: *Mary Doctor*	100	$	Oversees the activities of the staff responsible for the administration and oversight of the Medicaid program, including work planning, resource management, program metrics/operations measurement framework, and performance management. Provides monthly or, as needed, status reports to the Program Director. Recommends operational changes to improve efficiency and effectiveness. Gathers operational lessons learned and best practices from other states and CMS. Resolves provider issues, questions, and complaints. Documents and revises as needed the operational procedures for staff responsible for the administration and oversight of the Medicaid program.
Sr. Medicaid Policy Analyst / Subject Matter Expert (2 Resources); John Mix & Robert Mack	150	$	Manages the requirements analysis process along with the contracted consultant team. Serves as subject matter expert and advisor regarding Medicaid Program policy and provider registration, attestation, and payment processes. $_____(each)
Project Coordinator; *Cindy Many*	100	$	Supports MES initiatives focused to promote awareness, adoption, and implementation. Maintains the documentation library for the project; notifies team members of the availability of documents in the repository; and monitors the status of action items.
Business Analyst; *Joe Kim*	100	$	Responsible for gathering and analyzing business and functional user requirements, procedures, and issues to automate business processes. Also responsible for user interface design, modifying existing systems, and review of system-wide capabilities and workflows.
Contract Administrator; *Ted Bunch*	100	$	Oversees Medicaid contracts from procurement to closeout, ensuring compliance with federal and state regulations. Manages vendor performance, budgets, and deliverables; enforces

State Staff Title and Name	% of Time Allocated to the Project	Annual Salary to include Benefits	Description of Responsibilities
			contract terms; and coordinates communication between contractors and agency leadership to ensure effective, compliant program operations.
Grand Total		$	It must match what is presented in the State Proposed Budget table (State Personnel row).

6.2 Contract Resource Statement

> **Instruction:**
>
> Remove this instruction before submission.
>
> Provide the expected contracting resource table and costs for existing vendors supporting the scope of the work included in this APD. In addition to a description of services provided by the vendor under the contract, the state should also identify the appropriate contractor cost category, the vendor's name, project(s) supported, and the terms of the contract.
>
> **Table C** provides an example of a vendor resource table. The state may recreate the table as needed for APDs including multiple projects.

[Click **here** and type text.]

Table C. Sample Vendor Resource Table

Contractor Service Category	Vendor Name	Project Current Contract Total	Project(s) Supported	Current Term of Contract
Systems Integrator	Name of vendor	$		July 1, 2023, through September 30, 2025
IV&V Consultant Services	Name of vendor	$		July 1, 2023, through September 30, 2025
PMO	Name of vendor	$		July 1, 2023, through September 30, 2025

Contractor Service Category	Vendor Name	Project Current Contract Total	Project(s) Supported	Current Term of Contract
Technical Assistance	Name of vendor	$		July 1, 2023, through September 30, 2026
Consultant Services: DDI		$		TBD
Grand Total		$		

7. Proposed Project Activity Schedule

Instruction:
Remove this instruction before submission.

PAPD, IAPD, APDU, or As-Needed – Provide a high-level activity schedule describing the nature and scope of system work and the methods used to execute the work. [45 CFR §95.610(a)(2)(ii), 45 CFR §95.610(b)(7)]. In general, the description should match the major milestones, deliverables, and key dates on the project schedule or work plan.

- Activity examples could include identifying risks and creating a preliminary mitigation strategy, documenting the As-Is and To-Be environments, and developing proposal evaluation criteria for procurement proposals. This could also include anticipated certification review dates, User Acceptance Testing (UAT) completion dates, and go-live dates for projects in implementation.

- The state can add a narrative table to the milestones and activities as needed.

If the activity is complete, annotate completion date in the "Estimated Finish Date" column of **Table D**. The state may recreate the table as needed for APDs including multiple projects.

[Click **here** and type text.]

Table D. Sample Proposed Project Activity Schedule

Schedule	Estimated Start Date	Estimated Finish Date
Milestone 1.	10/01/20XX	12/16/20XX
Activity 1.	01/03/20XX	12/02/20XX
Milestone 2	01/09/20XX	06/03/20XX
Activity 2	01/09/20XX	Completed
Milestone 3.	01/09/20XX	06/03/20XX
Activity 3.	01/09/20XX	Completed

8. Proposed Budget

Instruction:

Remove this instruction before submission.

PAPD, IAPD, APDU, or As-Needed – States should include the proposed or revised budget funding requested in this APD (45 CFR §95.610(a)(2)(iii), 45 CFR §95.610(b)(8), and 45 CFR §95.610(c)(1)(v)), as well as ensure and attest that the costs of the system are determined in accordance with 45 CFR Part 75, subpart E (42 CFR §433.112(b)(7)).

This section should outline the funding requirements for planning and/or implementation by FFY. List funding needs by categories, cost elements, and amounts, including state and/or contractor staff costs, facilities/equipment, travel, outreach, training, and other relevant expenses. Clearly distinguish between in-house staff costs and costs paid to outside contractors. Provide an estimated total budget with costs divided by categories (state/federal) and applicable FFP rates. Include a description of grants, state or local funds, or other funding sources available to the state that will support the activities for which the state is requesting Medicaid FFP through this APD.

The proposed budget outlines the total project cost and the overall request for FFP. This includes the total development FFP (90%), operational FFP costs (75%), and general administrative FFP (50%). It should then specify the requested federal match amount and the state contribution. The state should submit a proposed two-year budget; however, providing a budget estimate for a longer period would be helpful to CMS. Additionally, this section should specify the FFY within which the FFP will be claimed. This will correspond to the Proposed Activity Schedule. **Table E** is an example of a proposed project budget table. The state may recreate the table as needed for multiple projects.

<table>
<tr><td>Example Budget Text</td><td>

The state's total budget is estimated at $465,000, which includes $418,500 (90%) Federal Share and $46,500 (10%) State Share. The state is requesting a $465,000 increase to previously approved APD funding and $0 in new MMIS APD funds for activities for October 2025 – October 2026. The state also requests a decrease of $0 (90% federal funds) in unspent funds for planning activities approved under the state's MMIS PAPD due to project delays.

The state can also include a narrative on new amounts, increased/decreased amounts, or deleted amounts. This is helpful to CMS to better understand what caused a requested change in FFP.

Increase example: The state is asking for an increase in 90% FFP in the amount of $xxx,xxx to cover an increased cost in the implementation of functionality X. The increase is due to an increase in resource cost.

Decrease example: The state is requesting a decrease in previously approved 90% FFP in the amount of $xxx,xxx for the performance of activity 1. This decrease is due to activity A being delayed and will now be performed in the upcoming fiscal year.

</td></tr>
</table>

[Click **here** and type text.]

Table E. Sample State Proposed Budget

State Cost Category	90% Federal Share	10% State Share	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Total
State Personnel	$418,500	$46,500	$0	$0	$0	$0	$465,000
Contractor Personnel	0	0	0	0	0	0	0
System Hardware	0	0	0	0	0	0	0
System Software	0	0	0	0	0	0	0
Training	0	0	0	0	0	0	0
Supplies	0	0	0	0	0	0	0
Grand Total	$418,500	$46,500	$0	$0	$0	$0	$465,000

8.1 Medicaid Detail Budget Table (MDBT)

Instruction:

Remove this instruction before submission.

The MES **Project** MDBT must be submitted with this APD for all Medicaid Enterprise Systems funding requests.

In addition, if more than one project is included in the APD, a summary MDBT is also required. The **summary** MDBT table must be included as an Appendix to this APD submission.

Note: *The MES MDBT replaced the previous MMIS MDBT and E&E MDBT templates.*

Table F. Sample Portion of MDBT

	CMS Share DDI (90% FFP)	State Share (10%)	CMS Share DDI (90% FFP)	State Share (10%)	CMS Share DDI (90% FFP)	State Share (10%)	CMS Share DDI (90% FFP)	State Share (10%)
Type of Activity	MMIS	MMIS	MMIS	MMIS	E&E	E&E	E&E	E&E
Reference(s)	2A	--	2B	--	28A	--	28B	--
FFY 20XX	$108,000	$12,000	$108,000	$12,000	$0	$0	$0	$0
Total	$108,000	$12,000	$108,000	$12,000	$0	$0	$0	$0

Table G. Sample Portion of MDBT

	Medicaid Enhanced Funding FFP Total	Medicaid Non-Enhanced Funding FFP Total	Medicaid Enhanced Funding FFP Total	Medicaid Non-Enhanced Funding FFP Total
Type of Activity	MMIS	MMIS	E&E	E&E
FFY 20XX	$216,000	$24,000	$0	$0
Total	$216,000	$24,000	$0	$0

Table H. Sample Portion of CHIP (if applicable)

Line 33 is not approved in the APD Approval Letter	CHIP FFP %	State %	CHIP FFP Share 33†	State Share --	CHIP Total
FFY 20XX			$0	$0	$0
FFY 20XX					
Total	NA	NA	**$0**	**$0**	**$0**

8.2 Project Budget Status Update

> **Instruction:**
> Remove this instruction before submission.
>
> Provide an annual budget update by project per Federal Fiscal Year (FFY) for systems receiving Federal Financial Participation (FFP) through the programs covered under this APD.
>
> **APDU** – Include a project expenditures report that consists of a detailed accounting of all expenditures for project development over the past year and an explanation of the differences between projected expenses in the approved APD and actual expenditures for the past year (45 CFR §95.610(c)(1)(vi)).

[Click **here** and type text.]

Table I. Sample Project Budget Status Update

Approved Funding					
Project	**FFY**	**Federal 90%**	**Federal 75%**	**State Share**	**Total**
Project A	2025				
Project A	2024				
Project A Total	2023				
Project B	2025				
Project B	2024				
Project B Total	2023				
Totals					

Expenditures to Date					
Project	**FFY**	**Federal 90%**	**Federal 75%**	**State Share**	**Total**
Project A	2025				
Project A	2024				
Project A Total	2023				
Project B	2025				
Project B	2024				
Project B Total	2023				
Totals					

Remaining Funding					
Project	**FFY**	**Federal 90%**	**Federal 75%**	**State Share**	**Total**
Project A	2025				
Project A	2024				
Project A Total	2023				
Project B	2025				
Project B	2024				
Project B Total	2023				
Totals					

9. Statement of Duration

Instruction:

Remove this instruction before submission.

PAPD, IAPD, APDU, or As-Needed – The details in this section should indicate the duration the state expects to use the equipment and/or systems once implemented. [45 CFR §95.610(b)(9)]

[Click **here** and type text.]

10. Cost Allocation Plan for Implementation Activities

Instruction (This section is to be completed if there are other programs benefiting from the project/system):

Remove this instruction before submission.

The cost allocation must comply with the requirements outlined in 45 CFR §95.507. It is imperative for each federal benefitting program to thoroughly review the state agency's cost allocation plan during both the planning and implementation phases of a project. As specified in 2 CFR 200, Subpart E—Cost Principles, a cost allocation plan must be included that identifies all participants and their associated cost allocation to depict non-Medicaid activities and non-Medicaid Full-Time Equivalents participating in this project, if any.

PAPD – States should provide the proposed total project cost and a prospective state and federal cost allocation/distribution, including planning and implementation. [45 CFR §95.610(a)(2)(iv)]

IAPD, APDU, or As-Needed – States should provide the proposed prospective cost allocation/distribution to the various state and federal funding sources and the proposed procedures for distributing costs. [45 CFR §95.610(b)(10)] If a proposal cannot be provided, submit a report of any approved or anticipated changes to the allocation basis in the APD's approved cost allocation methodology. [45 CFR §95.610(c)(vii)]

- For projects in DDI, CMS will work with states to determine the most appropriate cost allocation methodology, as needed. Cost allocation must account for other available federal funding sources, the division of resources and activities across relevant payers, and the relative benefit to the State Medicaid program, among other factors.
- Cost allocation should involve all parties' timely financial participation to ensure that Medicaid funds are neither the sole contributor at the onset nor the primary funding source for work that benefits multiple programs. Other payers who stand to benefit must contribute their share from the beginning. The absence of other payers is not sufficient cause for Medicaid to be the primary payer. [42 CFR §200.405(d)]

[Click **here** and type text.]

Table J. Sample Cost Allocation Table

Programs	Total Request	Percent Allocation	Federal Share %	Federal Share Total	State Share Total
Medicaid	$2,100,000	21%	66%	$1,386,000	$714,000
IV-D					
TANF					
SNAP					
Child Care					
IV-E					
Title XX					
Other (List each)					
State Only					
Totals					

Note – Sample dollars and percentages are for illustration only and not applicable to any specific project.

11. Security and Interface Requirements

Instruction:

Remove this instruction before submission.

PAPD – This section is not required. Please indicate that "This section is not applicable for PAPD."

IAPD, APDU, or As-Needed – This section is required (45 CFR §95.610(b)(11)) and should include a statement wherein the state attests that they have implemented and will maintain a comprehensive System Security and Privacy Plan and that the state will document the security requirements and/or plan to meet federal/state security and privacy provisions within MES. This section should also identify which standards will be followed (i.e., National Institute of Standards and Technology [NIST] or Affordable Care Act [ACA] Administering Entity [AE]).

[Click **here** and type text.]

12. Assurances and Compliance

Instruction:
Remove this instruction before submission.

PAPD, IAPD, APDU, or As-Needed – Please use **Table K** to indicate whether the state will comply with the specified Code of Federal Regulations (CFR) citations by checking "Yes" or "No" for each line item.

If the state selects "No" for any item, please provide an explanation.

[Click **here** and type text.]

Table K. CFR Attestation

CFR Reference	YES	NO	If the response is "No," provide an explanation
Standards			
42 CFR Part 433	☐	☐	
45 CFR Part 75	☐	☐	
45 CFR Part 95	☐	☐	
Access to Records, Reporting, and Agency Attestations			
42 CFR § 431.17	☐	☐	
45 CFR § 95.615	☐	☐	
Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports			
45 CFR § 95.617	☐	☐	
42 CFR § 431.300	☐	☐	
Security and Interface Requirements to be Employed for All-State MES Systems			
45 CFR Part 164 - Securities and Privacy	☐	☐	

Appendix A. Diagram

> **Instruction:**
> Remove this instruction before submission.
>
> **PAPD, IAPD, APDU, or As-Needed –** This appendix should present a diagram of the system to be supported by CMS. The diagram should show its connection to other MES systems and, if applicable, other benefiting programs.

[Click **here** and type text.]

Appendix B. Other Information

Instruction:

Remove this instruction before submission.

PAPD, IAPD, APDU, or As-Needed – Appendix B should be used to provide any additional supporting information in support of the APD update and funding request, or any additional information requested by CMS.

[Click **here** and type text.]

Appendix C. Conditions for Enhanced Funding

> **Instruction:**
> Remove this instruction before submission.
>
> **PAPD –** This section is not required.
>
> **IAPD, APDU, or As-Needed –** This section is required as referenced in 42 CFR §433.112(b).
>
> The state should attest to whether the system meets these conditions by completing **Table L** and indicating "Yes," "No," or "N/A." If the state's response is "Yes," it must explain how the condition is being met. If the state's response is "No" or "N/A," the state must provide an explanation why the specific condition is not being met or why it is not applicable.
>
> The state should include a separate table for each project included in this APD and identify the project name in the table caption.

[Click **here** and type text.]

Table L. Conditions for Enhanced Funding (CEF) Confirmation for <Project Title>

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
1 42 CFR §433.112(b)(1)	The system is likely to provide more efficient, economical, and effective administration of the State plan.		

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
2 42 CFR §433.112(b)(2)	The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.		
3 42 CFR §433.112(b)(3)	The system is compatible with the claims processing and information retrieval systems used in the administration of Medicare for prompt eligibility verification and for processing claims for persons eligible for both programs.		
4 42 CFR §433.112(b)(4)	The system supports the data requirements of quality improvement organizations established under Part B of Title XI of the Act.		
5 42 CFR §433.112(b)(5)	The State owns any software that is designed, developed, installed, or improved with 90 percent FFP.		
6 42 CFR §433.112(b)(6)	The Department has a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, software, modifications to the software, and documentation that is designed, developed, installed, or enhanced with 90 percent FFP.		
7 42 CFR §433.112(b)(7)	The costs of the system are determined in accordance with 45 CFR 75, subpart E.		

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
8 42 CFR §433.112(b)(8)	The Medicaid agency agrees in writing to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.		
9 42 CFR §433.112(b)(9)	The agency agrees in writing that the information in the system will be safeguarded in accordance with subpart F, part 431 of this subchapter.		
10 42 CFR §433.112(b)(10)	Use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine-readable formats.		
11 42 CFR §433.112(b)(11)	Align to and advance increasingly in maturity for business, architecture, and data.		

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
12 42 CFR §433.112(b)(12)	The agency ensures alignment with, and incorporation of, standards and implementation specifications for health information technology adopted by the Office of the National Coordinator for Health IT in 45 CFR part 170, subpart B. The agency also ensures alignment with the HIPAA privacy, security, breach notification and enforcement regulations in 45 CFR parts 160 and 164; and the transaction standards and operating rules adopted by the Secretary under HIPAA and/or section 1104 of the Affordable Care Act. The agency meets accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.		
13 42 CFR §433.112(b)(13)	Promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.		
14 42 CFR §433.112(b)(14)	Support accurate and timely processing, adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.		

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
15 42 CFR §433.112(b)(15)	Produce transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.		
16 42 CFR §433.112(b)(16)	The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable.		
17 42 CFR §433.112(b)(17)	For E&E systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.		
18 42 CFR §433.112(b)(18)	The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality.		
19 42 CFR §433.112(b)(19)	The agency, in writing through the APD, must identify key state personnel by name, type, and time commitment assigned to each project.		

CEF Reference #	Conditions for Enhanced Funding (What)	Yes/ No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
20 42 CFR §433.112(b)(20)	Systems and modules developed, installed, or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.		
21 42 CFR §433.112(b)(21)	For software systems and modules developed, installed, or improved with a 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.		
22 42 CFR §433.112(b)(22)	Other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.		

Appendix D. Outcomes and Metrics

> **Instruction:**
> Remove this instruction before submission.
>
> **PAPD, IAPD, APDU, or As-Needed –** Using **Table M**, list all the CMS-required outcome reference numbers for the systems and/or modules within this APD. For each outcome and metric, indicate whether it is applicable; if not, provide an explanation. List one metric per row, and if there are multiple metrics for an outcome, repeat the Outcome Reference # for each metric. The Metric ID should follow the format: [StateAbbreviation]-CR-[ModuleAbbreviation]-[OutcomeNumber].[ConsecutiveNumber].
>
> For new or modified outcomes since the previous APD, briefly explain the reason for each change.
>
> The state can provide the Operational Report Workbook (ORW) instead of **Table M** and **Table N** provided it includes updates for all fields from both tables.

[Click **here** and type text.]

Table M. CMS-Required Outcomes and Metrics Table

Outcome Reference #	Outcome Applicable (yes or no)	If no, explain why	Metric ID	Metric Applicable (yes or no)	If no, explain why

Instruction for Table O:

Remove this instruction before submission.

List the associated state-specific outcome reference number, state-specific outcome(s), and state-specific metric ID for the project that will be reported in the ORW.

For the state-specific outcome reference #, use the acronym "ST" (not the state abbreviation), followed by the appropriate module abbreviation, and a consecutive number: ST[ModuleAbbreviation][ConsecutiveNumber]

Example: If a state provides a state-specific outcome for its LTSS module, the first outcome reference # would be: STLTSS01

Module abbreviations are available in the MES Certification Repository.

The Metric ID should follow the format: [StateAbbreviation]-ST-[ModuleAbbreviation]-[OutcomeNumber].[ConsecutiveNumber].

For new or modified outcomes since the previous APD, briefly explain the reason for each change.

The reference number and metric ID used in **Table N** should match those in the ORW and, if applicable, the SMC Intake Form to ensure consistency across documents.

[Click **here** and type text.]

Table N. State-Specific Outcomes and Metrics Table

State-Specific Outcome Reference #	State-Specific Outcome	Metric ID

Appendix E. Certification

> **Instruction:**
> Remove this instruction before submission.
>
> **This section should contain information about certification plan for the system and/or module, if applicable.**
>
> Complete **Table O** by answering each question with "Yes" or "No." Provide explanations where necessary.
>
> The state should include a separate table for each project included in this APD and identify the project name in the table caption.
>
> If any of the responses below are "No," this module or system may not need certification.
>
> In the following space, summarize the state's position on the need for certification and include a high-level timeline of key activities and milestones for the proposed system/module-related certification.
>
> Please note that if it is determined that certification is not required, the state may still qualify to receive enhanced funding and be required to provide data through operational reporting as per 42 CFR §433.112(b)(15).

[Click **here** and type text.]

Table O. Certification Table

Question	Yes/No	Additional Explanation
Is this a system, module or a service? (Refer to definitions in 42 CFR §433.111)		If yes, identify which one and provide additional details.
Is this an initial implementation or replacement of a system and/or module?		
Is the state's existing system/module CMS certified? If yes, then what date was it certified?		
Will the State Medicaid Agency (SMA) operate this system and/or module directly, or will it be provided via a documented agreement with a third party on its behalf?		