



State Plan Amendment Submission and Processing for State Medicaid Agencies

February 2024



Today's Hosts & Presenters

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Introduction

- Each state and territory is required to have a Medicaid State Plan, that documents:
 - who is eligible,
 - what services are covered, and
 - how the state will reimburse providers.
- To make changes to a State Plan, states submit a State Plan Amendment (SPA) to CMS for approval. States and territories submit multiple SPAs each year.
- The requirements, processes, and submission systems for SPAs are complex.
- CMCS developed this training to help our state partners understand the SPA submission requirements and submission process.

Topics

- (1) State Plan structure
- (2) SPA processing overview
- (3) SPA submission packages
 - Public notice
 - Tribal consultation
- (4) Completing the CMS 179 form
- (5) Effective date requirements
- (6) CMS review team roles
- (7) SPA submission systems

(1) Medicaid State Plan Structure

1. Single State Agency Organization
2. Eligibility
3. Coverage
4. General Program Administration
5. Personnel Administration
6. Financial Administration
7. General Provisions
8. MAGI
9. MACPro

Double-click for detailed Table of Contents

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(2) SPA Processing Overview-(1/2)

- SPA processing starts with CMS staff review of the submission for compliance with statutory and regulatory requirements. CMS staff may have questions after their initial review of the submission, and may provide technical assistance to the state. In turn, the state staff provide responses to CMS questions and revised documents. This cycle may happen multiple times before the final version of the SPA is compliant with relevant statutes and regulations.

15- Day Call

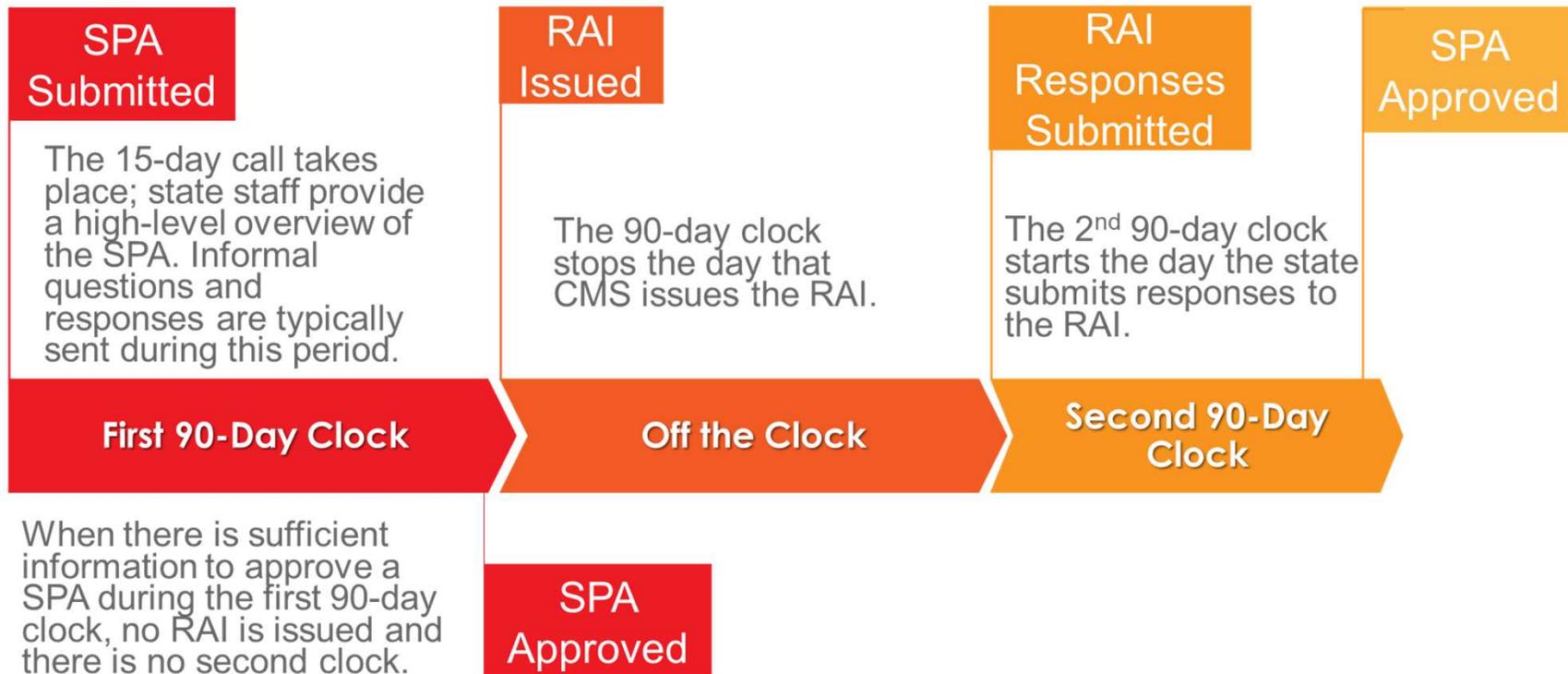
Upon submission, the CMS review team offers to schedule an introductory call to allow the state to provide an overview of the submission and any critical timelines. These calls simplify the initial CMS review, allow CMS to communicate any areas of incomplete information, and identify major policy issues, which can help shorten processing time.

(2) SPA Processing Overview-(2/2)

- Under section 1915(f) of the Social Security Act, CMS must approve, disapprove, or request additional information on a SPA within 90 days of submission or the amendment is deemed approved.
- For Medicaid, the 90-day time period can be stopped only once by a formal, written request for additional information (RAI) from CMS. Upon receipt of the formal RAI response from the state, a new 90-day clock is initiated.
- CMS can also request additional information informally, which is called issuing clarification. Informal clarification requests do not stop the 90-day clock.
- States can withdraw SPA submissions at any point during the review process.

(2) SPA Processing Overview

The 90-Day Clock(s)



(3) SPA Submission Packages

- SPA submission packages must include the following:

Submission System	Pages	CMS 179 Form
OneMAC	State Plan Pages	CMS 179 Form
MACPro	Reviewable Units	Submission Summary
MMDL	PDF Forms	Summary Page (CMS 179)

- SPAs must also include:
 - Documentation of public notice (if required)
 - Documentation of tribal consultation (if required by the State's approved tribal consultation SPA)
- Depending on the type of submission, additional documents may be required.

(3) SPA Submission Packages

Public Notice Requirements-(1/2)

- Documentation of public notice is required for SPAs that:
 - Changes methods and standards for setting payment rates (42 CFR 447.205)
 - Establish or modify Medicaid premiums and cost-sharing (42 CFR 447.57(c))
 - Establish or modify an ABP (42 CFR 440.386)
- The public notice timelines and content requirements for these 3 types of SPAs are different. Review the relevant regulations carefully to ensure you understand the requirements.

(3) SPA Submission Packages Public Notice Requirements-(2/2)

- Public notice timing will impact the effective date of the SPA. It is important to plan in advance to avoid effective date delays resulting from incomplete or late public notice.
- Further resources and details about federal public notice requirements for SPAs affecting Medicaid payment rates can be found in the June, 2016 [CMCS Informational Bulletin](#).
- Please consult with your CPOC in advance if you have questions about federal public notice requirement for a specific SPA.

(3) SPA Submission Packages

Tribal Consultation-(1/2)

- Federal law and CMS guidance require states to solicit advice from Indian Health Care Providers before submitting SPAs to CMS:
 - Section 1902(a)(73) of the Social Security Act
 - 42 CFR 431.408
 - SMDL #01-024
- The State plan must describe the process for soliciting advice prior to submission on matters that have a direct impact on Indians, Indian Health Programs, or Urban Indian Organizations, such as Medicaid SPAs, 1915 waivers, CHIP programs, and 1115 demonstrations. All State plans have a description of their tribal consultation requirements and process in Section 1.4-Administration.
- States must include documentation of tribal consultation in the SPA submission package when required.

(3) SPA Submission Packages

Tribal Consultation-(2/2)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: [REDACTED]

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designers of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHICA). Section 2107(e)(1) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

[REDACTED] has three different tribal provider types including 638 tribal facilities, facilities operated by the Indian Health Service, and Urban Indian clinics (This collective group is referred to as Indian Tribal Units (ITUs)). The agency has quarterly meetings with all of the Indian Health Service business office managers, and meets on an as needed basis with any of the three tribal provider types, as well as conducts site visits and trainings as needed. Additionally, the agency hosts an annual tribal consultation meeting each year in which all tribal provider types are invited.

In regard to rule, waiver implementation or renewals, state plan changes, and demonstration projects, the agency issues an ITU Public Notice provider letter to each ITU provider(s) advising them of all proposed rule, waiver implementations or renewals, state plan changes, and demonstration projects, and/or state plan changes. The ITUs are encouraged to offer feedback on proposed changes. The letter is also posted to our public website under ITU Public Notification which is a designated place for ITUs updates and information. The agency also has a proposed rule change page on our public website that allows public comment on proposed rule changes and offers web alerts for future updates and comment opportunities. Notification to tribes for consultation under normal circumstances is provided at least 60 days prior to a rule change or waiver/SPA submission. In the event of abnormal circumstances (such as, but not exclusive to Federal Regulatory changes, judgments from lawsuits, etc.), ITUs are given as much notice for consultation as possible; if such an abnormal process has been identified, notification to tribes for consultation could be as short as 14 days prior to submission of the waiver implementations or renewals, state plan changes, and/or demonstration projects, in conjunction with email notification to the ITUs of the proposed changes.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The agency developed and issued a survey and letter to ITUs to ascertain if the tribes were satisfied with the current process and to offer suggestions for improvement. Of the respondents, approximately 80% indicated that they were satisfied or very satisfied with the current process.

Revised 12-01-10

TN 13-19
Supersedes TN 10-38

Approval Date 9/19/16

Effective Date 10/1/13

[REDACTED]
CHIEF EXECUTIVE OFFICER

[REDACTED]
GOVERNOR

[REDACTED]
STATE OF [REDACTED]

ITU Public Notice 2020-02

Feb. 13, 2020

RE: [REDACTED] Proposed Rule, State Plan, and Waiver Amendments

Dear Tribal Representative:

The purpose of this letter is to give you notice of proposed changes that will be reviewed at the tribal consultation meeting on March 3, 2020 at 11 a.m. in the [REDACTED] Boardroom located at [REDACTED]. The [REDACTED] invites you to attend this meeting, and we welcome any comments regarding the proposed changes. The Agency is committed to active communication with tribal governments during the decision-making and priority-setting process to keep you apprised of all proposed changes.

Enclosed are summaries of the current proposed rules, state plan, and waiver amendments for your review; the summaries describe the purpose of each change.

Please note that these are only proposed changes and have not yet taken effect. Before implementation, proposed changes must obtain budget authorization and approval by the [REDACTED] Board, and when applicable, federal approval and Governor approval must be obtained.

Additionally, the [REDACTED] posts all proposed changes on the Agency's [REDACTED] Blog and the [REDACTED] Page. These public website pages are designed to give all constituents and stakeholders an opportunity to review and make comments regarding upcoming policy changes. To ensure that you stay informed of proposed policy changes, you may sign up for web alerts to be automatically notified when any new proposed policy changes are posted for comment.

The [REDACTED] values consultation with tribal governments and will provide your representatives a reasonable amount of time to respond to this notification. If you have any questions or comments about the proposed policy changes, please use the online comment system found on the [REDACTED] Blog and/or the [REDACTED] Page.

Sincerely,

S:

[REDACTED]
Director, Tribal Government Relations

[REDACTED]

(3) SPA Submission Packages

Reimbursement

- SPAs that include reimbursement pages (in Attachments 4.19-A, 4.19-B, or 4.-19-D) must include answers to the [Standard Funding Questions](#)
- Many useful tools and documents related to Reimbursement SPAs are available on [Medicaid.gov](#), including a Fee For Service SPA Submission Package Completeness Checklist.

(4) The CMS-179 Form-(1/3)

- A completed CMS-179, or Submission Summary for SPAs submitted using MMDL or MACPro, must be included with all SPA packages.
- The CMS-179 form provides pertinent SPA and budget information.
- A fillable [CMS-179 Form](#) and instructions for completing it are posted on Medicaid.gov

(4) The CMS-179 Form-(2/3)

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>3</u> — <u>0</u> <u>0</u> <u>0</u> <u>1</u>	2. STATE <u>S</u> <u>T</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">01/01/2023</p>	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(13) of the Social Security Act; 42 CFR 440.130		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>1,000</u> b. FFY <u>2024</u> \$ <u>2,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A, #13, pages 1-5 Attachment 4.19B, #13, page 2 NEW		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A, #13, pages 1-5	
9. SUBJECT OF AMENDMENT This amendment adds coverage and reimbursement of Tobacco Cessation Counseling.		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Each state has its own way of numbering and organizing state plan pages; your state's page numbers may not look like this!</p> </div>	

(4) The CMS-179 Form-(3/3)

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a calendar year basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS. Enter 1st Federal Fiscal Year (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6(b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

Block 11 - Signature of State Agency Official - Authorized State official signs this block.

Block 12 - Typed Name - Type name of State official who signed block 11.

Block 13 - Title - Type title of State official who signed block 11.

Block 14 - Date Submitted - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

Block 15 - Return To - Type the name and address of State official to whom this form should be returned.

Block 16-22 (FOR CMS USE ONLY).

Block 16 - Date Received - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

Block 17 - Date Approved - Enter the date CMCS approved the plan material.

Block 18 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

Block 19 - Signature of Approving Official - Approving official signs this block.

Block 20 - Typed Name of Approving Official - Type approving official's name.

Block 21 - Title of Approving Official - Type approving official's title.

Block 22 - Remarks - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-0193. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.

(5) Effective Date Requirements-(1/2)

- In accordance with 42 CFR 430.20, the effective date of a SPA may be no earlier than the first day of the quarter it was submitted.*
 - Example – Earliest possible effective date for a SPA submitted on March 31 is January 1.
- For all SPAs affecting reimbursement methods and payments, public notice must be issued at least one day prior to the effective date of the SPA.
 - Example: if public notice begins on January 1, earliest possible effective date is January 2.

* 1915(i) SPAs must be approved with a prospective effective date

(5) Effective Date Requirements-(2/2)

- For SPAs that make significant changes to premiums and cost-sharing, or ABPs, States must provide the public with advance notice and a reasonable opportunity to comment. SPAs cannot be submitted to CMS prior to the end of this reasonable opportunity period.
- The general rule about effective dates being no earlier than the first day of the quarter in which a SPA is submitted also applies to these types of SPAs.
- There are also special requirements relating to the content of public notice for these types of SPAs; review the regulations at 42 CFR 447.57(c) and 42 CFR 440.386.

(6) CMS Review Team Roles-(1/2)

- The Center for Medicaid and CHIP Services (CMCS) is responsible for the policy development, operations and oversight of Medicaid, CHIP and BHP.
- CMCS is a center within CMS that is organized into Groups; Groups are further organized into Divisions.
- SPA review teams are comprised of members from one or more of the seven groups within CMCS with specific subject matter area expertise.

(6) CMS Review Team Roles-(2/2)

- CPOC (CMS Point of Contact)
 - CMS staff person who serves as the state’s main point of contact during a SPA review.
 - The individual assigned the CPOC role depends on the content of the SPA.
- SMEs (Subject Matter Expert)
 - Typically, one or more CMS SMEs are assigned to the review team to address specific policy areas in the submission.
 - The SMEs assigned to the review team depend on the content of the SPA.

(6) CMS Review Team Roles Different SPAs have Different CPOCs-(1/2)

- It is most efficient if states can direct questions and other correspondence to the CPOC leading the SPA review.
- State Leads are the CPOCs for many types of SPAs, such as:
 - all disaster relief SPAs (Section 7)
 - SPAs that include both coverage (3.1 A and B) and reimbursement (4.19 A, B, or D) pages (i.e., combination SPAs)
 - Eligibility SPAs (MACPro or MMDL; Attachment 2 when submitted through OneMAC)
- Analysts from the Division of Reimbursement Review (DRR) are the CPOCs for SPAs that only include reimbursement pages from Attachment 4.19-A, B, or D

(6) CMS Review Team Roles Different SPAs have Different CPOCs-(2/2)

- Division of Pharmacy analysts are the CPOCs for SPAs that include pages from Attachment 3.1-A item 12a; Attachment 4.19-B item 12a; or Section 4.26.
- The CPOCs for other types of SPAs come from other CMCS Groups and Divisions. For example:
 - Managed care (Attachment 3.1F) and PACE SPAs (Attachment 3.1A) are led by an analyst from the Division of Managed Care Operations (DMCO)
 - 1915(i), 1915(k), and 1915(j) SPAs (various locations within Attachment 3.1A) are lead by an analyst from the Division of HCBS Operations (DHCBSO)

(7) SPA Submission Systems

SPA Submission Systems		
Medicaid Model Data Lab (MMDL)		
Alternative Benefit Plan (ABP) and certain cost-sharing SPAs https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp	Administrative, Health Homes, and most eligibility SPAs MACPro login-IDM homepage	All SPAs not submitted to MACPro or MMDL https://onemac.cms.gov/

MMDL Medicaid Model Data Lab-(1/2)

- MMDL is a web-based PDF repository used for the submission of two types of SPAs:
 - Premium and Cost Sharing –assurance of compliance with limits
 - Alternative Benefit Plans (ABPs)
- MMDL contains fillable PDF forms and implementation guides for these SPAs. The PDF forms are the actual SPA pages; the implementation guides describe the relevant regulations and policies and technical guidance.
- Access MMDL at: <https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp>

MMDL Medicaid Model Data Lab-(2/2)

- For SPAs submitted in MMDL, correspondence between CMS and the state is conducted by email; revisions to the PDF forms are submitted in MMDL.
- For ABP SPAs, states should submit amendments to existing MMDL records rather than creating new packages.
- For cost-sharing SPAs, states should create new packages.

MMDL Home Screen-(1/2)

MMDL Medicaid Model Data Lab

Home Logout

MMDL Modules

Select a MMDL module to begin: For the MMDL module select **Login** to prepare, submit, or review a state submission or **Documents** for resource materials.

Medicaid Payment Suspensions State Annual Report(MPS)

[Access Module](#)

[MPS Documents](#)

Balancing Incentive Program(BIP)

[Access Module](#)

[BIP Documents](#)

Health Home State Plan Amendment(HHS)

[Access Module](#)

PDF Repository

For the PDF Repository program select **Login** to prepare, submit, or review a State Plan Amendment; **PDF Forms** to download the forms to complete; or **Implementation Guides** to review the resource materials.

Medicaid State Plan Eligibility

[Access Module](#)

[Eligibility PDF Forms](#)

[Eligibility Implementation Guides](#)

Children's Health Insurance Program (CHIP) Eligibility

[Access Module](#)

[CHIP PDF Forms](#)

[CHIP Implementation Guides](#)

MMDL Home Screen-(2/2)

Medicaid Alternative Benefit Plan

[Access Module](#)

[ABP PDF Forms](#)

[ABP Implementation Guides](#)

Medicaid Premiums and Cost Sharing

[Access Module](#)

[Premiums and Cost Sharing PDF Forms](#)

[Premiums and Cost Sharing Implementation Guides](#)

Documentation

[CMS Upload Approval Letter Instructions](#)

[State Download Approval Letter Instructions](#)

[CMS Instructions for Reports](#)

MMDL Access Module

Medicaid Premiums and Cost Sharing Finder

<u>State</u>	<u>Submission #</u>	<u>Draft ID</u>	<u>Submission title</u>	
ZZ		ZZ.205	RI MPC	Active Detail
ZZ		ZZ.243	ZZ MPC	Active Detail
ZZ		ZZ.281	ZZ MPC	Active Detail
ZZ		ZZ.330	ZZ MPC- 1/29/2021	Active Detail
ZZ		ZZ.337	ZZ MPC	Active Detail
ZZ		ZZ.342	ZZ MPC	Active Detail
ZZ		ZZ.345	ZZ MPC	Active Detail
ZZ		ZZ.355	Cathy's Test MPC SPA	Active Detail
ZZ		ZZ.358	ZZ MPC	Active Detail
ZZ		ZZ.046	ZZ MPC	Active Detail
ZZ		ZZ.048	ZZ MPC	Active Detail
ZZ		ZZ.055	ZZ MPC	Active Detail

MMDL “Active” SPA Screen

Medicaid Premiums and Cost Sharing:Draft ID
ZZ.205.00.00

Document Title: RI MPC
Type of Request: new
Report Status: DRAFT

Browse/Edit	History	Actions
Browse	Transaction	Submit
Edit	History	Withdraw
Print	Show	Add Comment
Validate	Comments	Unlock
	Historical View	RAI
		Approve
		Reject

Amend	Access
Create Amendment	Allow CMS View
	User Access

MMDL Forms



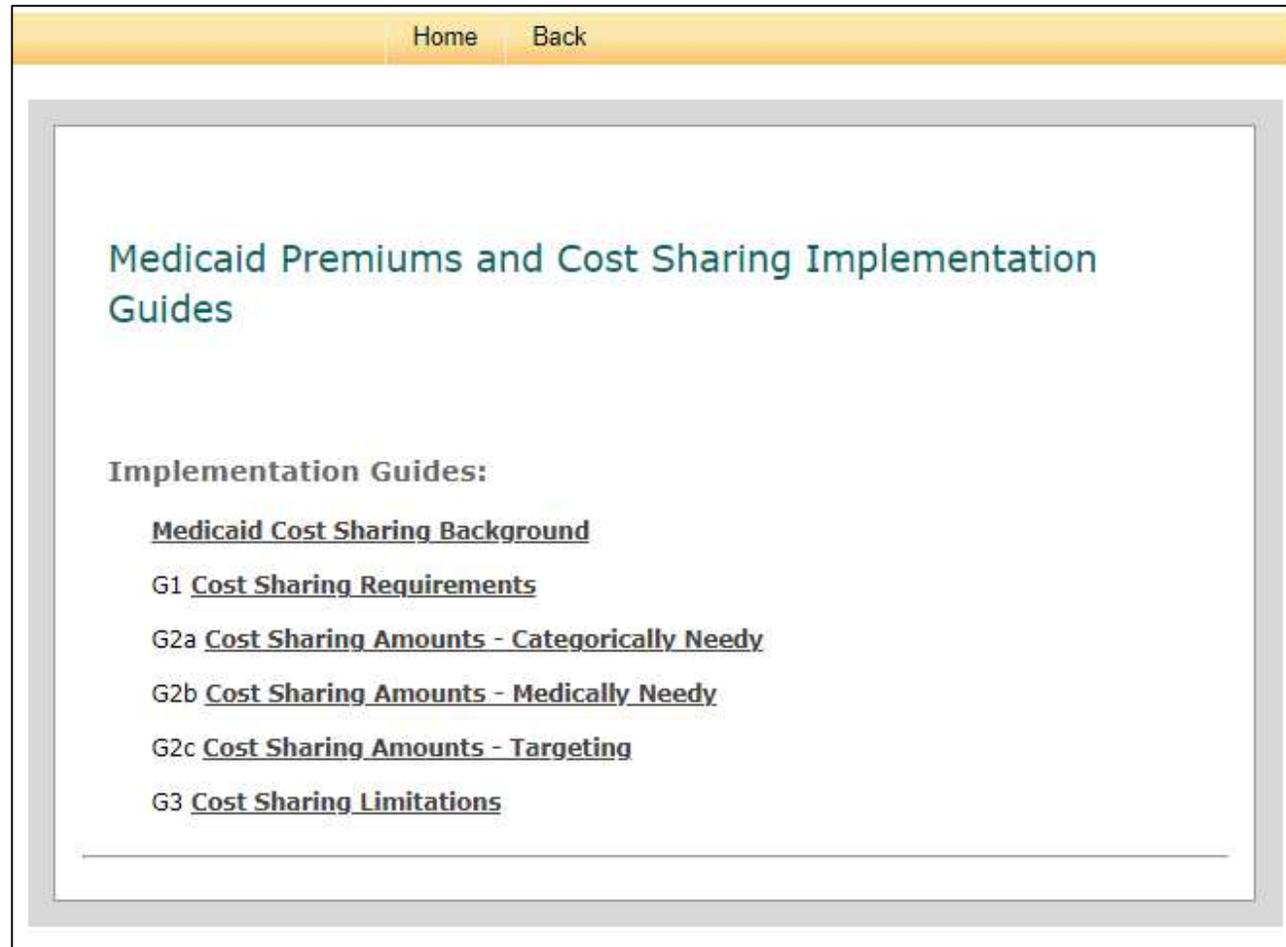
Home Back

Medicaid Premiums and Cost Sharing PDF Forms

PDF Forms:

- G1: [Cost Sharing Requirements](#)
- G2a: [Cost Sharing Amounts - Categorically Needy](#)
- G2b: [Cost Sharing Amounts - Medically Needy](#)
- G2c: [Cost Sharing Amounts - Targeting](#)
- G3: [Cost Sharing Limitations](#)

MMDL Implementation Guides



Home Back

Medicaid Premiums and Cost Sharing Implementation Guides

Implementation Guides:

- [Medicaid Cost Sharing Background](#)
- G1 [Cost Sharing Requirements](#)
- G2a [Cost Sharing Amounts - Categorically Needy](#)
- G2b [Cost Sharing Amounts - Medically Needy](#)
- G2c [Cost Sharing Amounts - Targeting](#)
- G3 [Cost Sharing Limitations](#)

MACPro

Medicaid & CHIP Program System

- MACPro is a web-based application for the submission, review, and disposition of three types of SPAs:
 - Administration
 - Eligibility
 - Health Homes
- Instead of SPA pages, MACPro contains Reviewable Units (RUs) with structured data forms.
- All SPA related actions are conducted in the system, including:
 - CMS requests for clarification and state responses,
 - Reviewable Unit revisions,
 - Formal RAIs and state formal response to RAI, and
 - Draft SPA submissions
- Access MACPro at: [MACPro](#)

MACPro Login Screen

The screenshot displays the MACPro login interface. At the top, there is a navigation bar with tabs for News, Tasks, Records, Reports, and Actions. The Actions tab is currently selected. On the left side, there is a sidebar with the MACPro logo and a list of applications. The main content area on the right lists various actions, each with a lightning bolt icon and a star icon.

MACPro
Medicaid & CHIP Program System

All >
Starred ☆

APPLICATIONS

- Implementation Guide (1)
- MACPRO Reports (1)
- Medicaid State Plan (3)
- Quality Measure (6)
- System Help (1)
- Task Reassignment (1)
- User Management (1)

Actions:

- Create Adult Quality Measure Report** ☆
Create a new Adult Quality Measure Report
- Create Health Homes Quality Measure Report** ☆
Create a new Health Homes Quality Measure Report
- Create Maternal and Infant Health Quality Measure Report** ☆
Create a new Maternal and Infant Health Quality Measure Report
- Create Medicaid and CHIP Child Quality Measure Report** ☆
Create a new Medicaid and CHIP Child Quality Measure Report
- Create State Profile** ☆
Create your state's profile
- Create Submission Package** ☆
Create a new Submission Package
- Delete Annual Report** ☆
Delete a Quality Measure Report
- Delete Submission Package** ☆
Delete a Submission Package
- Generate MACPRO Reports** ☆
Create reports and export data into excel
- Request System Help** ☆
Request System Help
- Role Request Management** ☆
View pending role requests and make a decision to approve/deny them
- Task Reassignment** ☆
Reassign Tasks based on your Approver Role access
- Uncertify Annual Report** ☆
Uncertify a report after it has been certified by the State Director

MACPro Submission Summary RU

News Tasks Records Reports **Actions**
appian

Submission - Summary

MEDICAID | [Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started
In Progress
Complete

Package Header

Package ID N/A	SPA ID N/A
Submission Type N/A	Initial Submission N/A
Approval Date N/A	Date
Superseded SPA ID N/A	Effective Date N/A

[View Implementation Guide](#)

VIEW ALL RESPONSES

State Information Expand

Submission Component Expand

Submission Type Expand

Key Contacts Expand

Executive Summary Expand

Dependency Description Expand

Disaster-Related Submission Expand

Federal Budget Impact and Statute/Regulation Citation Expand

Governor's Office Review Expand

Authorized Submitter Expand

Validation & Navigation

Would you like to validate the reviewable unit data?
 Yes No

Note: This form can be validated only after the Submission - Medicaid State Plan is complete.

Not Started
In Prog.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

-- Select Reviewable Unit --

Submission - Summary

Submission - Medicaid State Plan

Submission - Public Comment

Submission - Tribal Input

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection, if you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1855.

EXIT
SAVE REVIEWABLE UNIT
GO TO SELECTED REVIEWABLE UNIT

MACPro Medicaid State Plan RU

Records / Submission Packages - Your State

IA - Submission Package - IA2023MS0001O - (IA-23-0001)

Summary Reviewable Units News **Related Actions**

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | IA2023MS0001O | IA-23-0001

[Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete [View Implementation Guide](#)

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

Administration RUs

Records / Submission Packages - Your State

IA - Submission Package - IA2023MS0001O - (IA-23-0001)

Summary Reviewable Units News **Related Actions**

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | IA2023MS0001O | IA-23-0001

[Download Spell Check Instructions](#) | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

[View Implementation Guide](#)

The submission includes the following:

- Administration
 - Organization
 - Designation and Authority
 - Intergovernmental Cooperation Act Waivers
 - Eligibility Determinations and Fair Hearings
 - Organization and Administration
 - Single State Agency Assurances

Eligibility RUs

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MAGI-Based Methodologies

Non-MAGI Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Selection is required. Please select an option.

Income/Resource Standards

AFDC Income Standards

Medically Needy Income Level

Handling of Excess Income (Spendeddown)

Medically Needy Resource Level

Selection is required. Please select an option.

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Health Homes RUs

The submission includes the following:

Administration

Eligibility

Benefits and Payments

Health Homes Program

1945A Health Home Program

Selection is required. Please select an option.

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

MACPro Records Menu

The screenshot displays the 'Records' menu in the MACPro application. The interface features a top navigation bar with tabs for 'News', 'Tasks', 'Records' (which is selected), 'Reports', and 'Actions'. A user profile icon labeled 'appiar' is visible in the top right corner. Below the navigation bar is a search bar with the placeholder text 'Search record types...' and a 'SEARCH' button. The main content area is a grid of 12 menu items, each with a blue icon representing a document or folder and a brief description of the item's function.

Record Type	Description
Adult Quality Measures	View Adult Quality Measure Reports for your state
Health Homes Quality Measures	View Health Homes Quality Measure Reports for your state
Maternal and Infant Health Quality Measures	View Maternal and Infant Health Quality Measure Reports f...
Medicaid and CHIP Child Quality Measures	View Medicaid and CHIP Child Quality Measure Reports for ...
Medicaid State Plan	View each state's Medicaid State Plan
MMDL HHS Programs	Download PDF files of MMDL HHS Programs
MMDL Packages	Download PDF files of MMDL Packages
My User Profile	View and edit my user profile
State Profiles	View the State Profile for your state
Submission Packages - Other States	View Submission Packages for other States
Submission Packages - Your State	View all Submission Packages for your State
Users	Directory of users

MACPro – Finding & Modifying a Submission Package

Submission Packages - Your State



SEARCH

IA [IA - Submission Package - IA2023MS00010 - \(IA-23-0001\)](#)
 Package Status: Pending
 Creation Date: 1/9/2023 10:28 AM EST
 Monday 10:28 AM

IA [IA - Submission Package - IA2022MS00010 - \(IA-22-0001\)](#)
 Package Status: Pending
 Creation Date: 10/13/2022 3:46 PM EDT
 Oct 13, 2022

Records / Submission Packages - Your State

IA - Submission Package - IA2023MS00010 - (IA-23-0001)



Summary | Reviewable Units | News | Related Actions

[Spell Check Instructions](#) | [Request System Help](#)

Pending Submitted Review Disposition Complete Closed

Package Information

Package ID IA2023MS00010
Program Name N/A
SPA ID IA-23-0001
Version Number 1

Submission Type Official
State IA
Region Kansas City, KS
Package Status Pending

Eligibility & Administration SPAs (1/2)

- Most eligibility SPAs are submitted to MACPro, including:
 - All mandatory and optional eligibility groups
 - Financial methodologies used to determine eligibility,
 - Income and resource standards used to determine eligibility
 - Presumptive eligibility
- This means that most of the SPAs that would have previously included pages from Section 2, Attachments 2.2-A, or 2.6-A in the paper State Plan; or A1-A3, or any MAGI page in MMDL, are submitted using the corresponding MACPro RUs.

Eligibility & Administration SPAs (2/2)

- CMS published 2 crosswalk documents that are useful tools to understand which eligibility sections are included in the different MACPro RUs, what parts of the paper State Plan they correspond to, and which eligibility sections are still submitted using the “paper-based” pages:
 - [Crosswalk from MACPro to Paper-Based State Plan and MMDL](#)
 - [Crosswalk from Paper-based State Plan to MACPro and MMDL](#)
- CMS eligibility subject matter experts are available to provide technical assistance on questions on eligibility submission packages.

Eligibility SPAs NOT Submitted to MACPro

- OneMAC (paper-based) SPAs
 - Post-Eligibility Treatment of Income (PETI) (Attachment 2.6-A)
 - Third Party Liability (TPL) (Attachment 4.22)
 - Express Lane Eligibility (ELE) (Attachment 2.1)
 - Cost-sharing and premium elections and methodologies (Attachments 2.6 and 4.18)
- MMDL SPAs
 - assurances of compliance with limits on cost-sharing and premiums (G1)



One MAC -(1/2)

- OneMAC is a submission portal for “paper-based” SPAs and formal responses to RAIs.
- Responses and revisions related to informal questions (clarifications) are submitted directly to the SPA’s CMS Point of Contact via email.
- Detailed information about the OneMAC submission process, onboarding materials, and helpdesk information are available in the FAQs tab on onemac.cms.gov (log-in is not required to access these resources).



One MAC -(2/2)

- OneMAC user roles for state users:

OneMAC Role	Actions	Role Approver
State Submitter	Creates new paper-based submissions, submits packages, submits official RAI responses to CMS for review, withdraws SPA packages, and withdraws official RAI responses: <ul style="list-style-type: none">•Medicaid SPAs•1915(b) waivers•1915(c) waivers	State System Administrator
State System Administrator	Reviews and acts on State Submitter user role requests and system access, has all State Submitter permissions (above)	CMS Role Approver

Current Available OneMAC Actions

- Submit new SPAs
- Submit formal responses to RAIs
- Withdraw formal responses to RAIs
- Withdraw SPA packages

OneMAC – Log In-(1/2)



The screenshot shows the OneMAC website interface. At the top left is the OneMAC logo, consisting of a white square with a smaller white square inside, followed by the text "one MAC". To the right of the logo are navigation links: "Home" (underlined), "FAQ", "Register", "Login" (in a button), and "Development Login" (in a button). The main content area features a large white OneMAC logo on the left and a white text block on the right that reads: "Welcome to the official submission system for paper-based state plan amendments (SPAs) and section 1915 waivers." The background is a solid blue color with a subtle pattern of light blue hexagons.

OneMAC – Log In-(2/2)

CMS.gov | IDM

Sign In

User ID

Password

Agree to our [Terms & Conditions](#)

Sign In

OR

CMS PIV Card Only

Attention CMS PIV card users: If this is your first time signing in you must first sign in using your EUA ID and password before having the option to log in with your PIV card.

OR

New User Registration

Forgot your [Password](#), [User ID](#) or [Unlock your account](#)?

OneMAC Dashboard

The screenshot displays the OneMAC Dashboard interface. At the top, there is a navigation bar with the OneMAC logo and links for Home, Dashboard, User Management, and FAQ. A 'My Account' dropdown menu is also present. Below the navigation bar, the 'Package Dashboard' section features a 'New Submission +' button. The main content area is divided into two tabs: 'SPAs' (selected) and 'Waivers'. A search bar is provided for finding packages by ID, name, or submitter, with a 'Filter' button to the right. Below the search bar is a table with columns for SPA ID, Type, Status, Initial Submission, Formal RAI Response, Submitted By, and Actions. Two rows of data are visible, both submitted on April 21, 2023, by Michala Walker. On the right side, a 'Filter By' sidebar is open, allowing users to filter by State, Type (CHIP SPA and Medicaid SPA), Status (Submitted), and Initial Submission/Formal RAI Response date ranges.

one
MAC

Home Dashboard User Management FAQ My Account ▾

Package Dashboard New Submission +

SPAs Waivers

Search by Package ID, CPOC Name, or Submitter Name

Q | Show/Hide Columns ▾ Filter

SPA ID	Type	Status	Initial Submission	Formal RAI Response	Submitted By	Actions
MA-23-0002	CHIP SPA	Submitted	Apr 21, 2023	---	Michala Walker	⋮
MA-23-0001	Medicaid SPA	Submitted	Apr 21, 2023	---	Michala Walker	⋮

Filter By Close x

Reset

State ^
Select.. ▾

Type ^
 CHIP SPA
 Medicaid SPA

Status ^
 Submitted

Initial Submission ^
Select Date Range 📅

Formal RAI Response ^
Select Date Range 📅

OneMAC – Package Details

Status Approved	Package Actions No actions are currently available for this submission.
Medicaid SPA Package Details	
Submission ID 23-0002	
State	Type Medicaid SPA
Initial Submission Date Wed, Dec 7 2022, 9:24:08 AM	Proposed Effective Date Jan 1 2023
Approved Effective Date Jan 1 2023	Final Disposition Date Feb 21 2023
Format RAI Response -- --	
Subject Rehabilitation Services	Description Add Parent Peer Support as a behavioral health rehabilitation benefit. A technical correction is also included to add section number "8" to Attachment 3.1-A #13.d, Page 8.
CPOC Michala Walker	
Review Team (SRT)	
Initial Package -- Submitted -- Wed, Dec 7 2022, 9:24:08 AM	
Supporting Documentation <small>Documents available on this page may not reflect the actual documents that were approved by CMS. Please refer to your CMS Point of Contact for the approved documents.</small>	

OneMAC – New Submission-(1/4)

The screenshot displays the OneMAC web application interface. At the top, a blue navigation bar contains the OneMAC logo on the left and the following menu items: Home, Dashboard, User Management, FAQ, and My Account (with a dropdown arrow). Below the navigation bar, a light blue header area shows a back arrow and the text 'Submission Type'. The main content area features the heading 'Select a Submission Type.' followed by a list of two options, each with a right-pointing arrow:

- State Plan Amendment (SPA)**
Submit a new Medicaid & CHIP State Plan Amendments or RAI
- Waiver Action**
Submit Waivers, Amendments, Renewals, RAI, or Temp. Extension

OneMAC – New Submission-(2/4)

The screenshot displays the OneMAC web application interface. At the top, there is a blue navigation bar with the OneMAC logo on the left and menu items: Home, Dashboard, User Management, and FAQ. On the right side of the navigation bar is a 'My Account' dropdown menu. Below the navigation bar is a light blue header area with a back arrow and the text 'SPA Type'. The main content area features the instruction 'Select a SPA type to start your submission.' followed by a list of two options: 'Medicaid SPA' and 'CHIP SPA'. Each option includes a brief description and a right-pointing arrow.

one MAC Home Dashboard User Management FAQ My Account ▾

< SPA Type

Select a SPA type to start your submission.

- Medicaid SPA** >
Submit a new Medicaid State Plan Amendment
- CHIP SPA** >
Submit a new CHIP State Plan Amendment

OneMAC – New Submission-(3/4)

Select a Medicaid SPA type to create your submission

Medicaid Eligibility, Enrollment, Administration, and Health Homes	>
Redirects to the MACPro Appian submission system	
Medicaid Alternative Benefits Plans (ABP), and Medicaid Premiums and Cost Sharing	>
Redirects to MMDL submission system	
All Other Medicaid SPA Submissions	>
Create a new Medicaid State Plan Amendment	

OneMAC – New Submission-(4/4)

Medicaid SPA Details
*Indicates required field.

Once you submit this form, a confirmation email is sent to you and to CMS. CMS will use this content to review your package, and you will not be able to edit this form. If CMS needs any additional information, they will follow up by email. **If you leave this page, you will lose your progress on this form.**

SPA ID* What is my SPA ID?
Must follow the format SS-YY-NNNNN or SS-YY-NNNN-XXXX
Reminder - CMS recommends that all SPA numbers start with the year in which the package is submitted.

Proposed Effective Date of Medicaid SPA*
mm/dd/yyyy

Attachments
Maximum file size of 80 MB per attachment. You can add multiple files per attachment type, except for the CMS Form 179. Read the description for each of the attachment types on the [FAQ Page](#).
We accept the following file formats: .docx, .jpg, .pdf, .png, .xlsx. See the full list on the [FAQ Page](#).
* Indicates required attachment.

CMS Form 179*	Add File	No file chosen
SPA Pages*	Add File	No file chosen
Cover Letter	Add File	No file chosen
Document Demonstrating Good-Faith Tribal Engagement	Add File	No file chosen
Existing State Plan Page(s)	Add File	No file chosen
Public Notice	Add File	No file chosen
Standard Funding Questions (SFQs)	Add File	No file chosen
Tribal Consultation	Add File	No file chosen
Other	Add File	No file chosen

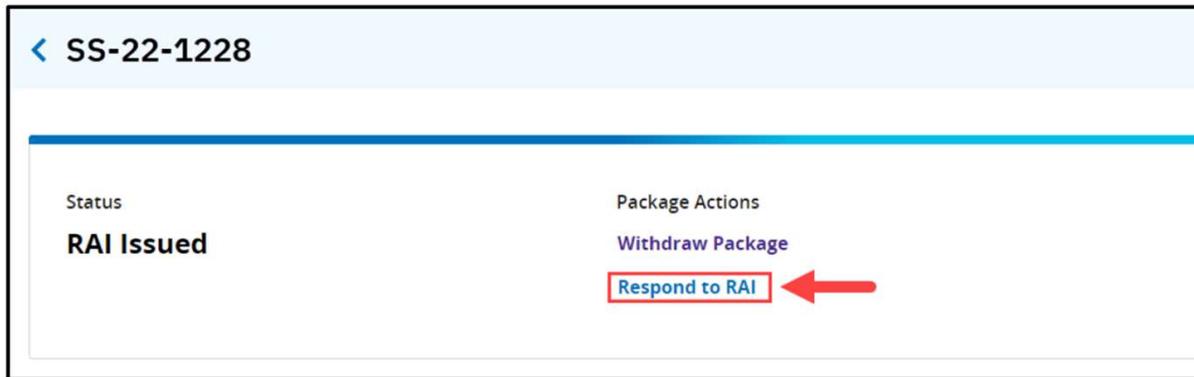
Additional Information
Add anything else that you would like to share with CMS.

OneMAC – Submit Formal Responses to RAI-(1/2)

- For any SPA submitted in OneMAC or MMDL for which an RAI has been issued, you have 2 options to submit a response. The 2 options will be covered shortly in the presentation.
- It should be noted that if a State is responding to a RAI issued for a MMDL SPA, that RAI response must be submitted via OneMAC.
- Submitting responses to an RAI is very similar to submitting a new SPA package.

OneMAC – Submit Formal Responses to RAI-(2/2)

Option 1: Select the link to the SPA from your dashboard; on the package details screen, select “Respond to RAI” from the Package Actions area.



Option 2: On your dashboard, click the Actions button for the SPA. Then select “Respond to RAI.”

SPA ID	State	Type	Status	Initial Submission Date	Submitted By	Actions
SS-22-1228	SS	CHIP SPA	RAI Issued	Dec 28, 2022		 Withdraw Package Respond to RAI
SS-22-0111	SS	CHIP SPA	Submitted	Dec 28, 2022		

OneMAC-Withdraw RAI Responses-(1/4)

- To withdraw a Formal RAI Response in OneMAC, the first step is to ask the CPOC to enable the **Withdraw RAI Response** feature for the SPA in question.
- Once the CPOC has done so, the SPA status in the dashboard will indicate the RAI withdrawal function has been enabled:



The screenshot shows a dashboard entry for a State Plan Amendment (SPA). The entry includes the following information:

- Case ID: [MD-22-2400-VM](#)
- SPA Type: Medicaid SPA
- Status: Under Review
- Feature Status: Withdraw Formal RAI Response Enabled (highlighted with a red box)
- Start Date: Dec 28, 2022
- End Date: Feb 9, 2023
- Submitter: Statesubmitter Nightwatch
- More options: Three vertical dots (⋮)

OneMAC-Withdraw RAI Responses-(2/4)

- Once the Withdraw RAI Response feature is enabled, there are 2 ways to withdraw the RAI responses.
- **Option 1** is to use the Actions button on the dashboard:



The screenshot shows a table with the following columns: SPA ID, Type, Status, Initial Submission, Formal RAI Response, Submitted By, and Actions. A dropdown menu is open for the 'Actions' column of the first row, showing two options: 'Withdraw Package' and 'Withdraw Formal RAI Response', which is highlighted with a red border.

SPA ID	Type	Status	Initial Submission	Formal RAI Response	Submitted By	Actions
MD-22-2400-VM	Medicaid SPA	Under Review Withdraw Formal RAI Response Enabled	Dec 28, 2022	Feb 9, 2023	Statesubmitter Nightwatch	<ul style="list-style-type: none">Withdraw PackageWithdraw Formal RAI Response

OneMAC-Withdraw RAI Responses-(3/4)

- **Option 2** is to select the link to the SPA on your dashboard and then select “Withdraw Formal RAI Response” from the Package Actions.

The screenshot displays a dashboard for a specific package, identified by the ID 'MD-22-2400-VM'. The dashboard is divided into two main sections. The left section, titled 'Status', shows the package is 'Under Review' and that the 'Withdraw Formal RAI Response' feature is enabled. The right section, titled 'Package Actions', lists two options: 'Withdraw Package' and 'Withdraw Formal RAI Response'. The 'Withdraw Formal RAI Response' option is highlighted with a red rectangular border, indicating it is the selected action.

< MD-22-2400-VM

Status
Under Review
Withdraw Formal RAI Response Enabled

Package Actions
Withdraw Package
Withdraw Formal RAI Response

OneMAC-Withdraw RAI Responses-(4/4)

- Click “yes” to confirm that you wish to withdraw the RAI response.

Withdraw Formal RAI Response?

You are about to withdraw the Formal RAI Response for MD-22-2400-VM. CMS will be notified.

[Yes, withdraw response](#) [Cancel](#)

OneMAC - Withdraw SPA Package-(1/2)

- The initial steps for withdrawing a SPA in OneMAC are similar to submitting RAI responses.
 - **Option 1** is to click the link to the SPA on your dashboard or selecting “Withdraw package” from the Package Actions area or
 - **Option 2** is to click the Actions button for the SPA on your dashboard and select “Withdraw Package”

OneMAC - Withdraw SPA Package-(2/2)

- A warning message will appear reminding you that once withdrawn, the package cannot be resubmitted. If you are sure you want to withdraw the package, click yes.

Withdraw Package?

You are about to withdraw SS-22-1228. Once complete, you will not be able to resubmit this package. CMS will be notified.

Yes, withdraw package [Cancel](#)

OneMAC FAQs



Frequently Asked Questions

General

- ▼ [What browsers can I use to access the system?](#)
- ▼ [What should we do if we don't receive a confirmation email?](#)
- ▼ [Is this considered the official state submission?](#)
- ▼ [What are the OneMAC user roles?](#)
- ▼ [Onboarding Materials](#)

State Plan Amendments (SPAs)

- ▼ [What format is used to enter a SPA ID?](#)
- ▼ [What are the attachments for a Medicaid SPA?](#)

OneMAC Help Desk Contact Info

Phone Number

[\(833\) 228-2540](tel:(833)228-2540)

Email

OneMAC_Helpdesk@cms.hhs.gov

System Links and System Resources

- OneMAC – onemac.cms.gov
- [OneMAC FAQ](#) – questions and answers about OneMAC system access and roles, SPA and waiver submissions
- OneMAC Helpdesk - OneMAC_Helpdesk@cms.hhs.gov or (833) 228-2540

- [MACPro](https://macpro.cms.gov/) – <https://macpro.cms.gov/>
- [Medicaid and CHIP Program \(MACPro\) Portal](#) – information and training on how to access MACPro, MACPro roles, system navigation, and the RUs available
 - [Crosswalk from MACPro to Paper-Based State Plan and MMDL](#)
 - [Crosswalk from Paper-based State Plan to MACPro and MMDL](#)
- MACPro HelpDesk - MACPro_HelpDesk@cms.hhs.gov or 833-228-2540

- MMDL - <https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp>
- MMDL Helpdesk - <https://wms-mmdl.cms.gov/MMDL/mmdlHelpDesk.html>

Information Resources

- Medicaid.gov Resources
 - Medicaid SPA Toolkit – guidance on submissions and policy for many types of SPAs
 - CMS 179 Form
 - Public Notice/Public Process requirements
 - Standard Funding Questions
 - CMCS Organizational Chart
 - Plus many more!

Appendix A: CPOCs for Common SPA Types

Type of SPA	CPOC Division	CMCS Group
Disaster Relief SPAs	Division of Program Operations (State Lead)	Medicaid and CHIP Operations Group
SPAs that include coverage and reimbursement pages		
Eligibility SPAs (submitted through any system)		
SPAs that only include reimbursement pages	Division of Reimbursement Review	Financial Management Group
Pharmacy SPAs - Attachment 3.1A item 12a; Attachment 4.19B item 12a; Section 4.26	Division of Pharmacy	Children and Adults Health Programs Group
Managed Care- Attachment 3.1F	Division of Managed Care Operations	Managed Care Group
PACE - Attachment 3.1A		
HCBS SPAs for 1915(i), 1915(k) and 1915(j)	Divisions of HCBS Operations and Oversight	Medicaid and CHIP Operations Group

Appendix B: Acronym Glossary

- ABP – Alternative Benefit Plan
- CHIP – Children’s Health Insurance Program
- CMS – Centers for Medicare & Medicaid
- CMCS – Center for Medicaid and CHIP
- CPOC – CMS Point of Contact
- DHCBSO – Division of HCBS Operations
- DMCO – Division of Managed Care Operations
- DRR – Division of Reimbursement Review
- ELE – Express Lane Eligibility
- MAGI – Modified Adjusted Gross Income
- MMDL – Medicaid Model Data Lab
- PACE – Program of All-Inclusive Care
- PETI – Post-Eligibility Treatment of Income
- RAI – Request for Additional Information
- RU – Reviewable Unit
- SPA – State Plan Amendment
- SME – Subject Matter Expert
- TPL – Third Party Liability

Questions ?
