Health Information Technology (HIT) 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 Submission to CMS Regional HITECH Point of Contact_____

Version #_____

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INFORMATION REQUIRED FOR THE HIT IAPD

SECTION I: EXECUTIVE SUMMARY

Please draft a brief executive summary describing the intent of this IAPD or IAPD-U.

SECTION II: RESULTS OF ACTIVITIES

Provide a current status of the activities which were included in the P-APD and the State Medicaid HIT Plan (SMHP). It should also provide the status of the expenditures which were approved by CMS in the P-APD. Unexpended costs approved under the P-APD must either be closed out or included as line items within the IAPD budget. If planning activities from the P-APD have been completed, the State should state that all planning activities have been completed and the planning grant can be closed out.

Sample P-APD Status Table

EHR INCENTIVE PROGRAM: P-APD STATUS								
ACTIVITY TYPE	**APPROVED P-APD**			**P-APD EXPENDITURES TO DATE**			**REMAINING P-APD FUNDING**		
	State	**Federal**	**Total**	**State**	**Federal**	**Total**	**State**	**Federal**	**Total**
PROGRAM TOTAL									

SECTION III: STATEMENT OF NEEDS AND OBJECTIVES

Provide a summary of project needs, objectives and the anticipated benefits of the proposed activities.

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SECTION IV: STATEMENT OF ALTERNATIVE CONSIDERATIONS

Describe any alternatives that the State Medicaid Agency considered regarding implementing the EHR Incentive Program (such as contract modifications vs. fully competitive procurement, etc). Where differing alternatives and approaches are possible, a brief description should be provided of each option, and a justification should be provided for the approach/option that was ultimately selected.

SECTION V: PERSONNEL RESOURCE STATEMENT

Provide an estimate of total staffing requirements and costs. If any personnel or contractor resources are to be cost allocated, the total costs and the cost allocation methodology utilized to arrive at the Medicaid share must be included in the HIT IAPD.

Sample State Personnel Resource Statement

State 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	

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Sample Contractor Personnel Resource Statement

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 VI: PROPOSED ACTIVITY SCHEDULE

Present tasks and subtasks required to complete the objectives in the form of a proposed overall schedule. This section should present a proposed overall schedule of the tasks and subtasks required to meet the requirements.

Sample Proposed Activity Schedule

Project Schedule	Estimated Start Date	Estimated Finish Date
Item I	10/01/2011	12/16/2011
Item II	01/03/2012	12/02/2012
Item II	01/09/2013	06/03/2013
Completion date		10/31/2013

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SECTION VII: PROPOSED BUDGET

The Proposed Budget presents the total project cost and the overall request for Federal financial participation (FFP). This would include the total enhanced (90%) FFP, the operational (75%) FFP if MMIS costs and the total of any general administrative (50%) FFP. It should then give the requested Federal match amount and the State 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 proposed two year budget, but providing a budget estimate for a longer period of time would be helpful to CMS.

Example:
State's total budget is estimated at $465,000 which includes $418,500 (90% Federal share) and $46,500 (10% State share). The State is requesting $465,000 in new IAPD funding and $0 in new MMIS IAPD funds for activities for October 2011 - October 2013. The State is carrying over $0 (90% federal funds) in unspent funds for planning activities approved under the State's HIT Planning Advance Planning Document (PAPD).

In addition, Section VIII should specify the period over which the FFP will be claimed. This will correspond to the Proposed Activity Schedule and to the SMHP. Documentation should be submitted that identifies which IAPD activities were, are being, and will be performed by time period within these dates and the project costs associated with each of the activities by time period. A table may be provided to lay out the proposed project budget. Examples in the table could include:

Sample State Proposed Budget

State Cost Category	90% Federal Share	75% Federal Share	50% Federal Share	10% State Share	Total
State Personnel	$418,500	0	0	$46,500	$465,000
System Hardware	0	0	0	0	0
System Software	0	0	0	0	0
Training	0	0	0	0	0
Supplies	0	0	0	0	0
Grand Total	$418,500	0	0	$46,500	$465,000

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Sample Contract Proposed Budget

Contractor Cost Category	Cost
Contract Personnel	$465,000
Contract Services	0
Item - I	0
Item - II	0
Item - III	0
Item - IV	0
Grand Total	$465,000

SECTION VIII: COST ALLOCATION PLAN FOR IMPLEMENTATION ACTIVITIES

As specified in Office of Management and Budget (OMB) Circular A-87, a cost allocation plan must be included that identifies all participants and their associated cost allocation to depict non-Medicaid activities and non-Medicaid FTEs participating in this project, if any.

CMS will work with States on an individual basis to determine the most appropriate cost allocation methodology.
- HITECH cost allocation formulas should be based on the direct benefit to the Medicaid EHR incentive program, taking into account State projections of eligible Medicaid provider participation in the incentive program
- 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 Medicaid program, among other factors
- Cost allocations should involve the timely and ensured financial participation of all parties so that Medicaid funds are neither the sole contributor at the onset nor the primary source of funding. Other payers who stand to benefit must contribute their share from the beginning. The absence of other payers is not sufficient cause for Medicaid to be the primary payer.

Sample Cost Allocation Plan

Federal/State Program	Medicaid Share (%/$)	Federal Share ($/%)	State Share ($/%)	TBD Share (duplicate this column as many times as necessary) ($/%)	Total Program Cost ($)
Medicaid EHR Incentive Program					

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Federal/State Program	Medicaid Share (%/$)	Federal Share ($/%)	State Share ($/%)	TBD Share (duplicate this column as many times as necessary) ($/%)	Total Program Cost ($)
TOTAL					

The total cost of this HIT IAPD is $xxx.

The total amount of FFP requested is $xxx (details broken out in above table).

EHR Incentive Payment Program Administrative Costs Broken Out by FFY Quarters for Two Years

	FFY 2011				FFY 2012				
Cost Description	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
HIT Implementation and Operation In-house Costs	$1	$1	$1	$1	$1	$1	$1	$1	$8
HIT Implementation and Operation Private Contractor Costs	$2	$2	$2	$2	$2	$2	$2	$2	$16
Total Enhanced FFP	$3	$3	$3	$3	$3	$3	$3	$3	$24

SECTION IX: ASSURANCES, SECURITY, INTERFACE REQUIREMENTS, AND DISASTER RECOVERY PROCEDURES

Please indicate by checking "yes" or "no" whether or not the State will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations.

Please provide an explanation for any "No" responses.

Procurement Standards (Competition / Sole Source)

       42 CFR Part 495.348   Δ Yes   Δ No

       SMM Section 11267   Δ Yes   Δ No

       45 CFR Part 95.615   Δ Yes   Δ No

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45 CFR Part 92.36   Δ Yes   Δ No

Access to Records, Reporting and Agency Attestations

42 CFR Part 495.350   Δ Yes   Δ No

42 CFR Part 495.352   Δ Yes   Δ No

42 CFR Part 495.346   Δ Yes   Δ No

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

45 CFR Part 95.615   Δ Yes   Δ No

SMM Section 11267   Δ Yes   Δ No

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

42 CFR Part 495.360   Δ Yes   Δ No

45 CFR Part 95.617   Δ Yes   Δ No

42 CFR Part 431.300   Δ Yes   Δ No

42 CFR Part 433.112   Δ Yes   Δ No

Security and interface requirements to be employed for all State HIT systems.

45 CFR 164 Securities and Privacy   Δ Yes   Δ No

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Appendices:

APPENDIX A should contain breakout of allowable expenditures for MMIS FFP, if any, and how they will be integrated in the project. See State Medicaid Director Letter 10-016 for examples and other guidance regarding appropriate MMIS expenditures.

APPENDIX B should contain estimates of provider incentive payments broken out by FFY quarter. **Note**: This is not a requirement of the regulation but the information provided by the States would be helpful to CMS.

APPENDIX C should contain information about any grants, State or local funds, or other funding sources that are available to the State and that will contribute to the costs of activities for which the State is requesting HITECH matching funds. See State Medicaid Director Letter 10-016 for examples and other guidance.

APPENDIX D should contain information required per State Medicaid Director Letter 11-004 to support requests for FFP for activities related to health information exchange. The letter requires States to provide justification for their HIE approach, details regarding other payer and provider contributions and cost allocation.

Appendix D Checklist: Please ensure that all of the questions below are addressed in Appendix D if seeking FFP for HIE – related expenditures

Question/Issue	Y/N
Description of the HIE approach (statewide, sub-state HIOs, etc) ; discussion of anticipated risks and mitigation strategies; linkages to meaningful use of certified EHR technology; plans for collection of clinical quality measures and/or public health interfaces as appropriate; the short and long-term value-proposition to providers; role of State government in governance and policy-setting and a description of the exchange standards and policies and how they align with Federal guidance	
Description of proportional investments by other payers/providers than Medicaid; including market share and projected transactional volume	
Annual benchmarks and performance goals (Year 1, Year 2 of funding, etc)	
Description of (including copies) of legal agreements with other payers/providers regarding their contributions to HIE costs and governance (including scope, timing and budget)	
Discussion of how the State will handle early investor benefits and reallocation of costs as other payers/providers join	
Description of the transition from HIE infrastructure development for core services to on-going operations (including timeline, benchmarks and proposed sustainability strategy for on-going operations)	

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Description of the cost allocation methodology and data sources by activity and by funding stream (e.g. MMIS vs. HITECH)	

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Question/Issue	Y/N
Break-out of funding request by MMIS or HITECH, as appropriate (and with varying cost allocation methodologies, as appropriate)	

APPENDIX E should contain information about how the system plans supported under this HIT IAPD are aligned with the 7 standards and conditions in 42 CFR Part 433. States should develop a chart that describes how their proposed IT solutions will meet each of the 7 standards and conditions and how they will ensure that the HIT-related systems are integrated within the total Medicaid IT enterprise, as appropriate, rather than being a stand-alone system. The relevant information can be found at: http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/Enhanced-Funding-Requirement-Seven-Conditions-and-Standards.pdf