

General Information Section- Instructions

1. Choose State name
2. Enter Transmittal Number – “State abbreviation/Year/number” ex – MD 25-0001
3. Enter Submission Title
4. Enter a brief description of the SPA (i.e. New ABP, amending/ adding/ removing a benefit of an existing ABP). When updating an alignment ABP SPA, the state should include the underlying Medicaid SPA number.
5. Public Notice:
 - a. Check off the appropriate box. The first box is only a possible option for a SPA amending an existing approved ABP. If the ABP is new, the state must always check the second box.
 - b. If public notice was conducted, please enter the date the public notice was issued. This date cannot be more than one year prior to the current date and cannot be a future date.

Note: The public notice comment period should be at least two weeks prior to the submission of the SPA.

6. States must select the check boxes beside the four assurances concerning compliance with public notice requirements.

- ☐ The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.

☐ The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.

☐ The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.

☐ The state/territory assures that it has performed any required tribal consultation.

7. All states must also upload the public notice that was issued for the SPA or amendment using the Add a Document feature.

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8. ABP Screening Statements

a. Specify covered populations.

9. Check box If any part of the covered ABP population will be mandatorily enrolled.