

[State] Operational Advance Planning Document (MES OAPD)

**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:	OAPD [Annual Update][As Needed]
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 Medicaid Enterprise Systems (MES) Operational Advance Planning Document (OAPD), in alignment with 45 CFR 95.610(c)(3). Additional information can be included by the state using supplemental appendices and files.

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

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

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Executive Summary



Instruction:

Remove this instruction before submission.

Please draft a brief executive summary (one or two paragraphs) outlining this OAPD's intent.

If this submission includes an update to the cost allocation plan, the State should provide a copy of the most recent Public Assistance Cost Allocation Plan (PACAP) as approved by the Director, Department of Health and Human Services (DHHS), Division of Cost Allocation Services (CAS) using Appendix B. See 45 CFR Part 95 Subpart E.

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

1. Summary of Activities

**Instruction:**

Remove this instruction before submission.

Include a detailed description of the nature and scope of the activities to be undertaken and the methods to be used. [45 CFR §95.610(c)(3)(i)]

Use **Table A** to provide a narrative summary of the high-level Maintenance & Operation milestones and a recap of the year's activities' status, as included in previously approved APDs. In the subsequent subsections, list each activity separately and provide as much detail as necessary, including diagrams or images, to explain this activity.

Repeat the table and related subsections for each system or project that is receiving M&O funding.

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Table A. Sample Project Activities Table

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

1.1 Activity 1 - [Activity Name]

[Click [here](#) and type text.]

1.2 Activity 2 – [Activity Name]

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2. Acquisitions

**Instruction:**

Remove this instruction before submission.

Provide an acquisition summary for the past year that provides the following information on, or changes to, acquisitions in **Table B** [45 CFR §95.610(c)(3)(ii)]:

- Type and scope of contract(s) - refer to the sample vendor resource table.
- Estimated cost or not-to-exceed amount.
- Include the term of the contract(s) to include all optional years.

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

Table B. Sample Summary of Operational Acquisitions

Contract Name, Vendor	Contract Type (Fixed Price/T&M/Labor Hours/etc.)	Scope	Procurement Strategy	Total Contract Cost	Term of Contract
Name of vendor	Firm Fixed Price	Hardware	Non-competitive. See note 1 below.	\$	Start and end dates for the term of the contract.
Name of vendor	Labor Hours	COTS	Master Services Agreement	\$	12/31/2030 – 12/31/2035
Name of vendor	Time and Materials	M&O	Sole Source license	\$	In procurement, the estimated start date is 7/1/2029.
Name of vendor	Labor Hours	Service Contract	Full and open competition	\$	1 year – estimated 6/30/2030 – 6/30/2031

Contract Name, Vendor	Contract Type (Fixed Price/T&M/Labor Hours/etc.)	Scope	Procurement Strategy	Total Contract Cost	Term of Contract
				\$	

Sample supporting language:

Note 1 – For non-competitive (sole source) contracts, an affirmative statement that this acquisition is justified under state procurement law/regulations or process is needed.

3. Annual Budget



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 OAPD. [45 CFR §95.610(c)(3)(iii)]

Report the status of the projects **approved funding, expenditures, and remaining funding** in the OAPD per FFY (use the Sample OAPD Status provided in **Table C, D, and E** respectively).

[Click [here](#) and type text.]

Table C. Sample OAPD Budget Status Update: Approved Funding

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

Table D. Sample OAPD Budget Status Update: Expenditures to Date

Expenditures to Date					
Project	FFY	Federal 90%	Federal 75%	State Share	Total
Project A	2025				

Project A	2024				
Project A	2023				
Project B	2025				
Project B	2024				
Project B	2023				
Totals					

Table E. Sample OAPD Budget Status Update: Remaining Funding

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

3.1 Proposed Budget



Instruction:

Remove this instruction and example before submission.

Include the proposed budget or revised funding requested in this OAPD.

Ensure and attest that the costs of the system are determined in accordance with 45 C.F.R Part 75, subpart E. [42 CFR §433.112(b)(7)]

The proposed budget presents the total project cost and the overall request for FFP. This would include the total operational FFP costs (75%), and the total of any general administrative FFP (50%). It should then separate the requested federal match amount and the state amount. The state should submit a proposed two-year budget; however, providing a budget estimate for a longer period would be helpful to CMS.

Table F and **Table G** provide examples of budget detail to lay out the proposed project budget.

Example Budget Text

The state's total budget is estimated at \$265,000, which includes \$198,750 (75% Federal Share) and \$66,250 (25% State Share). The state is requesting \$265,000 in new OAPD funding and \$0 in new MMIS APD funds for activities for October 2025 – October 2026.

Increase example: The state is asking for an increase in 75% FFP in the amount of \$xxx,xxx to cover an increased cost in the operations of module X. The increase is due to an increase in resource cost.

Decrease example: The state is requesting a decrease in the previously approved 75% FFP in the amount of \$xxx,xxx for the performance of activity A. This decrease is due to activity A being delayed and will now be performed in the upcoming fiscal year.

[Click [here](#) and type text.]

Table F. Sample State Proposed Budget for FFY (2029)

State Cost Category	90% Federal Share	10% State Share	75% Federal Share	25% State Share	50% Federal Share	50% State Share	Total
State Personnel	\$0	\$0	\$198,750	\$66,250	\$0	\$0	\$265,000
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	\$0	\$0	\$198,750	\$66,250	\$0	\$0	\$265,000

Table G. Sample Contract Proposed Budget

Contract Cost Category	Cost
Contract – I	\$265,000
Contract – II	0
Contract – III	0
Contract – IV	0
Contract – V	0
Contract – VI	0
Grand Total	\$265,000

Appendix A. Cost Allocation for Planned Maintenance & Operations Activities

**Instruction:**

Remove this instruction before submission.

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.

Provide the existing cost allocation/distribution for operational activities to the various state and federal funding sources, and the proposed procedures for distributing costs (Cost Allocation Plan as approved by DHHS CAS), and a summary (sample format in **Table H**).

The state must provide a copy or date of the most recent approval from CAS, if claiming from an approved plan. If submitting an update based on the proposed plan, provide a copy and a summary of the plan using **Table H**.

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

Table H. Sample Cost Allocation Summary 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					

Programs	Total Request	Percent Allocation	Federal Share %	Federal Share Total	State Share Total
Totals		100%	N/A		

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

Appendix B. Conditions for Enhanced Funding

**Instruction:**

Remove this instruction before submission. This section is required under 42 CFR §433.112(b).

The state should attest to whether the system meets these conditions by completing **Table I** 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 for 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 OAPD and identify the project name in the table caption.

[Click [here](#) and type text.]

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

CEF Reference #	Conditions for Enhanced Funding	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.		
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.		

CEF Reference #	Conditions for Enhanced Funding	Yes / No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
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.		
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.		

CEF Reference #	Conditions for Enhanced Funding	Yes / No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
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.		
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; and 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.		

CEF Reference #	Conditions for Enhanced Funding	Yes / No / Not Applicable (N/A)	Explain how. If the answer is no or N/A, then explain why.
14 42 CFR §433.112(b)(14)	Support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.		
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	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 C. Outcomes and Metrics



Instruction:

Remove this instruction before submission.

In accordance with 42 CFR §433.112(b)(15), states must submit transaction data, reports, and performance metrics to support program evaluation, continuous improvement, and accountability. Each OAPD submission must include an attestation specifying the CMS-designated repository of the submitted Operational Report Workbook (ORW) template. The state must also attest that 12 months of metrics data (or data from the go-live date if the system has been live for less than 12 months) has been submitted using the **ORW**.

If data has not yet been submitted, the state must explain why and provide an estimated timeline for submission.

CMS-required outcomes must be reported for each applicable module in this OAPD when the state requests enhanced federal matching funds. This includes legacy systems, certified systems, systems of record, and those claiming enhanced rates for DDI or operations.

Complete **Table J** by listing all the CMS-required outcome reference numbers for each module included in this OAPD. For each outcome and metric, indicate whether it is applicable; if no, provide an explanation. Use the CMS-required outcomes on the MES Certification Repository (<https://cmsgov.github.io/CMCS-DSG-DSS-Certification/>) for the applicable module(s) to populate the table. 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 could use an attachment instead of **Table J** and **Table K**.

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

Table J. 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 K:

Remove this instruction before submission.

List the associated state-specific outcome reference #, state-specific outcome(s), and state-specific metric IDs 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 number 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 the change.

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

[Click [here](#) and type text.]

Table K. State-Specific Outcomes and Metrics Table

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