

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

Name of State: _____

Name of State Medicaid Agency: _____

Name of Contact(s) at State Medicaid Agency: _____

E-Mail Address(es) of Contact(s) at State Medicaid Agency: _____

Telephone Number(s) of Contact(s) at State Medicaid Agency: _____

Date of IAPD Submission to CMS: _____

Note: A signed transmittal letter to CMS is required with any IAPD Submission.

Version # _____

Brief Description of Latest Version Additions/Changes/Deletions: _____

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

TABLE OF CONTENTS

| | |
|--|----|
| Section I: Executive Summary..... | 3 |
| Section II: Results of Activities Included in the PAPD..... | 3 |
| Section III: Statement of Needs and Objectives of the IAPD..... | 3 |
| Section IV: Requirements analysis, feasibility study, and Alternative Considerations..... | 3 |
| Section V: Cost Benefits Analysis..... | 4 |
| Section VI: Nature and Scope of Activities..... | 4 |
| Section VII: Project Management Planning and Procurement..... | 4 |
| Section VIII: Personnel Resource Statement..... | 5 |
| Section IX: Proposed Activity Schedule..... | 6 |
| Section X: Proposed Budget..... | 7 |
| Section XI: Cost Allocation Plan for Implementation Activities..... | 9 |
| Section XII: Security, Interface, Disaster Recovery, and Business Continuity Planning..... | 10 |
| Section XIII: Conditions and Standards for Receipt of Enhanced FFP..... | 10 |
| Section XIV: IAPD Required Federal Assurances..... | 11 |
| Appendix A..... | 12 |
| Appendix B..... | 15 |
| Appendix C..... | 16 |

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

SECTION I: EXECUTIVE SUMMARY

The state should provide a brief executive summary describing the intent of this Implementation Advanced Planning Document (IAPD).

SECTION II: RESULTS OF ACTIVITIES INCLUDED IN THE PAPD

The state should provide a narrative summary of the current status of the activities which were included in the Planning Advance Planning Document (PAPD). The state should also report the status of the expenditures which were approved by CMS in the PAPD.

Sample PAPD Status Table (Federal Fiscal Year)

| Eligibility and Enrollment: PAPD Status | | | | | | | | | |
|---|---------------|---------|-------|---------------------------|---------|-------|------------------------|---------|-------|
| Activity Type | Approved PAPD | | | PAPD Expenditures To Date | | | Remaining PAPD Funding | | |
| | State | Federal | Total | State | Federal | Total | State | Federal | Total |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Program Total | | | | | | | | | |

SECTION III: STATEMENT OF NEEDS AND OBJECTIVES OF THE IAPD

The state should provide a summary of project needs, business objectives and the anticipated benefits of the proposed activities.

SECTION IV: REQUIREMENTS ANALYSIS, FEASIBILITY STUDY, AND ALTERNATIVE CONSIDERATIONS

If a requirements analysis was conducted for the work to be completed via this funding request, then the state should provide a summary of the results. If the state did not conduct a requirements analysis, then it should explain why not. Also, the state should indicate whether a requirements analysis is waived by law or is not required in regulation.

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document (IAPD) Template

If a feasibility study was conducted for the work to be completed via this funding request, then the state should provide a summary of the results. If the state did not conduct a feasibility study, then it should explain why not. Also, the state should indicate whether a feasibility study is waived by law or is not required in regulation. Note that CMS regulations only allow 50 percent Federal financial participation (FFP) for feasibility studies.

The state should describe any alternatives that the State Medicaid Agency considered regarding implementing work to be completed via this funding request. Where differing alternatives and approaches were studied or assessed, the state should provide a brief description of each option considered, and a justification should be provided for the approach or option that was ultimately selected.

SECTION V: COST BENEFITS ANALYSIS

The state should provide a cost benefit analysis for the work to be completed, or indicate if CMS allowed an exemption of this cost benefit analysis.

SECTION VI: NATURE AND SCOPE OF ACTIVITIES

The state should provide a detailed description of the nature and scope of system work and the methods used to execute the work. In general, this description should match the major task categories on the project schedule or workplan. Activity examples could include identifying risks and creating a preliminary mitigation strategy, documenting the As-Is and To-Be environments, and developing proposal evaluation criteria for procurement proposals.

For eligibility system projects already underway, states should prioritize delivery performance tuning for Medicaid Modified Adjusted Gross Income (MAGI) determinations (including accuracy and efficiency, and optimization of real time eligibility determinations); delivery of additional Medicaid MAGI functionality based upon any new federal or state requirements; dynamic notices to beneficiaries; and delivery of non-MAGI functionality, in that order.

SECTION VII: PROJECT MANAGEMENT PLANNING AND PROCUREMENT

The state should describe the organization, including state and contractor responsibilities as it pertains to the work to be completed via this funding request. Who are the key state staff that will be involved in the work? The state must provide additional documentation about governance, including project roles and responsibilities of different agencies and contractors, how coordination and decision-making occurs between the key stakeholders, and how the single state agency responsible for Medicaid is overseeing and monitoring project performance if undertaken by a sister state agency.

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document (IAPD) Template

The state should have a project management office (PMO) either in-house or via contract. Does the state have a PMO associated with the work to be completed? If yes, then briefly describe. If not, then provide justification.

The state should also include a Project Schedule showing major milestones and deliverables and a Project Management Plan.

Will there be any procurements associated with the work to be completed? If yes, then briefly describe. Note that CMS, in accordance with 45 CFR 95.611, may grant an exemption from prior approval for an acquisition document based on a state's favorable responses to the checklist in Appendix C.

Will the procurements be competitive? If yes, then briefly describe. If not, then provide the rationale for an "alternative procurement methodology" that is consistent with 45 CFR 92.36(a).

Will the contracts be deliverables-based? If yes, then briefly describe the deliverables, when they will be delivered, and the consequences of failing to deliver. If not, then provide justification.

The state should provide a brief description of the vendor selection approach.

Will Commercial Off The Shelf (COTS) software or other items of reuse be used for the work to be completed? If yes, then briefly describe.

Note that acquisition documents must be submitted to the appropriate Federal Agency or Agencies in accordance with 45 CFR 95.611.

SECTION VIII: PERSONNEL RESOURCE STATEMENT

The state should provide an estimate of total staffing requirements and personnel costs. If any personnel or contractor resources are to be cost allocated, then the state must include the total costs and the cost allocation methodology utilized to arrive at the Medicaid share.

In addition to a description of responsibilities, the state should indicate all proposed personnel's hourly rate, official job title, and other relevant information that will assist CMS in evaluating the state's project staffing.

Sample State Personnel Resource Statement (Federal Fiscal Year)

| State Staff Title (examples only) | % of Time | Project Hours | Cost with Benefits | Description of Responsibilities |
|-----------------------------------|-----------|---------------|--------------------|---------------------------------|
|-----------------------------------|-----------|---------------|--------------------|---------------------------------|

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

| | | | | |
|-----------------|-----|------|-----------|--|
| Personnel - I | 20 | 400 | \$40,000 | |
| Personnel - II | 100 | 2000 | \$140,000 | |
| Personnel - III | 100 | 2000 | \$100,000 | |
| Personnel - IV | 100 | 1000 | \$80,000 | |
| Personnel - V | 20 | 400 | \$15,000 | |
| Personnel - VI | 100 | 2000 | \$75,000 | |
| Personnel - VII | 20 | 400 | \$15,000 | |
| Grand Total | | 8200 | \$465,000 | |

Sample Contractor Personnel Resource Statement (Federal Fiscal Year)

| Contractor Staff Title (examples only) | % of Time | Project Hours | Cost with Benefits | Description of Responsibilities |
|---|--------------|------------------|-----------------------|---------------------------------|
| Personnel - I | 20 | 400 | \$40,000 | |
| Personnel - II | 100 | 2000 | \$140,000 | |
| Personnel - III | 100 | 2000 | \$100,000 | |
| Personnel - IV | 100 | 1000 | \$80,000 | |
| Personnel - V | 20 | 400 | \$15,000 | |
| Personnel - VI | 100 | 2000 | \$75,000 | |
| Personnel - VII | 20 | 400 | \$15,000 | |
| Grand Total | | 8200 | \$465,000 | |

SECTION IX: PROPOSED ACTIVITY SCHEDULE

The state should describe tasks and subtasks required to complete the objectives in the form of a proposed overall schedule. The state should provide a proposed overall schedule with start and end dates of the tasks and subtasks required to meet the requirements.

Sample Proposed Activity Schedule (Federal Fiscal Year)

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

| | | |
|------------------|----------------------|-----------------------|
| Project Schedule | Estimated Start Date | Estimated Finish Date |
| Item I | | |
| Item II | | |
| Item II | | |
| Completion Date | | |

SECTION X: PROPOSED BUDGET

The state should provide the proposed budget, with the total project cost and the overall request for FFP. The budget should include the total enhanced (90% and/or 75%) FFP, the operational (75% and/or 50%) FFP, and the total of any general administrative (50%) FFP. The state should also provide the requested Federal match amount and the state match amount. For example, the total project cost is \$100. The Medicaid allocated share is \$50, to which the appropriate FFP rate should be applied to determine the state share and Federal share. The state should submit a budget for a single Federal fiscal year, but providing a budget estimate for additional Federal fiscal years would be helpful.

In addition, the state should specify the period over which the FFP will be claimed, corresponding to the Proposed Activity Schedule in Section IX. The state should submit documentation that identifies which IAPD activities were, are being, and will be performed within the specified time periods and the project costs associated with each of the activities. When submitting IAPD Annual Updates, the state should include a project expenditures report detailing actual costs by Federal fiscal year.

Sample State Proposed Budget – Budget Totals

| State Cost Category | FFY 20xx Projected | FFY 20xx Projected | FFY 20xx Projected | FFY 20xx Projected | Total |
|---------------------|--------------------|--------------------|--------------------|--------------------|-------|
| Category I | | | | | |
| Category II | | | | | |
| Category III | | | | | |
| Category IV | | | | | |
| Category V | | | | | |
| Grand Total | | | | | |

For each Federal fiscal year listed in the State Proposed Budget table above, the state should outline each cost category by FFP rate below.

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

Sample State Proposed Budget (Federal Fiscal Year) – Design, Development, and
Implementation Activities

| State Cost Category | 90% Federal Share | 10% State Share | 75% Federal Share (DDI) | 25% State Share (DDI) | Total |
|---------------------|-------------------|-----------------|-------------------------|-----------------------|-------|
| Category I | | | | | |
| Category II | | | | | |
| Category III | | | | | |
| Category IV | | | | | |
| Category V | | | | | |
| Grand Total | | | | | |

Sample State Proposed Budget (Federal Fiscal Year) – Maintenance and Operations Activities

| State Cost Category | 75% Federal Share (M&O) | 25% State Share (M&O) | 50% Federal Share (M&O) | 50% State Share (M&O) | Total |
|---------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------|
| Category I | | | | | |
| Category II | | | | | |
| Category III | | | | | |
| Category IV | | | | | |
| Category V | | | | | |
| Grand Total | | | | | |

Sample State Proposed Budget (Federal Fiscal Year) – General Administration Activities

| State Cost Category | 50% Federal Share (General) | 50% State Share (General) | Total |
|---------------------|-----------------------------|---------------------------|-------|
| Category I | | | |
| Category II | | | |
| Category III | | | |
| Category IV | | | |
| Category V | | | |
| Grand Total | | | |

The state should also provide budget information for contract activities that will be funded through this IAPD.

Sample Contract Proposed Budget (Federal Fiscal Year)

| Contractor Cost Category | Cost |
|--------------------------|------|
| Contract Personnel | |
| Contract Services | |
| Item - I | |
| Item - II | |
| Item - III | |
| Item - IV | |

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

| | |
|-------------|--|
| Grand Total | |
|-------------|--|

In addition to the budget information provided, the state should complete the Medicaid Detailed Budget Tables in Appendix A.

SECTION XI: COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

The state should provide a summary of the allocation of costs by funding source, as specified in Office of Management and Budget (OMB) Circular A-87. The cost allocation plan must identify all participants directly benefitting from the work to be completed and their associated cost allocations. CMS will review the allocation of the costs associated with the work to be completed, including design, development, and implementation activities as well as maintenance and operations activities.

Also, the state should make clear whether they are invoking the exception to the OMB Circular A-87 regarding shared services that was outlined in the Tri-Agency Letters. The letters can be found at <http://www.medicaid.gov/AffordableCareAct/Provisions/Information-Technology-Systems-and-Data.html>.

Does the state intend to invoke the OMB Circular A-87 exception? Yes No

If “Yes,” then the state should provide a detailed narrative as to how the cost allocations were arrived at for each of the other human service programs and a description of how these other programs are benefitting from the work to be completed.

Does the state intend to share the costs of the system work related to this funding request with Section 1311 Exchange establishment grant funding? Yes No

The state should provide a detailed narrative outlining its methodologies used to determine the cost allocation for each participant in the work to be completed, identifying shared services as well as items that benefit certain programs exclusively.

Cost allocation formulas should be based on the direct benefit to the Medicaid program, taking into account the following:

- Cost allocation must account for other available Federal funding sources, the division of resources and activities across relevant payers, and the relative benefit to the state’s Medicaid program, among other factors.
- Cost allocations should reflect the timely and ensured financial participation of all relevant parties so that Medicaid funds are neither the sole contributor at the onset nor the primary source of funding. Examples of other participating programs are Health

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

Insurance Exchange, Supplemental Nutrition Assistance Program (SNAP), and Title IV-D
Child Support.

Sample Cost Allocation Plan (Federal Fiscal Year)

| Federal/State Program | Allocation % | Federal Share | State Share | Total Program Cost |
|--|--------------|---------------|-------------|--------------------|
| Medicaid | | | | |
| CHIP | | | | |
| Other Human Service Programs (add a row for each program as needed) | | | | |
| Exchange Grant | | | | |
| TOTAL | | | | |

SECTION XII: SECURITY, INTERFACE, DISASTER RECOVERY, AND BUSINESS CONTINUITY PLANNING

The state should implement or maintain a comprehensive Security and Interface Plan for IT systems and installations involved in the administration of the Medicaid Program. The state should describe what is included in this Plan. Examples include site and facility security, security of data communications equipment, and security of personal health information (PHI) as required by Health Information Patient Access Act (HIPAA).

The state should maintain a Business Continuity and Disaster Recovery Plan throughout the work to be completed. The state should describe what is included in this Plan. Examples include a contingency plan, a list of key personnel to be contacted in the event of an emergency, and maintenance of a complete set of backup programs and related system documentation that will be stored off-site to be used in an emergency.

SECTION XIII: CONDITIONS AND STANDARDS FOR RECEIPT OF ENHANCED FFP

The state should provide a brief description about how the system plans supported under this IAPD are aligned with the Conditions and Standards in 42 CFR Part 433. The state should develop a chart that describes how its proposed IT solutions will meet each of the Conditions and Standards and how it will ensure that the systems are integrated within the total Medicaid IT enterprise, as appropriate, rather than being stand-alone systems.

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

The relevant information can be found at: <http://www.medicaid.gov/>

SECTION XIV: IAPD REQUIRED FEDERAL ASSURANCES

The state should indicate by checking “Yes” or “No” whether or not it will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

The state should provide an explanation for any “No” responses.

Procurement Standards (Competition / Sole Source)

SMM, Part 11 Yes No

45 CFR Part 95.615 Yes No

45 CFR Part 92.36 Yes No

Access to Records, Reporting and Agency Attestations

42 CFR Part 433.112(b)(5) – (9) Yes No

45 CFR Part 95.615 Yes No

SMM Section 11267 Yes No

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports

45 CFR Part 95.617 Yes No

42 CFR Part 431.300 Yes No

45 CFR Part 164 Yes No

Independent Verification and Validation (IV&V)

45 CFR Part 95.626 Yes No

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document (IAPD) Template

APPENDIX A Medicaid Detailed Budget Table

Medicaid/CHIP Detailed Budget Table

Covers Federal Fiscal Years 20XX-20XX (ending September 30, 20XX)

These tables include all previously approved funds covering these Federal fiscal years for Medicaid/CHIP eligibility and enrollment funding

| | Medicaid Share (90% FFP) DDI | State Share (10%) | Medicaid Share (75% FFP) DDI (COTS) | State Share (25%) | Medicaid Share (75% FFP) M&O | State Share (25%) | Medicaid Share (75% FFP) M&O E&E Staff | State Share (25%) | Medicaid ENHANCED FUNDING FFP Total | State Share Total | Medicaid ENHANCED FUNDING (TOTAL COMPUTABLE) |
|---------------------|------------------------------|-------------------|-------------------------------------|-------------------|------------------------------|-------------------|--|-------------------|-------------------------------------|-------------------|--|
| | 28A & 28B† | -- | 28A & 28B† | -- | 28C & 28D† | -- | 28E & 28F† | -- | | | |
| FFY 20XX | | | | | | | | | | | |
| FFY 20XX | | | | | | | | | | | |
| FFY 20XX | | | | | | | | | | | |
| Total FFY 20XX-20XX | | | | | | | | | | | |

| | Medicaid Share (50% FFP) M&O E&E Staff | State Share (50%) | Medicaid Share (50% FFP) General | State Share (50%) | Medicaid NOT ENHANCED FUNDING FFP Total | State Share Total | Medicaid NOT ENHANCED FUNDING (TOTAL COMPUTABLE) |
|---------------------|--|-------------------|----------------------------------|-------------------|---|-------------------|--|
| | 28G & 28H† | -- | 49† | -- | | | |
| FFY 20XX | | | | | | | |
| FFY 20XX | | | | | | | |
| FFY 20XX | | | | | | | |
| Total FFY 20XX-20XX | | | | | | | |

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document (IAPD) Template

| | CHIP FFP % | STATE % | CHIP FFP Share | State Share | CHIP Total |
|---------------------|------------|---------|----------------|-------------|------------|
| | | | 33† | -- | |
| FFY 20XX | | | | | |
| FFY 20XX | | | | | |
| FFY 20XX | | | | | |
| Total FFY 20XX-20XX | | | | | |

| | Medicaid ENHANCED FUNDING FFP Total | Medicaid NOT ENHANCED FUNDING FFP Total | CHIP FFP Total | TOTAL FFP | STATE SHARE TOTAL | APD TOTAL (TOTAL COMPUTABLE) |
|---------------------|-------------------------------------|---|----------------|-----------|-------------------|------------------------------|
| FFY 20XX | | | | | | |
| FFY 20XX | | | | | | |
| FFY 20XX | | | | | | |
| Total FFY 20XX-20XX | | | | | | |

| | Project Total* | Medicaid/CHIP Allocation Amount | Medicaid Allocation Percentage | Medicaid Allocation Amount | CHIP Allocation Percentage | CHIP Allocation Amount | Exchange Grant Share* |
|---------------------|----------------|---------------------------------|--------------------------------|----------------------------|----------------------------|------------------------|-----------------------|
| FFY 20XX | | | | | | | |
| FFY 20XX | | | | | | | |
| FFY 20XX | | | | | | | |
| Total FFY 20XX-20XX | | | | | | | |

* Please note that total project costs, human services, and exchange-allocated costs are for informational purposes only. Please put N/A if this does not apply.

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document (IAPD) Template

| †MBES Line Item | |
|-----------------|---|
| 28A | E&E - Title 19 (Medicaid) DDI- In-house Activities |
| 28B | E&E - Title 19 (Medicaid) DDI- Contractors |
| 28C | E&E - Title 19 (Medicaid) Software/Services/Ops- In-house Activities |
| 28D | E&E - Title 19 (Medicaid) Software/Services/Ops- Contractors |
| 28E | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff who makes eligibility determinations) |
| 28F | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff who makes eligibility determinations) |
| 28G | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of In-house Activities (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.) |
| 28H | E&E – Title 19 (Medicaid) Eligibility Staff- Cost of Private Sector (staff whose duties are related to eligibility, such as outreach, plan enrollment, etc.) |
| 33 | E&E - Title 21 (CHIP) Administration |
| 49 | E&E - Title 19 (Medicaid) Other Financial Participation |

FFP rates for specific activities and costs can be found at 76 FR 21949, available at <https://federalregister.gov/a/2011-9340>

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

APPENDIX B Eligibility and Enrollment Staff

If the State is requesting funding for Eligibility Determination Staff, then the State should include information to satisfy requirements listed in guidance on Medicaid.gov:

<http://www.medicaid.gov/state-resource-center/FAQ-medicaid-and-chip-affordable-care-act-implementation/downloads/Affordable-Care-Act-FAQ-enhanced-funding-for-medicaid.pdf>

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

APPENDIX C Acquisition Checklist

The Department of Agriculture, Food and Nutrition Service (FNS) and the Department of Health and Human Services (HHS) have developed the following optional checklist for States and Territories to use to provide assurances that an acquisition of automated data processing equipment and/or services complies with all Federal regulations and policies. The Federal Department(s), in accordance with the regulations at 45 CFR 95.611, may grant an exemption from prior approval for an acquisition document based on a State's favorable responses to this checklist.

This checklist may be used for certain Requests for Proposal, Requests for Quote, Invitations to Bid, contracts, contract amendments, or similar State and Territory acquisition documents; however it may not be submitted for contracts or Advance Planning Documents that require Federal prior approval (unless specifically exempted by the Department). Please include the following information:

Project name:

Acquisition name:

Acquisition and/or reference number:

Date the acquisition document will be released to vendors:

Number of Days vendors will have to respond to the proposal or invitation to bid:

Estimated Cost of acquisition (including all option years):

A brief paragraph describing the acquisition activity should be included in the cover letter submitted with this request. The submission should identify (1) the state or territorial agency(s) and stakeholders involved, (2) basic system characteristics, project scope, life span, benefits and all pertinent details, (3) the type of contract or agreement that is expected to result from the acquisition. For each "No" response to the checklist, a full narrative explanation must be provided either directly following the checklist or on a separate sheet of paper.

The checklist should be submitted to the applicable Federal program office(s).

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

| Description | Checkbox |
|---|---|
| 1. Will the acquisition be conducted in a manner that provides, to the maximum extent practicable, open and free competition? (Note 1) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does the acquisition, if funded in whole or part by FNS and/or HHS meet the standards and functional requirements set forth in the Federal program regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Does the acquisition comply with all applicable Federal , State and Territorial acquisition standards, laws, policies and procedures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does the acquisition document contain a clause that provides the United States Departments of Agriculture and Health and Human Services and/or their representatives access to State or Territorial agency documents papers, or other records pertinent to the procurement in order to make audits, examinations, excerpts and transcripts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does the acquisition comply with Federal rules relative to State or Territorial ownership rights to all software products, documentation and intellectual property created under this acquisition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Does the acquisition document contain a clause that grants the Federal Government a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, software, modifications, and documentation developed and/or obtained through this acquisition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the Statement of Work in the acquisition document convey expectations to be met by the successful contractor including items such as required tasks, deliverables and their schedule of delivery, technical requirements, security, privacy and confidentiality requirements, roles and responsibilities, and project reporting requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Does the acquisition document include clauses covering mandatory contract terms and conditions, order of precedence, compliance with laws, liability, period of performance, Force Majeure, availability of funds, notices, disputes, failure of performance, damages and termination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does the acquisition document include information about the evaluation and selection process such as technical and cost scoring and weighting, and proposal ranking and selection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has the evaluation and selection process been finalized relative to technical and | <input type="checkbox"/> Yes |

Medicaid Eligibility and Enrollment (EE) Implementation Advanced Planning Document
(IAPD) Template

| Description | Checkbox |
|---|---|
| cost scoring prior to the release of the acquisition document? | <input type="checkbox"/> No |
| 11. Does the acquisition document delineate responsibilities relative to key staff, the change order process, and documentation requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note 1: The acquisition document must be submitted to the appropriate Federal Agency or Agencies if the acquisition is a sole source solicitation and the cost exceeds the thresholds established in the Federal regulations.

This form must be signed by either the appropriate State or Territorial official authorized to submit acquisition documentation to the Federal Department(s) or the State or Territorial director of purchasing.

Signature: _____

Printed Name: _____

Title: _____

Date: _____