ATTACHMENT B: Application Attestation

Check as many items that apply, as appropriate. States are not required to accomplish all activities nor should this list be considered exhaustive.

1. With the Planning and Establishment Grant, the State intends to:

_X_ Determine needed and available staff and hire key staff
_X_ Determine resource needs
_X_ Develop a work plan and timeline for first year activities
_X_ Determine needed statutory, regulatory, and other administrative changes (including statutory changes that may be necessary to set up the governance structure, facilitate health plan contracting, consumer outreach, etc.)
_X_ Conduct an initial assessment of IT systems and modifications/new systems needed to facilitate eligibility and enrollment and other Exchange functions
_X_ Plan the coordination of eligibility and enrollment across Medicaid, CHIP, and the Exchanges
_X_ Provide public notice and other stakeholder engagement activities
_X_ Develop a budget justification and implementation plan
_X_ Develop performance metrics and planned milestones
_X_ Plan for customer services processes, including a call center

2. The State attests that it has submitted a budget narrative and justification that fully supports the activities the State intends to pursue with Planning and Establishment Grant funds:

YES___X_____ NO_____

3. The State has adhered to the required Format, Standard Form (SF), and Content Requirements contained in Section IV.

YES___X_____ NO_____

4. The State commits to submitting a draft detailed implementation plan with the final report within 90 days of the end of the project period.

YES___X_____ NO_____