



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I2 - Submission - Medicaid State Plan Reviewable Unit PRA Document (1945A Health Home Program Changes)

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1. I2 Submission - Medicaid State Plan Reviewable Unit Screenshots (1945A Health Home Program Changes)

1.1 Benefits and Payments / 1945A Health Home Program / Create new 1945A Health Home Program – Copy from existing 1945A Health Home program

☒ Benefits and Payments

☐ Health Homes Program

☒ 1945A Health Home Program

Do not use "Create New 1945A Health Home Program" to amend an existing 1945A Health Home program. Instead, use "Amend existing 1945A Health Home program," below.

☒ Create new 1945A Health Home program
☐ Amend existing 1945A Health Home program
☐ Terminate existing 1945A Health Home program

* ☒ Copy from existing 1945A Health Home program

☐ Create new 1945A program from blank form

* Name of 1945A Health Home Program:

*

<input checked="" type="checkbox"/>	Package ID	SPA ID	Package Status
<input checked="" type="checkbox"/>	TN2022MS0193O	TN-22-0098-Tuio	Withdrawn

Figure 1: Benefits and Payments / 1945A Health Home Program / Create new 1945A Health Home Program – Copy from existing 1945A Health Home program

1.2 Benefits and Payments / 1945A Health Home Program / Create new 1945A Health Home program – Create new 1945A program from blank form

☒ Benefits and Payments

☐ Health Homes Program

☒ 1945A Health Home Program

Do not use "Create New 1945A Health Home Program" to amend an existing 1945A Health Home program. Instead, use "Amend existing 1945A Health Home program," below.

☒ Create new 1945A Health Home program
☐ Amend existing 1945A Health Home program
☐ Terminate existing 1945A Health Home program

☐ Copy from existing 1945A Health Home program
☒ Create new 1945A program from blank form

* Name of 1945A Health Home Program:

The name of the Health Homes Program must be unique

Figure 2: Benefits and Payments / 1945A Health Home Program / Create new 1945A Health Home program – Create new 1945A program from blank form

1.3 Benefits and Payments / 1945A Health Home Program / Amend existing 1945A Health Home program

☒ Benefits and Payments

☐ Health Homes Program

☒ 1945A Health Home Program

Do not use "Create New 1945A Health Home Program" to amend an existing 1945A Health Home program. Instead, use "Amend existing 1945A Health Home program," below.

☐ Create new 1945A Health Home program
☒ Amend existing 1945A Health Home program
☐ Terminate existing 1945A Health Home program

1945A New Health Home Program

▲ 1945A Health Home SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

<input type="checkbox"/> Reviewable Unit Name	Included in Another Submission Package	Source Type
<input type="checkbox"/> 1945A Health Home Intro	●	APPROVED
<input type="checkbox"/> 1945A Health Home Population and Enrollment Criteria	●	APPROVED
<input type="checkbox"/> 1945A Health Home Geographic Limitations	●	APPROVED
<input type="checkbox"/> 1945A Health Home Providers	●	APPROVED
<input type="checkbox"/> 1945A Health Home Service Delivery Systems	●	APPROVED
<input type="checkbox"/> 1945A Health Home Payment Methodologies	●	APPROVED
<input type="checkbox"/> 1945A Health Home Services	●	APPROVED
<input type="checkbox"/> 1945A Health Home Monitoring, Quality Measurement and Evaluation	●	APPROVED

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At least one item must be selected

Figure 3: Benefits and Payments / 1945A Health Home Program / Amend existing 1945A Health Home program

1.4 Benefits and Payments / 1945A Health Home Program / Terminate existing 1945A Health Home program

☒ Benefits and Payments

☐ Health Homes Program

☒ 1945A Health Home Program

Do not use "Create New 1945A Health Home Program" to amend an existing 1945A Health Home program. Instead, use "Amend existing 1945A Health Home program," below.

☐ Create new 1945A Health Home program
☐ Amend existing 1945A Health Home program
☒ Terminate existing 1945A Health Home program

-- Select 1945A Health Home Program --

A value is required

Figure 4: Benefits and Payments / 1945A Health Home Program / Terminate existing 1945A Health Home program

1.5 Validation & Navigation and PRA Disclosure Statement

Validation & Navigation

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

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit
 -- Select Reviewable Unit --

Not Started In Progress Complete

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under 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 21244-1850.

Figure 5: Validation & Navigation and PRA Disclosure Statement

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
PRA	Paperwork Reduction Act of 1995