

**Responses to Comments Received
Federal Register Notice on
Eligibility & Enrollment IAPD Template
(CMS-10536)**

One commenter, the American Public Human Services Association (APHSA), responded to the October 28, 2014 notice on the proposed Eligibility and Enrollment Implementation Advance Planning Document (IAPD) Template. In order to justify a request for enhanced Federal financial participation (FFP) to support Medicaid eligibility determination system costs, states must provide sufficient information and documentation in an APD to Centers for Medicare & Medicaid Services (CMS) for review.

Comments on Eligibility & Enrollment IAPD Template: Burden

The commenter disagreed with CMS about the estimated burden on states to put together an IAPD. The commenter conveyed that states spend hundreds of hours to pull together the information necessary to complete an IAPD.

The commenter also noted that this proposed template is more burdensome than the Expedited Eligibility and Enrollment (E&E) Checklist, and is also duplicative of the E&E Checklist.

CMS Response

We are revising our estimate from 8 hours to 16 hours in recognition of the time and effort required to gather from various sources the information for the IAPD, to review the instructions to the proposed template, and to complete the template itself. We understand that states spend a significant amount of time into planning and otherwise preparing for their system development cycles that is not factored into this estimate. However, we think that this estimate best reflects the burden on states tied to this proposed information collection.

The E&E checklist has been discontinued formally via the Paperwork Reduction Act (PRA) process, and so it is no longer required for states to follow. Moreover, this proposed template is meant to be more comprehensive than the checklist.

Comments on Eligibility & Enrollment IAPD Template: Federal Partners

The commenter requested clarification about the coordination among the Federal partners with respect to IAPDs that implicate multiple Federal agencies, particularly CMS, the Administration for Children and Families (ACF), and the Food and Nutrition Services (FNS). The commenter was concerned that this template presents a duplication of effort because the same information must be sent to ACF and FNS, and because states must fill out the template and then submit an IAPD. The commenter stated that CMS should make explicit the process for sharing any acquisition checklists among the Federal partners to reduce duplication. Similarly, the commenter asked whether CMS intends to automatically share the IAPDs and the associated cost allocations with ACF and FNS, particularly where the A-87 exception is involved.

CMS Response

While we encourage states to integrate other human service programs into their Medicaid eligibility and enrollment systems, we recognize that this requires a great deal of coordination among the appropriate Federal agency partners. First, the proposed template is not separate from an IAPD submission; the template is used for creating the IAPD that will be submitted. Second, the Federal agency partners already share IAPDs as appropriate. IAPDs with ACF and CMS funding require joint approval, and, as outlined in regulation, must be submitted to ACF. States have the option of submitting joint or separate IAPDs with respect to Health and Human Services (HHS) and FNS funding, and in any case the Federal agencies will share and coordinate among themselves.

Comments on Eligibility & Enrollment IAPD Template: Expedited Review

The commenter noted that the proposed template does not maintain the commitment to formally respond to the IAPD submission within 30 days.

CMS Response

Correct. Per regulation, CMS has 60 days to review and formally respond to IAPDs submitted by states. The 30-day commitment was part of the E&E Checklist that was previously approved through the PRA process; however, as explained in a previous response, the E&E checklist has been discontinued. Also, the 30-day commitment was established in order to help states meet the October 1, 2013 deadline specified in the Affordable Care Act (ACA) for completing their initial design, development, and implementation of their Medicaid eligibility and enrollment systems. CMS does not see the need for such a commitment at this time given the system development of states.

Comments on Eligibility & Enrollment IAPD Template: Effective Date

The commenter would like clarification on the effective date of the proposed template, and is concerned about the burden involved with states using this new template.

CMS Response

The proposed template will be effective once it has been approved through the PRA process and formally announced to states. States will not have to rewrite or resubmit previous IAPDs to conform to this template, as those IAPDs will be grandfathered.

Comments on Eligibility & Enrollment IAPD Template: Personnel Resource Estimates

The commenter requested that CMS clarify how states should estimate costs for the personnel resource statement where they have not yet obtained those personnel.

CMS Response

We do not intend to release additional formal guidance on the personnel resource statement beyond what is included in the proposed template. For costs that have not been finalized, states may make a reasonable estimate.