

## **Integrated Medicare and Medicaid State Plan Preprint Instructions**

### Purpose of the State Plan Preprint for Integrated Care Programs

CMS is supportive of programs that integrate and coordinate Medicaid and Medicare services. The State Plan Preprint for Integrated Care Programs was developed for States to use on a voluntary basis as a tool to demonstrate and explain the key features of the Integrated Care Programs.

This State Plan Preprint does not replace the need for States to operate under the appropriate statutory authorities and to be in compliance with both statutory and regulatory requirements. States will still need to follow the usual process for submitting waiver applications and contracts required under federal law to the appropriate CMS Regional and Central Office components.

The Integrated Care Preprint is an optional tool for use by States to highlight the arrangements provided between a State and Medicare Advantage [\(MA\) organizations offering MA Special Needs Plans](#) that [also contract with the State to provide](#)~~are also providing~~ Medicaid services [to dual eligible individuals enrolled in the SNP](#). The Preprint also provides the opportunity for States to confirm that their integrated care model complies with both federal statutory and regulatory requirements.

**[The SNPs will continue to be required to comply with all Medicare statutory and regulatory requirements, including how they apply for SNP status, submit Medicare bids, and enter into a two-way contract with CMS to provide Medicare services.](#)**

**[Note: For additional information and resources related to integrated care programs please access the CMS website at the following URL:   
www.cms.hhs.gov/integratedcareint/ . There is also a mailbox address to respond to questions related to integrated care. Questions may be emailed to the following address: \[Integrated\\\_Care@cms.hhs.gov\]\(mailto:Integrated\_Care@cms.hhs.gov\).](#)**

### Completion of Integrated Care Preprint

States should complete the optional State Plan Preprint for each individual Integrated Care Program and submit the Preprint to their CMS Regional Office for approval. States should complete the HCFA 179 Transmittal Form (Notice of State Plan Material) and attach to the Integrated Care Preprint. To complete the HCFA 179 form, States will need to identify the Federal Statute/Regulation Citation authorizing this program and indicate location in State Plan (Section 3.7a). Also, States may add additional supplemental information as necessary to explain their program features.

Section A. Name and General Description of the Program:

Please include the name of the program and a general program description.

Section B through Section [JH](#):

For each section in the Preprint (B through [JH](#)) please place a check mark for each item that applies.

Section [KI](#):

For section [KI](#), please place a check mark to confirm compliance with the provisions listed.