

Template I5 – Initial Application Data – Public Comment

INTRODUCTION

In Template I5, States provide information about public comments pertaining to the package they are submitting. This template applies to Medicaid State plan amendments and amendments to a State’s CHIP program. This template must be completed for each separate package the State is submitting.

States should complete this template in accordance with the instructions in the Technical Guidance section below.

TECHNICAL GUIDANCE

Template I5 will display the following statement.

“Indicate whether public comment was solicited with respect to this submission.”

Three choices will then be displayed. The State should select whichever of the choices applies to this package. Only one choice can be selected.

- Public notice was not required and comment was not solicited.
- Public notice was not required, but comment was solicited.
- Public notice was required, and comment was solicited.

If either “Public notice was not required, but comment was solicited” or “Public notice was required, and comment was solicited” is selected the following statement will be displayed.

“Indicate how public comment was solicited.”

Six additional choices will then be displayed. The State should select as many of these choices as apply to the package being submitted.

Review Criteria

If either of the Alternative Benefits Plan options is selected in the “Benefits” section of Template I2 – Initial Application - Medicaid State Plan, the dates associated with the public notice or notices must be entered, and all dates must be prior to the date of submission of the official submission package for this amendment.

- Newspaper Announcement.

If this choice is selected, the State must provide the following information in the spaces provided.

- Name of Paper.
- Date of Publication. This should be entered as MM/DD/YYYY.
- Locations covered.

If more than one newspaper carried the announcement, the user can call up additional spaces in which to enter the required information.

- Publication in the State’s administrative record, in accordance with the administrative procedures requirements.

Template I5 – Initial Application Data – Public Comment

If this choice is selected, the State must enter the date of publication in the space provided. This should be entered as MM/DD/YYYY.

- Email to Electronic Mailing List or Similar Mechanism.

If this choice is selected, the State must enter the date of email or other electronic notification in the space provided. This should be entered as MM/DD/YYYY. The State must also enter a description of the mailing list in the space provided. This description must include the particular parties and organizations included in the list. If the notification was by a mechanism other than email, the State must describe the specific mechanism or mechanisms used.

Review Criteria

The description must be sufficiently clear, detailed and complete to permit the reviewer to understand and identify the parties and organizations to which the emails and/or other methods were directed, as well as understand any mechanism other than email that was used.

- Website Notice.

If this choice is selected, the following statement will be displayed.

“Select the type of website:”

Additional choices will then be displayed. The State should select as many of these choices as apply in this package.

- Website of the State Medicaid Agency or Responsible Agency.
- Website for State Regulations.
- Other.

If “Other” is selected, the State must enter the type of website in the space provided. If there is more than one type of website under “Other”, the user can call up additional spaces in which the required information can be entered.

Review Criteria

The description of the type of website must be sufficiently clear, detailed and complete to permit the reviewer to understand and identify the website.

For each type of website selected above, the State must enter in the spaces provided:

- Date of Posting. This should be entered as MM/DD/YYYY.
- Website URL.

- Public Hearing or Meeting.

If this choice is selected, the State must provide the following additional information.

- Date of Meeting. This should be entered as MM/DD/YYYY.

Template I5 – Initial Application Data – Public Comment

- Time of meeting. This should be entered as AM or PM hours and minutes.
- Location of meeting. This should be entered as a street address or other readily understandable means of identification.
- Telephone Capability Used.
- Web Conferencing Capability Used.

The State must also provide information about the type of public forum used. The State should select as many of the following choices as apply.

- The Medical Care Advisory Committee that operates in accordance with 42 CFR 431.12.
- A commission or other similar process, where meetings are open to members of the public.
If this choice is selected, the State must enter the name of the commission or process in the space provided.
- A State legislative process, which would afford an interested party the opportunity to learn about the contents of the proposed submission, and to comment on its contents.
If this choice is selected, the State must enter the name of the legislative body that held the hearing in the space provided.
- Other similar process for public input that afforded interested parties the opportunity to learn about the contents of the proposed submission, and to comment on its contents.
If this choice is selected, the State must enter the name and a description of the process in the spaces provided. If the State has more than one other process the user can call up additional spaces where the required information can be entered.

Review Criteria

The description must be sufficiently clear, detailed and complete to permit the reviewer to determine that the State's election meets applicable federal statutory, regulatory and policy requirements.

- Other Method.
If this choice is selected, the State must enter the following additional information in the spaces provided. If the State has more than one other process the user can call up additional spaces where the required information can be entered.
 - Name of Method.
 - Date. This should be entered as MM/DD/YYYY.
 - Description of the Method.

Review Criteria

Template I5 – Initial Application Data – Public Comment

The description must be sufficiently clear, detailed and complete to permit the reviewer to determine that the State’s election meets applicable federal statutory, regulatory and policy requirements.

If “Benchmark Alternative Benefit Plan” is selected in **Template I2 – Initial Application - Medicaid State Plan**, the following statement will be displayed.

“All Public Notices include a description of the method for ensuring access to EPSDT services under 42 CFR 440.345 and for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009, as required by 42 CFR 440.305(d).”

The State must affirmatively assure that its Public Notices meet the requirements in the above statement. The State provides this affirmative assurance by checking the box next to the above statement. Validation: *If the State does not check this box, the system will not accept this template for review and approval.*

The State is then asked to either upload copies of public notices and other documents used.

The following statement will then be displayed.

“Indicate the key issues raised during the public comment period.”

Eight topic choices for comments will then be displayed. The State should check as many of these choices as apply. For each choice selected, the State must enter in the spaces provided-

- o A summary of the comments.
- o A summary of the response to the comments.

Review Criteria

Each summary entered by the State must be sufficiently clear, detailed and complete to permit the reviewer to understand the comments made and the State’s responses to them.

The eight topic choices are:

- o Access.
- o Quality.
- o Cost.
- o Payment methodology.
- o Eligibility.
- o Benefits.
- o Service delivery.
- o Other issue.

If “Other issue” is selected, the State must enter the name of the issue and summary of both the comments and the response to the comments in the spaces

Template I5 – Initial Application Data – Public Comment

provided. If the State has more than one other issue the user can call up additional spaces where the required information can be entered.

Review Criteria

Each summary entered by the State must be sufficiently clear, detailed and complete to permit the reviewer to understand the comments made and the State's responses to them.