

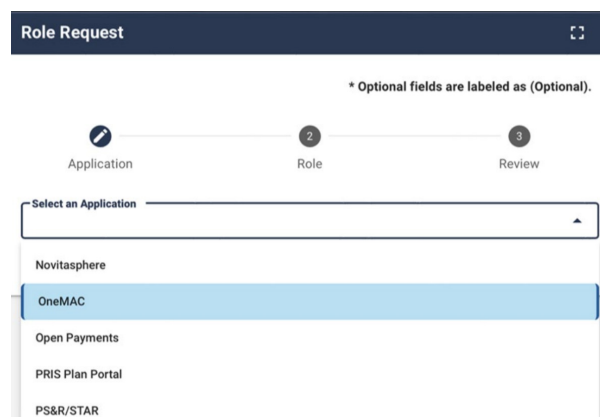
## Getting Started

### First, register for OneMAC access

- Register for OneMAC access in the CMS Identity Management System (IDM).
- You'll receive an email once your request has been processed.
- After your request is approved, you are ready to log into OneMAC.

### Next, select your user role and state access

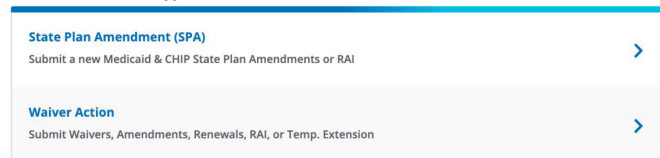
- Use your IDM credentials to log into OneMAC at <https://onemac.cms.gov> to make your selections.
- Watch for an email confirming your submission.
- After your request is approved, you're ready to start using OneMAC.



## How to submit a Medicaid and CHIP SPA or 1915(b), 1915(c) waiver

- In OneMAC, click the **New Submission** button to select a submission type. Next, choose the specific SPA or Waiver type.
- Enter the **SPA ID or Waiver Number** and include any attachments. Required attachments are noted with an asterisk.
- Use the **Additional Information** field to type in any notes for CMS. Check your entries, as you can not edit the submission after you click Submit.
- You'll receive an email confirming that the submission was successful, marking the start of the 90-day review process. CMS will contact you if more information is needed.
- Note: OneMAC currently doesn't support editing. To change or add an attachment, please contact the related Package Triage team.

### Select a Submission Type.



### CHIP SPA Details

\* indicates required field.

**SPA ID\*** What is my SPA ID?  
Must follow the format SS-YY-NNNN-xxxx

### Attachments

Maximum file size of 80 MB. You can add multiple files per attachment type. Read the description for each of the attachment types on the FAQ Page.

\* indicates required attachment.

<b>Current State Plan*</b>	<input type="button" value="Add File"/>	No file chosen
<b>Amended State Plan Language*</b>	<input type="button" value="Add File"/>	No file chosen
<b>Cover Letter*</b>	<input type="button" value="Add File"/>	No file chosen

## SPA and Waiver Entry formats

### SPA transmittal number

Follow the format SS-YY-#### OR SS-YY-####-xxxx

- SS = 2 alpha character (state abbreviation)
- YY = 2 numeric digits (year)
- #### = 4 numeric digits (serial number)
- xxxx = optional, 1 to 4 alpha numeric characters (suffix)

### 1915(b) and 1915(c) waiver number

Follow the format SS.####.R##.## OR SS.####.R##.##

- SS = 2 character (state abbreviation)
- ##### = 4 or 5 digit waiver base number
- R## = renewal number (use R00 if no renewal)
- For 1915(b) waivers, also use: M## = amendment number, prefixed with capital M (e.g. M01)
- For 1915(c) waivers, also use: ## = appendix K amendment number (01)

## Medicaid SPA Attachments

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CMS Form 179*	CMS-179 template that contains specific information for SPA submission
SPA Pages*	Clean Versions of the State Plan pages being amended
Cover Letter	Letter outlining the submission, addressed to: Center for Medicaid & CHIP Services (CMCS)
Document Demonstrating Good-Faith Tribal Engagement	Letter outlining the submission, addressed to: Center for Medicaid & CHIP Services (CMCS)
Existing State Plan Pages(s)	Current approved SPA page, could include track changes to reflect changes
Public Notice	Notice to stakeholders and interested parties outlining changes proposed by SPA, feedback from PN, copies of website notices, state register notices, or newspaper notices that include date notice was posted
Standard Funding Questions (SFQs)	Word document of funding questions required when submitting reimbursement SPAs
Tribal Consultation	Outline the changes SPA is making and impact that tribes can expect
Other	UPLs, reimbursement methodology spreadsheet, copies of legislation, any document that will assist with SPA review

## Medicaid SPA Response to RAI Attachments

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RAI Response	Letter addressing questions, updated SPA pages, other items requested by CMS in the RAI
Other	Additional documents needed to process the submission

## CHIP SPA

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Current State Plan*	Current version of the CHIP state plan that details how the State operates its CHIP program
Amended State Plan Language*	Redline of proposed changes to existing CHIP state plan pages; state to provide redline and clean versions of amended CHIP state plan pages
Cover Letter*	Cover letter to CMS with an authorized signature outlining the purpose of the submission
Budget Docs	Updated 1-year budget if applicable of State's planned expenditures if submission has notable impact on approved budget
Public Notice	If applicable, state process used to accomplish public involvement for this submission

## CHIP SPA (Continued)

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Tribal Consultation	Consultation process with Native American Tribes that occurred for this submission, if applicable
Other	Other document(s) needed to process this CHIP SPA submission

## CHIP SPA Response to RAI Attachments

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Revised Amended State Plan Language*	Revision to amended state plan language of the CHIP SPA submission; State to provide redline and clean version of revised amended state plan pages
Official RAI Response*	Official response to CMS to support RAI inquiries for the CHIP SPA submission
Budget Docs	Updated 1-year budget of State's planned expenditures if CHIP SPA submission notably impacts the approved budget
Public Notice	If applicable, state process used to accomplish public involvement for this submission
Tribal Consultation	Consultation process with Native American Tribes that occurred for this submission, if applicable
Other	Other document(s) needed to process the CHIP SPA submission

## 1915(b) Waiver Attachments

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1915(b)(4) FFS Selective Contracting (Streamlined) waiver application pre-print	For initial, renewal and amendment. State submission of the 1916(b)(4) Waiver Fee-For-Service Selected Contracting Program preprint narrative (Sections A,B, and C)
1915(b) Comprehensive (Capitated) Waiver Application Pre-print	For initial, renewal and amendment, State submission of the 1915(b) preprint narrative (Sections A,B,C,and D) (non-FFS Selective Contracting Waiver programs)
1915(b)(4) FFS Selective Contracting (Streamlined) and 1915(b) Comprehensive (Capitated) Waiver Independent Assessment	For first two renewals only. State submission of findings from Independent Assessment of their 1915(b) waiver program
Tribal Consultation	For initial, renewal and amendment. Outlines changes the waiver action makes and impact tribes can expect from it.
Other	Any other documents or spreadsheets supplemental to the state's waiver application

## 1915(b) Waiver Response RAI Attachments

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Waiver RAI Response*	Official response to CMS to support RAI inquiries for the Waiver submission
Other	Any other documents or spreadsheets supplemental to the state's response to RAI

## 1915(b) Waiver Request Temporary Extension

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Waiver Extension Request*	Formal letter addressed to the Deputy Director of the Division of Disabled and Elderly Health Programs Group (DEHPG) requesting a temporary extension beyond the current approved waiver period
Other	Any other documents or spreadsheets supplemental for the 1915(b) waiver

## 1915(c) Appendix K Waiver Attachments

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Appendix K Amendment Waiver Template*	Official amendments to 1915(c) waiver programs addressing or in response to Disasters or Emergencies
Other	Supplemental documents for the 1915(c) Appendix K waiver amendment

***\* Required***