

Policy for Delegation and Authorization of the eAPD State Administrator Role

Thank you for your interest in allowing your state APD writers to use the eAPD as a tool in streamlining the APD development process. We look forward to supporting you and your team of eAPD users. User access in the eAPD is structured to allow users access to the functions that match their business needs and restrict access where appropriate.

Description of eAPD User Roles and Responsibilities

The eAPD uses a combination of role-based and activity-based authorization. Each user has a role, and that role identifies what activities they have permission to perform. State users will be assigned one of the following roles:

Role	Description
State Medicaid Director	Authorizes individual to serve as a State Administrator
eAPD State Administrator	Can approve/deny new user access Can disable user access Monitors user access for ongoing need Can create and edit APDs Coming Soon: Can submit APDs
eAPD State Staff	Can create and edit APDs
eAPD State Contractor	Can create and edit APDs Coming Soon: Access limited to relevant content

Delegated Authority for eAPD State Admin

An individual must be designated by a State Medicaid Director (SMD) or a person with authority to submit APDs for federal review to serve as the eAPD State Administrator. The SMD may serve in this role or may delegate any state employee to act as the eAPD State Administrator. The eAPD State Administrator will be responsible for review and approval of all users associated with that state.



Initial Certification and Annual Recertification

The SMD will be asked to submit the initial, formal Delegation of Authority form to authorize the State Administrator role access to the CMS eAPD mailbox, CMS-EAPD@cms.hhs.gov. This certification must be recertified annually and must be completed within 10 days of notification of the need to recertify.

All State Administrator recertifications are currently being completed in June of each year. Notifications will be sent to SMDs in early June via email and should be returned to the CMS eAPD mailbox, CMS-EAPD@cms.hhs.gov.

We understand that APDs contain highly sensitive information and that the accurate and complete creation of an APD is of the utmost importance. To ensure the security and accuracy of the information entered in the eAPD by state authors, a State Administrator will be designated and delegated by the State Medicaid Director to approve and monitor state user access. This should be someone who is:

- A state employee
- Has knowledge of the APD team members
- Is able to log in to the system at least twice weekly to review and approve new pending user account requests

Notification of Change in Delegation

It is the responsibility of the SMD to notify the eAPD team at CMS-EAPD@cms.hhs.gov within 10 days of the current State Administrator no longer being able to serve in this role. A new State Administrator will need to be designated in order for state users to continue to maintain close monitoring and management of other state users.

Annual User Group Audits

The State Administrator will review all users associated with their state at least annually to ensure that all users still require access to the eAPD system. State Administrators will submit an Annual User Group Audit form, acknowledging this review, within 10 days of being notified of the need to complete the annual audit. Recertifications will occur in June of each year.



eAPD State Administrator Authorization Form

To be completed by the State Medicaid Director (or person with authority to submit APDs)

DELEGATION INFORMATION

State/Territory	
Name of person completing this form	
Title of person completing this form	
Email address of person completing this form	
State employee to be delegated as eAPD State Administrator (cannot be a contractor)	
Email address of eAPD State Administrator	
Phone number of eAPD State Administrator	

ACKNOWLEDGEMENT STATEMENT

I acknowledge that I have read and understand the role and responsibility the eADP State Administrator holds. I understand that by signing this form I delegate the authority to the above named individual to grant, manage, and monitor all state user access to the eAPD system.

Should I become aware that the currently designated individual is no longer able to serve as the eAPD State Administrator, I agree to identify a new individual to serve in this role and to provide the eAPD team with an updated Delegation form within 10 days.

Annual recertification of the eAPD State Administrator will be completed within 10 days of receiving notification of the need to recertify.

Signature

Date

Printed Name