



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)
I1-Submission Summary PRA document

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1. I1-Submission Summary – Screenshots

1.1 Submission Summary

Submission - Summary

MEDICAID | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started
In Progress
Complete

Package Header

Package ID N/A	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

[View Implementation Guide](#)

VIEW ALL RESPONSES

State Information

State/Territory Name: California	Medicaid Agency Name: MSP
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Submission Component

<input checked="" type="radio"/> State Plan Amendment	<input checked="" type="radio"/> Medicaid
	<input type="radio"/> CHIP

Figure 1: Submission Summary – 1

Submission Type

<input type="radio"/> Official Submission Package <input checked="" type="radio"/> Draft Submission Package	Allow this draft package to be viewable by other states? * <input type="radio"/> Yes <input type="radio"/> No
--	---

Key Contacts

Name	Title	Phone Number	Email Address
No items available			

[+ Add a Key Contact](#)

Executive Summary

Summary Description Including Goals and Objectives *

Character count: 0/4000

Figure 2: Submission Summary – 2

Dependency Description +/-

Description of any dependencies between this submission package and any other submission package undergoing review

Character count: 0/4000

Disaster-Related Submission +/-

This submission is related to a disaster *

Yes
 No

Disaster Description *

Character count: 0/4000

Figure 3: Submission Summary – 3

Federal Budget Impact and Statute/Regulation Citation +/-

Federal Budget Impact

	Federal Fiscal Year	Amount
First	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Second	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Warning: Please only enter numeric characters in this field. Only numeric characters will be retained for this field.

Federal Statute / Regulation Citation *

Character count: 0/255

Figure 4: Submission Summary – 4

1.2 “Governor’s Office Review” Section – Path 1

Governor's Office Review +/-

No comment
 Comments received
 No response within 45 days
 Other

Summary of Comments *

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

Yes No

Note: This form can be validated only after the Submission - Medicaid State Plan is complete.

Not Started
In Progress
Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 5: Governor’s Office Review - 1

1.3 “Governor’s Office Review” Section – Path 2

Governor's Office Review +/-

No comment
 Comments received
 No response within 45 days
 Other

Describe *

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?
 Yes No

Note: This form can be validated only after the Submission - Medicaid State Plan is complete.

Not Started In Progress Complete

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EXITSAVE REVIEWABLE UNITGO TO SELECTED REVIEWABLE UNIT

Figure 6: Governor’s Office Review - 2