

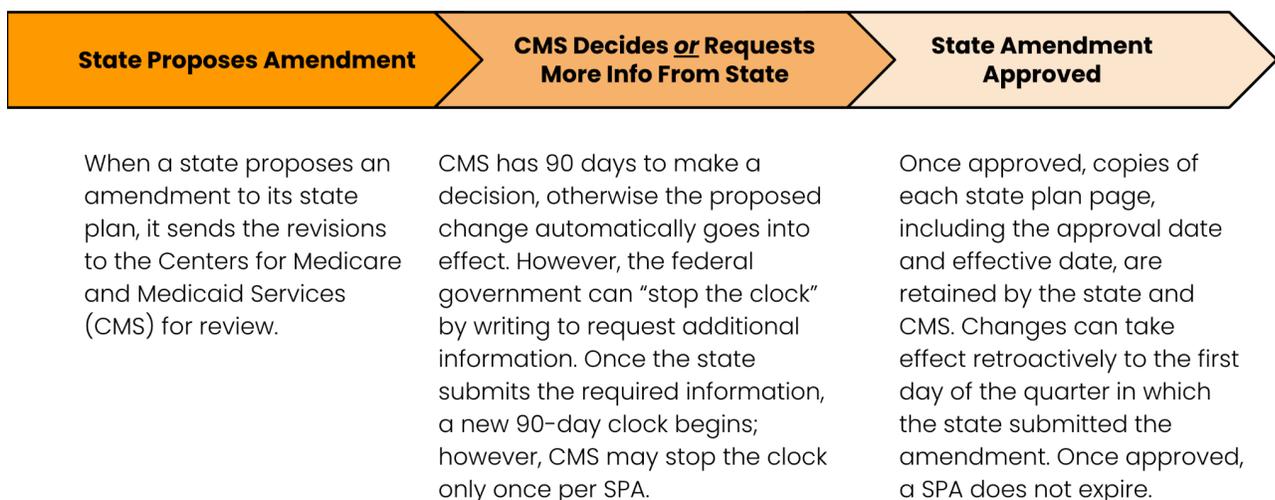


# Understanding the State Plan Amendment Process

Federal Medicaid law sets broad requirements for the program and mandates coverage of some populations and benefits while leaving many optional. States, then, make the many operational and policy decisions that determine who is eligible for enrollment, which services are covered, and how payments are set.

Each state specifies the nature and scope of its Medicaid program through the state plan. This comprehensive document must be approved by the Centers for Medicare & Medicaid Services, operating under authority delegated by the Secretary of the U.S. Department of Health and Human Services, in order for the state to access federal Medicaid funds. The state plan can be amended as needed to reflect changes in state policy and federal law and regulation.

## State Plan Amendment (SPA) Process<sup>1</sup>



<sup>1</sup> Adapted from the Medicaid and CHIP Payment and Access Commission <https://www.macpac.gov/subtopic/state-plan/>