

MACPro PRA Demonstration Transcript

Medicaid Administration

This module covers the Medicaid State Plan Amendment Administrative section. We will be using test data in this demonstration.

The fields in the heading of this form are the same as in the CHIP Administrative form, including the Submission Package ID, the State, the Type of Submission, and the Submission Authority, as well as the Agency Name. The Submission Date will be populated when the form is submitted [by the state] to CMS for review.

The state ID and single state agency name will be pre-populated.

State users will select the type of agency and enter the name of the Medicaid state program.

The state indicates whether the state agency is responsible for administering or supervising [the plan] and provides the appropriate citation. The state user also checks the State Attorney General Certification section. The state user then indicates if the state administers the entire State Plan.

In this next section, the user indicates the entities which have responsibility for determination of eligibility for families, adults and individuals under 21; and in the next section, indicates entities that are responsible for determination of eligibility for aged, blind and disabled.

In this section, the state user provides a description and uploads an organizational chart of the Medicaid agency. The user also provides the name and description of the medical assistance unit.

In this next section, the user will indicate the type of personnel, number of personnel, and a description of their responsibilities in the administration of the plan.

In the Assurances section, all Assurances must be checked before the form can be submitted to CMS for review.

Once the form is completed, the user clicks on the complete button at the bottom of the form.

This concludes the module on the State Plan Amendment Administrative section.