

## **Medicaid and Children’s Health Insurance Program COVID-19 Public Health Emergency Eligibility and Enrollment Pending Actions Resolution Planning Tool**

This tool is a resource to assist states and territories in their planning efforts to resolve pending Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) eligibility and enrollment actions and return to routine operations after the 2019 Novel Coronavirus (COVID-19) public health emergency (PHE) ends. During the PHE, states implemented program changes or other emergency flexibilities and will need to take steps to reverse many of these changes when the PHE ends. States also accrued a backlog of pending Medicaid actions, including cases pending notice of adverse action due to the continuous enrollment requirement under the Families First Coronavirus Response Act (FFCRA) that prevents states from terminating coverage for most Medicaid beneficiaries enrolled as of or after March 18, 2020, as a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase. States will need to address pending eligibility and enrollment actions after the month in which the PHE ends in four key areas (collectively referred to as COVID-related pending eligibility and enrollment actions): applications, post-enrollment verifications, changes in circumstances, and renewals. To address all pending eligibility and enrollment actions in a timely manner, states may want to consider policy changes that minimize state workloads and streamline eligibility and enrollment processes for populations that tend to maintain eligibility for longer periods, such as children, former foster youth, and dually eligible beneficiaries.

States are not required to use or submit this tool to the Centers for Medicare & Medicaid Services (CMS) for review or approval. However, states should develop and document a risk-based plan prior to the end of the PHE to address outstanding work, consistent with CMS expectations and timelines described in State Health Official (SHO) Letter 20-004 “RE: Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency.”<sup>1</sup> A risk-based approach prioritizes actions for individuals who are most likely to be no longer eligible for coverage and minimizes the extent to which coverage is provided to individuals who no longer meet eligibility criteria. States may select among four approaches when developing a risk-based plan: population-based approach, time-based approach, hybrid approach, and state-developed approach.

In addition to developing a plan, states will provide baseline data to CMS at the end of the PHE that specifies the outstanding work to be completed and will regularly report updated data to CMS to demonstrate the state’s progress. CMS will request individual states to submit their detailed risk-based plan if the reported data demonstrates the state is not on track to meet the timelines described in the SHO. CMS is available to provide technical assistance to states on how to complete this tool or in their planning and implementation efforts to return to routine operations when the PHE ends.

To be most effective, states using this planning tool should complete all sections of the tool individually and consider how the approach and strategies adopted to address each eligibility and enrollment area affects their overarching Medicaid, CHIP, and BHP eligibility and enrollment operations. The first section of the tool contains an action plan summary to support this type of crosscutting planning by states.

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<sup>1</sup> CMS State Health Official Letter, RE: Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, December 2020, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>

*Disclaimer: The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

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## Action Plan Summary

The tables below summarize the strategies and changes states should employ to restore their regular eligibility and enrollment operations. The summary tables are meant to support cross-cutting planning for states by concisely bringing together select information outlined in detail later in this tool, and to enable states to assess how the strategies adopted for each area may complement or compete with each other in order to develop an optimal overarching plan. These tables are placed first in the tool for future ease of reference, but states should return to it and complete it after completing the sections that follow.

For the cells containing checkboxes, please check all those that are applicable. No new information is required to complete this summary table after completing the rest of the tool except for any planning notes a state wishes to enter in the final column.

### Risk-Based Approach

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
Population-based approach	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Enter timelines	Enter planning notes if applicable
Time-based approach	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Enter timelines	Enter planning notes if applicable
Hybrid approach	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Enter timelines	Enter planning notes if applicable
State-based approach	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	Enter timelines	Enter planning notes if applicable

### Operational Strategies & Resource Plans

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
Redistribute current staff responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter timelines	Enter planning notes if applicable
Provide flexible work arrangements for current staff to support productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter timelines	Enter planning notes if applicable

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
<b>Employ contractors or support staff to complete tasks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Hire additional staff</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Telephonic or Video Fair Hearings</b>	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Informal Fair Hearing Resolution Process</b>	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Electronic Case Files and Electronic Evidence Submission for Fair Hearings</b>	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Other</b> <i>(List other strategies)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

**Policy Change Strategies**

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
<b>Express Lane Eligibility SPA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Continuous Eligibility for Children SPA</b>	N/A	N/A	<input type="checkbox"/>	N/A	N/A	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Facilitated Enrollment State Plan Option SPA</b>	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	N/A	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Other SPA</b> <i>(List other type of SPAs)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
Modify Verification Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

**System Changes**

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
Eligibility and Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
Medicaid Management Information System (MMIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
Other <i>(List other strategies)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

**State Level Policy & Operational Changes**

Action Area & Strategy/Change	Application Processing	Post-Enrollment Verifications	Changes in Circumstance	Renewals	Fair Hearings	Timeline	Planning Notes
State Code or Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
State Policy Manual Updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
State Training Materials Or Job Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

**Communication Strategies**

<b>Action Area &amp; Strategy/Change</b>	<b>Application Processing</b>	<b>Post-Enrollment Verifications</b>	<b>Changes in Circumstance</b>	<b>Renewals</b>	<b>Fair Hearings</b>	<b>Timeline</b>	<b>Planning Notes</b>
<b>Providers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Beneficiaries (including notices)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Managed Care Plans</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Internal Staff (includes training materials, staff memorandums, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Enrollment Broker</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Community-based Organizations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>
<b>Other</b> <i>(List other strategies)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Enter timelines</i>	<i>Enter planning notes if applicable</i>

## Eligibility and Enrollment Area 1: Application Processing

**Federal Requirements:** 42 C.F.R. § 435.912 requires states to determine eligibility promptly and without undue delay, not to exceed the following maximum days for any given applicant: 90 days for applicants who apply for Medicaid on the basis of disability and 45 days for all other applicants. In accordance with 42 C.F.R. § 457.340, these requirements apply equally to applications for CHIP. An application is considered to be processed timely when the agency enrolls an eligible applicant or denies coverage for an individual the agency could not determine as eligible within the application processing timeliness standards.

**CMS Expectations:** States must make every effort to make timely determinations of eligibility for new applicants, and therefore, CMS expects states to expeditiously process applications during the PHE. However, given that states receive applications on a rolling basis, CMS anticipates that many states will have pending applications received during the PHE that remain to be processed as states restore their eligibility and enrollment operations when the PHE ends. States may use a phased approach to address pending applications received during the PHE and resume timely determinations of eligibility within four months after the month in which the PHE ends.

- **Phase 1: Two months** for states to complete eligibility determinations for all pending MAGI and other non-disability related applications (e.g., individuals determined on the basis of being aged) received during the PHE.
- **Phase 2: Three months** for states to complete eligibility determinations for all pending disability-related applications received during the PHE.
- **Phase 3: Four months** for states to resume timely processing of all applications.

### Step 1: Assessment of Current State for Application Processing

State Self-Assessment Questions	State Response
1. Has the state maintained compliance with application processing timeliness standards since the beginning of the PHE across all application types (MAGI applications, other non-disability-related applications, and disability-based applications)?	<input type="checkbox"/> Yes ( <i>skip to Q3</i> ) <input type="checkbox"/> No
2. If the state responded “no” to Q1, for which application types received during the PHE does the state have pending applications that exceed the regulatory time standards for making determinations of eligibility?	<p><b><i>Check the box(es) for each application type for which the state has pending applications received during the PHE that exceed the application processing timeliness standards:</i></b></p> <input type="checkbox"/> MAGI applications <input type="checkbox"/> Other non-disability applications <input type="checkbox"/> Disability based applications
3. How will the state identify and quantify pending applications that the state received during the PHE (differentiated by application type, if applicable)? <i>Note: This includes applications submitted during the PHE that have not exceeded applicable timeliness standards for processing.</i>	<p><b><u>MAGI Applications</u></b></p> <input type="checkbox"/> Data already available <input type="checkbox"/> Able to develop data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i> <p><b><u>Other Non-Disability Applications</u></b></p> <input type="checkbox"/> Data already available

	<input type="checkbox"/> Able to develop data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i>  <b><u>Disability-Based Applications</u></b> <input type="checkbox"/> Data already available <input type="checkbox"/> Able to develop data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i>
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**Step 2: Action Plan for Application Processing**

Operational Strategies and Resource Plans

Description of Planned State Strategy: Check any applicable strategies the state intends to employ to restore timely application processing at the end of the PHE, and provide a brief description of the plan	Timeline: Enter the timeline for implementing each selected plan
<input type="checkbox"/> Implement strategies to encourage greater use of online or telephonic versus paper applications: (e.g., outreach and marketing to potential applicants, community partners, or providers)	-
<input type="checkbox"/> Redistribute current staff responsibilities: (e.g., authorize overtime, redeploy or reassign staff to focus on different priorities, determine if opportunities exist to assign complex work to specialized eligibility units or workers with longer tenure, or designate certain units to work on certain application types)	-
<input type="checkbox"/> Provide flexible work arrangements for current staff to support productivity (e.g., flex time or telework)	-
<input type="checkbox"/> Employ contractors or support staff to assist in completing appropriate tasks such as data entry (e.g., available contractors or number of support staff)	-
<input type="checkbox"/> Hire additional staff: (e.g., number of staff or type of staff)	-
<input type="checkbox"/> Other: (e.g., review internal processing timeline requirements for potential modifications or review current reporting and oversight strategies tracking processing timeframes to determine if they are sufficient to help the state promptly identify performance issues and implement mitigation strategies)	-



Policy Change Strategies (Maintaining Flexibilities Implemented During the PHE or Implementing New Policies)

<b>Description of Planned State Strategy:</b> <i>Check any applicable strategies for existing or new policies that the state intends to employ to streamline and simplify the application process or facilitate verification at application and provide a brief description of the plan</i> <sup>2</sup>	<b>Timeline:</b> <i>Enter the timeline for implementing each selected plan</i>
<input type="checkbox"/> <a href="#">Express Lane Eligibility</a> to permit states to rely on findings from an entity designated by the state to determine whether a child satisfies one or more factors of eligibility for Medicaid or CHIP <sup>3</sup>	-
<input type="checkbox"/> <a href="#">Facilitated Enrollment State Plan Option</a> to rely on income determinations from another public assistance program to make a MAGI eligibility determination <sup>4</sup>	-
<input type="checkbox"/> Adopt or continue strategies that facilitate verification at application ( <i>e.g., accept specified reasonable explanations to verify inconsistencies, conduct post-enrollment verification of certain eligibility criteria, expand access to additional data sources</i> )	-
<input type="checkbox"/> <a href="#">Align Medicare Savings Program and Medicare Part D Low Income Subsidy criteria</a> and leverage SSA’s LIS “Leads data” <sup>5</sup>	
<input type="checkbox"/> <b>Other:</b> <i>Enter description (For additional guidance please refer to <a href="#">Medicaid &amp; CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations</a>)</i> <sup>6</sup>	-

System Changes

<b>Description of Planned State Strategy:</b> <i>Check any applicable affected systems and provide a brief description of the required system changes needed to support timely determinations of eligibility within 4 months after the month in which the PHE ends</i>	<b>Timeline:</b> <i>Enter the timeline for implementing applicable system changes</i>
<input type="checkbox"/> <b>Eligibility and Enrollment:</b> <i>Enter description (e.g., automation of eligibility processes)</i>	-
<input type="checkbox"/> <b>MMIS:</b> <i>Enter description</i>	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-

<sup>2</sup> The adoption of certain new policies requires submission of a state plan amendment no later than the last day of the quarter in which the new policy is to be effective, while others require that the state update and submit to CMS its verification plan for MAGI populations and document changes in internal verification policies for non-MAGI determinations.

<sup>3</sup> CMS State Health Official Letter, Express Lane Eligibility Option, February 2010, available at <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO10003.PDF>

<sup>4</sup> CMS State Health Official Letter, Policy Options Using SNAP to Determine Medicaid Eligibility and an Update on Targeted Enrollment Strategies, August 2015, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO-15-001.pdf>

<sup>5</sup> Integrated Care Resource Center, Alignment of Medicare Savings Program Eligibility with the Medicare Part D Low Income Subsidy Program, May 2019, available at <https://www.integratedcareresourcecenter.com/resource/alignment-medicare-savings-program-eligibility-medicare-part-d-low-income-subsidy-program>

<sup>6</sup> Medicaid and CHIP Coverage Learning Collaborative, Medicaid & CHIP MAGI Application Processing: Ensuring Timely and Accurate Eligibility Determinations, March 2019, available at <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/timely-accurate-eligibility.pdf>

### State-Level Policy & Operational Changes

<b>Description of Planned State Strategy:</b> Check any applicable state-level changes to be implemented to facilitate timely application processing and provide a brief description of the required change	<b>Timeline:</b> Enter the timeline for implementing any state-level changes, as applicable
<input type="checkbox"/> State code or regulatory changes: <i>Enter description</i>	-
<input type="checkbox"/> State policy manual updates: <i>Enter description</i>	-
<input type="checkbox"/> State training materials or job aides updates: <i>Enter description</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

### Communication Strategies

<b>Description of Planned State Strategy:</b> Check any applicable affected stakeholders and provide a brief description of anticipated modes of communication	<b>Timeline:</b> Enter the timeline for communicating with each affected stakeholder
<input type="checkbox"/> Providers: (e.g., provider informational bulletins, listserv e-mails, presentation at advisory committees or other provider meetings, provider manual updates, or webinars)	-
<input type="checkbox"/> Beneficiaries: (e.g., notices, policy manuals, website updates, or news announcements)	-
<input type="checkbox"/> Managed Care Plans: (e.g., policy manuals, targeted e-mail correspondence, meetings, or webinars)	-
<input type="checkbox"/> Internal Staff: (e.g., targeted e-mail correspondence based on program area/staff responsibilities, trainings, or meetings)	-
<input type="checkbox"/> Enrollment Broker: (e.g., policy manuals, targeted email correspondence, meetings, or webinars)	-
<input type="checkbox"/> Community-based organizations: (e.g., strategy sessions to reach at-risk or hard to reach beneficiary populations, meetings, or webinars)	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

## Prep Chart for Risk-Based Approach to Complete Post-Enrollment Verifications, Renewals, and Changes in Circumstances

States are expected to adopt a risk-based approach that prioritizes pending eligibility and enrollment actions related to post-enrollment verifications, changes in circumstances, and renewals. States should use this section of the tool to identify their overall risk-based approach by checking the overall risk-based approach the state is using to prioritize action on its COVID-related pending eligibility and enrollment actions. States may use the blank cells to include any notes or description of the risk-based strategy. States will describe their strategy to implement the risk-based approach for post-enrollment verifications, changes in circumstances, and renewals as the Eligibility and Enrollment Area 2-4 sections of this template are completed. A risk-based approach prioritizes actions for individuals who are most likely to be no longer eligible for coverage and minimizes the extent to which coverage is provided to individuals who no longer meet eligibility criteria.

Description of Planned State Strategy: <i>Check the overall risk-based approach the state is using to prioritize action on its COVID-related pending eligibility and enrollment actions</i>	Description of State's Risk-Based Plan
<input type="checkbox"/> <i>Population-based approach:</i> State is prioritizing completing outstanding eligibility and enrollment actions for individuals in groups who are most likely to be no longer eligible.	-
<input type="checkbox"/> <i>Time-based approach:</i> State is prioritizing cases based on length of time the action has been pending, such that the state completes oldest pending actions first.	-
<input type="checkbox"/> <i>Hybrid approach:</i> State is prioritizing using both a population-based and time-based approach. <i>(Ex. adopting a time-based approach for pending post-enrollment verifications and changes in circumstances and a population-based approach for renewals; adopting a population-based approach to prioritize certain cases and switching to a time-based approach to prioritize completion of all pending actions after).</i>	-
<input type="checkbox"/> <i>State-developed approach:</i> State is developing its own approach to prioritize outstanding eligibility and enrollment actions based on cases for individuals who are most likely to be no longer eligible: <i>Enter description</i>	-

## Eligibility and Enrollment Area 2: Post-Enrollment Verifications

**Federal Requirements:** Eligibility for applicants must be verified consistent with federal requirements in 42 C.F.R. §§ 435.940 through 435.960. Consistent with 42 C.F.R. §§ 435.948 and 435.956, states are required to access certain data sources (generally available electronically) to verify income and citizenship and immigration status. Consistent with regulations at 42 C.F.R. § 435.945(a), states may accept self-attestation of certain other eligibility criteria, including age or date of birth, state residency, and household composition. States generally verify all relevant eligibility criteria prior to enrollment. States are required to furnish benefits during a reasonable opportunity period to otherwise-eligible applicants who have attested to citizenship or satisfactory immigration status. States have the option, with respect to most other eligibility criteria, to make a determination of eligibility at application based on attested information and then verify eligibility criteria after the individual is enrolled (post-enrollment verification). These post-enrollment verifications must be completed as expeditiously as possible and within a reasonable time-period. The state’s verification plan (or disaster addendum if time-limited to the PHE), required at 42 C.F.R. § 435.945(j), describes the specific verification policies and procedures adopted by the agency.

**CMS Expectations:** States are expected to resume checking data sources to verify eligibility criteria for individuals enrolled based on self-attested information during the PHE. After the PHE ends, states should take no more than **6 months after the month in which the PHE ends** to complete all verifications of eligibility factors for beneficiaries enrolled based on self-attested information during the PHE. This applies to applications received during the PHE for which the state has not completed the post-enrollment verification and applications received prior to the PHE for which the state had not completed the post-enrollment verification when the PHE began. States should also take into consideration any cases for which the state could not verify eligibility continues the PHE that require either advance notice of termination or a second verification.

States that continue to conduct post-enrollment verifications for individuals enrolled after the PHE based on self-attested information should also ensure they have established timelines to complete post-enrollment verifications and are verifying all eligibility factors timely after 6 months. These expectations are not applicable to states that complete the verification process prior to enrollment.

### Step 1: Assessment of Current State for Post-Enrollment Verifications

State Self-Assessment Questions	State Response
1. Has the state elected the option to conduct post-enrollment verifications for any factors of eligibility during the PHE or more generally?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Skip to Eligibility and Enrollment Area 3: Redeterminations Based on Changes in Circumstances</i> )
2. Does the state have pending verifications for cases enrolled during the PHE or cases enrolled prior to the PHE for which the state was still in the process of completing the post-enrollment verification when the PHE began?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Skip to Eligibility and Enrollment Area 3: Redeterminations Based on Changes in Circumstances</i> )
3. Did the state continue conducting post-enrollment verifications during the PHE while still maintaining Medicaid enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>skip to Q 5</i> )
4. If the state answered “yes” to Q3, can the state identify verifications for cases enrolled during the PHE or cases enrolled prior to the PHE for which the state was still in the process of completing the post-enrollment verification when the PHE began that it initiated but did not complete, including verifications for cases that only require advance notice of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No

State Self-Assessment Questions	State Response
5. How will the state identify and quantify those cases that require that the verification process be initiative or completed?	<input type="checkbox"/> Data report already available <input type="checkbox"/> Run data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i>

## Step 2: Risk-Based Plan for Post-Enrollment Verifications

### Strategy for Selected Risk-Based Approach

Description of Planned State Strategy: Complete the applicable row to describe how the state is implementing the risk-based approach described in Prep Chart for Eligibility and Enrollment Actions to address pending post-enrollment verifications. States should not complete rows for the risk-based approaches the state is not adopting.	Description of State's Risk-Based Plan: Enter the timeline and/or additional detail for the state's selected risk-based approach
<input type="checkbox"/> Population-based approach: <i>Check all that apply</i>  <input type="checkbox"/> Individuals categorically ineligible for the group they are enrolled: <i>Specify types of categorically ineligible individuals (e.g., individuals who, during the PHE, exceeded the maximum age permitted for their eligibility group or individuals enrolled in the adult group who became eligible for Medicare)</i> <input type="checkbox"/> Individuals determined ineligible for Medicaid during the PHE, but not terminated in order to comply with the continuous enrollment requirement under the FFCRA in order to claim the temporary FMAP increase <input type="checkbox"/> Individuals who gained eligibility due to states' use of a temporary eligibility flexibility <input type="checkbox"/> Other: <i>Specify other prioritized populations</i>	-
<input type="checkbox"/> Time-based approach:  <input type="checkbox"/> <b>Month 1:</b> <i>Describe the cases that will be completed in the first month after the month in which the PHE ends</i> <input type="checkbox"/> <b>Month 2:</b> <i>Describe the cases that will be completed in the second month after the month in which the PHE ends</i> <input type="checkbox"/> <b>Month 3:</b> <i>Describe the cases that will be completed in the third month after the month in which the PHE ends</i> <input type="checkbox"/> <b>Month 4:</b> <i>Describe the cases that will be completed in the fourth month after the month in which the PHE ends</i> <input type="checkbox"/> <b>Month 5:</b> <i>Describe the cases that will be completed in the fifth month after the month in which the PHE ends</i> <input type="checkbox"/> <b>Month 6:</b> <i>Describe the cases that will be completed in the sixth month after the month in which the PHE ends</i>	-
<input type="checkbox"/> Hybrid approach: <i>Describe how the state will use the hybrid approach for post-enrollment verifications. Explain the populations that the state will prioritize and the remaining cases that will be completed each month post-PHE as applicable for cases requiring a post-enrollment verification</i>	-
<input type="checkbox"/> State developed approach: <i>Describe how the state developed approach will be used for post-enrollment verifications.</i>	-

Policy Mitigations for Risk-Based Plan

<b>Description of Planned State Strategy:</b> <i>Check any applicable policy strategies to assist the state complete pending post-enrollment verifications within 6 months after the end of the month the PHE ends and complete timely post-enrollment verifications after that, if applicable</i>	<b>Description of State's Risk-Based Plan:</b> <i>Enter the timeline and/or additional detail for each selected approach</i>
<input type="checkbox"/> Align action on pending verifications for beneficiaries with the individual's periodic renewal if the renewal is scheduled to occur within 6 months after the month in which the PHE ends	-
<input type="checkbox"/> Align action on pending verifications for beneficiaries also enrolled in SNAP with the individual's SNAP recertification when the recertification is scheduled to occur within 6 months after the month in which the PHE ends	-
<input type="checkbox"/> Avoid repeat post-enrollment verifications for individuals for whom the state completed the verification and determined that eligibility did not continue within 6 months prior to the date the beneficiary's coverage is terminated	-
<input type="checkbox"/> Other: <i>Enter description</i>	

Approach for Addressing Pending and Current Work

<b>Description of Planned State Strategy:</b> <i>Check the applicable approach the state is taking to complete post-enrollment verifications for individuals enrolled based on self-attested information during the 6-month period after the end of the month the PHE ends, if applicable</i>	<b>Description of State's Risk-Based Plan:</b> <i>Enter the timeline and/or additional detail for each selected approach</i>
<input type="checkbox"/> Complete pending post-enrollment verifications using the state's risk-based approach and simultaneously timely verify eligibility criteria for individuals enrolled based on self-attested information after the month the PHE ends	-
<input type="checkbox"/> Incorporate pending post-enrollment verifications and cases requiring verification for individuals enrolled based on self-attested information after the month the PHE ends in the state's risk based plan such that the state processes verifications timely after 6 months from the month in which the PHE ends	-
<input type="checkbox"/> Other: <i>Enter description</i>	-
<input type="checkbox"/> N/A - State is verifying self-attested information prior to enrollment after the month the PHE ends	-

### Step 3: Action Plan for Post-Enrollment Verifications

#### Operational Strategies and Resource Plans

<b>Description of Planned State Strategy:</b> <i>Check any applicable strategies the state intends to employ to facilitate completion of post-enrollment verifications within 6 months after the end of the month in which the PHE ends, and provide a brief description of the plan</i>	<b>Timeline:</b> <i>Enter the timeline within which the state will implement each selected plan</i>
<input type="checkbox"/> Redistribute current staff responsibilities: <i>(e.g., based on the number and type of verifications that are outstanding, reassign staff to focus on different priorities, determine if opportunities exist to assign complex work to specialized eligibility units or workers with longer tenure, or designate certain units to work on verification of certain cases)</i>	-
<input type="checkbox"/> Provide flexible work arrangements for current staff to support productivity <i>(e.g., flex time or telework)</i>	-
<input type="checkbox"/> Employ contractors or support staff to assist in completing tasks <i>(e.g., available contractors or number of support staff)</i>	-
<input type="checkbox"/> Hire additional staff: <i>(e.g., number of staff or type of staff)</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

#### Policy Change Strategies (Maintaining Flexibilities Implemented During the PHE or Implementing New Policies)

<b>Description of Planned State Strategy:</b> <i>check below any strategies new policies that the state intends to employ to facilitate timely completion of post-enrollment verification, and provide a brief description of the plan <sup>7</sup></i>	<b>Timeline:</b> <i>Enter the timeline within which the state will implement each selected policy</i>
<input type="checkbox"/> Expand the use of electronic data sources used to verify eligibility. <i>(e.g., establish matches with departments of motor vehicles to verify residency)</i>	-
<input type="checkbox"/> Temporarily modify verification processes <i>(e.g., accept specified reasonable explanations to verify inconsistencies)</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

<sup>7</sup> For new policies, states must update and submit to CMS its verification plan for MAGI-based populations and must be appropriately document changes in its internal written policies and procedures for non-MAGI populations.

### System Changes

<b>Description of Planned State Strategy:</b> <i>Check any applicable affected systems and provide a brief description of the required system changes</i>	<b>Timeline:</b> <i>Enter the timeline in which the state will implement any applicable system changes</i>
<input type="checkbox"/> <b>Eligibility and Enrollment:</b> <i>Enter description (e.g., automation of eligibility processes)</i>	-
<input type="checkbox"/> <b>MMIS:</b> <i>Enter description</i>	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-

### State-Level Policy & Operational Changes

<b>Description of Planned State Strategy:</b> <i>Check any state-level policy and/or operational changes that the state will implement to facilitate completion of all pending post-enrollment verifications within 6 months after the month in which the PHE ends. Provide a brief description of the required change.</i>	<b>Timeline:</b> <i>Enter the timeline within which the state will implement any selected changes</i>
<input type="checkbox"/> <b>State code or regulatory changes:</b> <i>Enter description</i>	-
<input type="checkbox"/> <b>State policy manual updates:</b> <i>Enter description</i>	-
<input type="checkbox"/> <b>State training materials or job aides updates:</b> <i>Enter description</i>	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-

### Communication Strategies

<b>Description of Planned State Strategy:</b> <i>Check any applicable affected stakeholders and provide a brief description of anticipated modes of communication</i>	<b>Timeline:</b> <i>Enter the timeline for each selected communication strategy</i>
<input type="checkbox"/> <b>Providers:</b> <i>(e.g., provider informational bulletins, listserv e-mails, presentation at advisory committees or other provider meetings, provider manual updates, or webinars)</i>	-
<input type="checkbox"/> <b>Beneficiaries:</b> <i>(e.g., notices, policy manuals, website updates, or news announcements)</i>	-
<input type="checkbox"/> <b>Managed Care Plans:</b> <i>(e.g., policy manuals, targeted e-mail correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Internal Staff:</b> <i>(e.g., targeted e-mail correspondence based on program area/staff responsibilities, trainings, or meetings)</i>	-
<input type="checkbox"/> <b>Enrollment Broker:</b> <i>(e.g., policy manuals, targeted email correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Community-based organizations:</b> <i>(e.g., strategy sessions to reach at-risk or hard to reach beneficiary populations, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-



### Eligibility and Enrollment Area 3: Redeterminations Based on Changes in Circumstances

**Federal Requirements.** In accordance with 42 C.F.R. §§ 435.916(d), 457.343, and 600.340, states must redetermine Medicaid, CHIP, and BHP eligibility between regular renewals when they have information about a change in circumstances that may affect a beneficiary’s eligibility. Changes in circumstances that may affect eligibility include beneficiary-reported or state-identified changes (including changes identified through third party data) that impact factors of eligibility, such as changes in income or household composition, and anticipated changes, such as an individual reaching an age milestone (e.g., adult turning 65, child turning 19). This also includes changes that result when an eligibility authority expires or sunsets (e.g., elimination of an optional eligibility group or an income disregard for an eligibility group) or when a state imposes more restrictive eligibility standards, methodologies, or procedures.

For Medicaid beneficiaries who are found to no longer be eligible for the group in which the individual receives coverage, states must consider all bases of eligibility prior to determining an individual is ineligible for Medicaid and terminating coverage in accordance with 42 C.F.R. § 435.916(f)(1). For both Medicaid and CHIP, beneficiaries who are determined ineligible must be screened for eligibility in other insurance affordability programs and their account transferred in accordance with 42 C.F.R. §§ 435.1200(e) and 457.350(b).<sup>8</sup>

**CMS Expectations.** CMS expects that states should not take more than **6 months after the month in which the PHE ends** to redetermine eligibility for beneficiaries who experienced a change in circumstances that was reported, identified, or anticipated during the PHE and who are impacted when a state stops a temporary eligibility authority or flexibility. States are expected to promptly act on changes in circumstances after the 6 month post-PHE timeline.

#### Step 1: Assessment of Current State—Changes in Circumstances

State Self-Assessment Questions	State Response
1. Identify the programs in which the state has pending changes in circumstances that were reported, identified, or anticipated during the PHE.	<p><b>Check all that apply:</b></p> <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> BHP <i>(skip to Q3 if only CHIP and/or BHP are selected)</i>
2. Did the state continue processing changes in circumstances during the PHE while still maintaining Medicaid enrollment due to the FFCRA continuous enrollment requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(skip to Q4)</i> <input type="checkbox"/> N/A <i>(skip to Q4)</i>
3. Can the state identify pending redeterminations based on changes in circumstances that it initiated during the PHE but did not complete, including redeterminations that only require advance notice of termination in order to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<sup>8</sup> Section 6008(b)(3) of FFCRA generally prevents states from terminating Medicaid coverage for individuals enrolled as of or after March 18, 2020, through the end of the month in which the COVID-19 PHE ends as a condition of the temporary 6.2 percentage point FMAP increase authorized under FFCRA. See Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-9912-IFC) for additional information. Available at <https://www.federalregister.gov/public-inspection/2020-24332/additional-policy-andregulatory-revisions-in-response-to-the-covid-19-public-health-emergency>

State Self-Assessment Questions	State Response
4. Can the state identify individuals for whom the state has information indicating a change in circumstances that may affect eligibility, but not has not initiated the redetermination, during the PHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. How will the state identify and quantify cases needing a redetermination based on a change in circumstances initiated or completed?	<input type="checkbox"/> Data report already available <input type="checkbox"/> Run data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i>

## Step 2: Risk-Based Plan for Changes in Circumstances

### Strategy for Selected Risk-Based Approach

<b>Description of Planned State Strategy:</b> <i>Complete the applicable row to describe how the state is implementing the risk-based approach described in the Prep Chart for Eligibility and Enrollment Actions to address pending changes in circumstances that were reported, anticipated, or identified during the PHE. States should not complete rows for the risk-based approaches the state is not adopting.</i>	<b>Additional Documentation of State's Risk-Based Plan:</b> <i>Enter below the timeline or additional detail for the state's risk-based approach that will allow the state to acting on changes in circumstances reported, anticipated, or identified during the PHE within 6 months after the end of the month the PHE ends and promptly act on changes in circumstances after that</i>
<input type="checkbox"/> Population-based approach: <i>Check all that apply</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals categorically ineligible for the group they are enrolled: <i>Specify types of categorically ineligible individuals (e.g., individuals who, during the PHE, exceeded the maximum age permitted for their eligibility group or individuals enrolled in the adult group who became eligible for Medicare)</i></li> <li><input type="checkbox"/> Individuals determined ineligible for Medicaid during the PHE, but not terminated in order to comply with the continuous enrollment requirement under the FFCRA in order to claim the temporary FMAP increase</li> <li><input type="checkbox"/> Individuals who gained eligibility due to states' use of a temporary eligibility flexibility</li> <li><input type="checkbox"/> Other: <i>Specify other prioritized populations</i></li> </ul>	-

<b>Description of Planned State Strategy:</b> <i>Complete the applicable row to describe how the state is implementing the risk-based approach described in the Prep Chart for Eligibility and Enrollment Actions to address pending changes in circumstances that were reported, anticipated, or identified during the PHE. States should not complete rows for the risk-based approaches the state is not adopting.</i>	<b>Additional Documentation of State's Risk-Based Plan:</b> <i>Enter below the timeline or additional detail for the state's risk-based approach that will allow the state to acting on changes in circumstances reported, anticipated, or identified during the PHE within 6 months after the end of the month the PHE ends and promptly act on changes in circumstances after that</i>
<input type="checkbox"/> Time based approach: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Month 1:</b> <i>Describe the cases that will be completed in the first month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 2:</b> <i>Describe the cases that will be completed in the second month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 3:</b> <i>Describe the cases that will be completed in the third month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 4:</b> <i>Describe the cases that will be completed in the fourth month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 5:</b> <i>Describe the cases that will be completed in the fifth month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 6:</b> <i>Describe the cases that will be completed in the sixth month after the month in which the PHE ends</i></li> </ul>	-
<input type="checkbox"/> <b>Hybrid approach:</b> <i>Describe how the state will use the hybrid approach for redeterminations based on changes in circumstances. Explain the populations that the state will prioritize and the remaining cases that will be completed each month post-PHE as applicable for cases with pending changes in circumstances.</i>	-
<input type="checkbox"/> <b>State developed approach:</b> <i>Describe how the state developed approach will be used for redeterminations based on changes in circumstances</i>	-

Policy Mitigations for Risk-Based Plan

<b>Description of Planned State Strategy:</b> <i>Check any applicable policy strategies to assist the state complete pending redeterminations based on changes in circumstances within 6 months after the end of the month the PHE ends and promptly act on changes in circumstances after that.</i>	<b>Additional Documentation of State's Risk-Based Plan:</b> <i>Enter the timeline and/or additional detail for the state's selected approach</i>
<input type="checkbox"/> Align action on pending changes in circumstances for beneficiaries with the individual's periodic renewal if the renewal is scheduled to occur within 6 months after the month in which the PHE ends	-
<input type="checkbox"/> Align action on pending changes in circumstances for beneficiaries also enrolled in SNAP with the individual's SNAP recertification when the recertification is scheduled to occur within 6 months after the month in which the PHE ends	-
<input type="checkbox"/> Avoid repeat redeterminations for individuals for whom the state completed the redetermination based on a change in circumstances and determined that eligibility did not continue within 6 months prior to the date the beneficiary's coverage is terminated	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-

Approach for Addressing Pending and Current Work

Description of Planned State Strategy: <i>Check the applicable approach the state is taking to complete redeterminations for changes in circumstances that are reported, anticipated, or identified during the 6-month period after the end of the month the PHE ends</i>	Additional Documentation of State’s Risk-Based Plan: <i>Enter the timeline or additional detail for each selected approach</i>
<input type="checkbox"/> Complete pending changes in circumstances using the state’s risk-based approach and simultaneously promptly act on changes in circumstances reported, anticipated, or identified after the month the PHE ends	-
<input type="checkbox"/> Incorporate pending changes in circumstances and changes that are reported, anticipated, or identified within 6 months after the month the PHE ends in the state’s risk based plan such that the state promptly acts on all changes in circumstances after the 6-month timeline	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

**Step 3: Action Plan for Changes in Circumstances**

Operational Strategies and Resource Plans

Description of Planned State Strategy: <i>Check all applicable strategies the state intends to employ to address pending changes in circumstances the state would have otherwise acted on during the PHE and changes that are reported, anticipated or identified post-PHE. Provide a brief description of the plan.</i>	Timeline: <i>Enter the timeline within which the state will implement each operational and resource plan selected</i>
<input type="checkbox"/> Redistribute current staff responsibilities: <i>(e.g., authorize overtime, redeploy or reassign staff to focus on different priorities or determine if opportunities exist to assign complex work to specialized eligibility units or workers with longer tenure)</i>	-
<input type="checkbox"/> Provide flexible work arrangements for current staff to support productivity <i>(e.g., flex time or telework)</i>	-
<input type="checkbox"/> Employ contractors or support staff to assist in completing tasks <i>(e.g., available contractors or number of support staff)</i>	-
<input type="checkbox"/> Hire additional staff: <i>(e.g., number of staff or type of staff)</i>	-
<input type="checkbox"/> Other: <i>(e.g., review internal processing timeline requirements for potential modifications or review current reporting and oversight strategies tracking processing timeframes to determine if they are sufficient to help the state promptly identify performance issues and implement mitigation strategies)</i>	-

Policy Change Strategies (Maintaining Flexibilities Implemented during the PHE or Implementing New Policies)

<b>Description of Planned State Strategy: Check any applicable strategies for existing or new policies that the state intends to employ, temporarily or permanently, to minimize the workload of changes in circumstances and provide a brief description of the plan<sup>9</sup></b>	<b>Timeline: Enter the timeline within which the state will implement each selected strategy</b>
<input type="checkbox"/> Adopt up to 12-month <a href="#">Continuous Eligibility for Medicaid and CHIP Coverage</a> for children	-
<input type="checkbox"/> Remove non-payment of premiums as an exception to continuous eligibility in Separate CHIPs	-
<input type="checkbox"/> Take advantage of the option set forth at 42 C.F.R. 435.916(d)(1)(ii) and §457.343 that allows states to begin new 12-month renewal period when processing a change in circumstance, if the agency has enough information available to renew eligibility with respect to all eligibility criteria	-
<input type="checkbox"/> Apply or maintain less restrictive income and/or resource eligibility criteria: <i>Enter description</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

System Changes

<b>Description of Planned State Strategy: Check any applicable affected systems and provide a brief description of the required system changes needed to facilitate timely completion of processing of pending PHE related changes in circumstances within 6 months after the month in which the PHE ends</b>	<b>Timeline: Enter the timeline within which the state will implement selected change</b>
<input type="checkbox"/> Eligibility and Enrollment: <i>Enter description</i>	-
<input type="checkbox"/> MMIS: <i>Enter description</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

State-Level Policy & Operational Changes

<b>Description of Planned State Strategy: Check any applicable state-level policy and/or operational changes that the state will implement to facilitate processing of changes in circumstances. Provide a brief description of the required change.</b>	<b>Timeline: Enter the timeline within which the state will implement each selected change</b>
<input type="checkbox"/> State code or regulatory changes: <i>Enter description</i>	-
<input type="checkbox"/> State policy manual updates: <i>Enter description</i>	-
<input type="checkbox"/> State training materials or job aides updates: <i>Enter description</i>	-

<sup>9</sup> The adoption of certain new policies requires submission of a state plan amendment no later than the last day of the quarter in which the new policy is to be effective, while others require that the state update and submit to CMS its verification plan for MAGI populations and document changes in internal verification policies for non-MAGI determinations.

Description of Planned State Strategy: <i>Check any applicable state-level policy and/or operational changes that the state will implement to facilitate processing of changes in circumstances. Provide a brief description of the required change.</i>	Timeline: <i>Enter the timeline within which the state will implement each selected change</i>
<input type="checkbox"/> Other: <i>Enter description</i>	-

Communication Strategies

Description of Planned State Strategy: <i>Check any applicable affected stakeholders and provide a brief description of anticipated modes of communication</i>	Timeline: <i>Enter the timeline for communicating with each affected stakeholder</i>
<input type="checkbox"/> Providers: <i>(e.g., provider informational bulletins, listserv e-mails, presentation at advisory committees or other provider meetings, provider manual updates, or webinars)</i>	-
<input type="checkbox"/> Beneficiaries: <i>(e.g., notices, policy manuals, website updates, or news announcements)</i>	-
<input type="checkbox"/> Managed Care Plans: <i>(e.g., policy manuals, targeted e-mail correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> Internal Staff: <i>(e.g., targeted e-mail correspondence based on program area/staff responsibilities, trainings or meetings)</i>	-
<input type="checkbox"/> Enrollment Broker: <i>(e.g., policy manuals, targeted email correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> Community-based organizations: <i>(e.g., strategy sessions to reach at-risk or hard to reach beneficiary populations, meetings, or webinars)</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

## Eligibility and Enrollment Area 4: Renewals

**Federal Requirements.** States must renew eligibility for Medicaid and CHIP beneficiaries whose eligibility is determined using MAGI-based financial methodologies once every 12 months, and no more frequently than once every 12 months, pursuant to 42 C.F.R. §§ 435.916 and 457.343. For individuals excepted from MAGI-based financial methodologies under 42 C.F.R. § 435.603(j), states must renew eligibility at least once every 12 months in accordance with 42 C.F.R. § 435.916(b). For BHP, states must redetermine eligibility every 12 months in accordance with 42 C.F.R. §600.340.

For Medicaid beneficiaries who are found to no longer be eligible for the group in which the individual receives coverage at renewal, states must consider all bases of eligibility prior to determining an individual is ineligible for Medicaid and terminating coverage in accordance with 42 C.F.R. § 435.916(f)(1). For both Medicaid and CHIP, beneficiaries who are determined ineligible must be screened for eligibility in other insurance affordability programs and their account transferred in accordance with 42 C.F.R. §§ 435.1200(e) and 457.350(b)<sup>10</sup>.

**CMS Expectations.** CMS expects that states should not take more than **6 months after the month in which the PHE ends** to complete pending renewals due during the PHE. States should also take into consideration any cases for which the state could not determine that eligibility continues after processing a renewal during the PHE that require either advance notice of termination or a second redetermination. States are expected to process renewals timely after the 6-month post-PHE timeline.

### Step 1: Assessment of Current State of Renewals

State Self-Assessment Questions	State Response
1. Identify the programs for which the state has pending renewals that were due during the PHE.	<p><b>Check all that apply:</b></p> <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> BHP
2. Did the state continue conducting renewals during the PHE while still maintaining Medicaid enrollment due to the FFCRA continuous enrollment requirement?	<p><b>Check all that apply:</b></p> <input type="checkbox"/> Yes – <i>ex parte</i> renewals only <input type="checkbox"/> Yes – <i>ex parte</i> renewals and sent renewal forms <input type="checkbox"/> Yes – MAGI renewals <input type="checkbox"/> Yes – non-MAGI renewals <input type="checkbox"/> No ( <i>skip to Q 3</i> )
3. If the state answered “yes” to Q1, can the state identify renewals due during the PHE that it initiated but did not complete, including renewals that only require advance notice of termination in order to complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>10</sup> Section 6008(b)(3) of FFCRA generally prevents states from terminating Medicaid coverage for individuals enrolled as of or after March 18, 2020, through the end of the month in which the COVID-19 PHE ends as a condition of the temporary 6.2 percentage point FMAP increase authorized under FFCRA. See Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-9912-IFC) for additional information. Available at <https://www.federalregister.gov/public-inspection/2020-24332/additional-policy-andregulatory-revisions-in-response-to-the-covid-19-public-health-emergency>



State Self-Assessment Questions	State Response
4. Can the state identify individuals for whom a renewal was required, but not initiated, during the PHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. What is the state’s approach to identify and quantify cases needing a renewal initiated or completed (differentiated by type of renewal if applicable (i.e. MAGI renewals, non-MAGI renewals))?	<input type="checkbox"/> Data report already available <input type="checkbox"/> Run data report/query <input type="checkbox"/> Other: <i>Enter description of approach</i>

## Step 2: Risk-Based Plan for Renewals

### Strategy for Selected Risk-Based Approach

Description of Planned State Strategy: <i>Complete the applicable row to describe how the state is implementing the risk-based approach described in Prep Chart for Eligibility and Enrollment Actions to address pending renewals. States should not complete rows for the risk-based approaches the state is not adopting.</i>	Additional Documentation of State’s Risk-Based Plan: <i>Enter the timeline and/or additional detail for the state’s selected risk-based approach</i>
<input type="checkbox"/> Population-based approach: <i>Check all that apply</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals categorically ineligible for the group they are enrolled: <i>Specify types of categorically ineligible individuals (e.g., individuals who, during the PHE, exceeded the maximum age permitted for their eligibility group or individuals enrolled in the adult group who became eligible for Medicare)</i></li> <li><input type="checkbox"/> Individuals determined ineligible for Medicaid during the PHE, but not terminated in order to comply with the continuous enrollment requirement under the FFCRA in order to claim the temporary FMAP increase</li> <li><input type="checkbox"/> Individuals who gained eligibility due to states’ use of a temporary eligibility flexibility</li> <li><input type="checkbox"/> Other: <i>Specify other prioritized populations</i></li> </ul>	-
<input type="checkbox"/> Time-based approach: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Month 1:</b> <i>Describe the cases that will be completed in the first month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 2:</b> <i>Describe the cases that will be completed in the second month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 3:</b> <i>Describe the cases that will be completed in the third month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 4:</b> <i>Describe the cases that will be completed in the fourth month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 5:</b> <i>Describe the cases that will be completed in the fifth month after the month in which the PHE ends</i></li> <li><input type="checkbox"/> <b>Month 6:</b> <i>Describe the cases that will be completed in the sixth month after the month in which the PHE ends</i></li> </ul>	-



<b>Description of Planned State Strategy: Complete the applicable row to describe how the state is implementing the risk-based approach described in Prep Chart for Eligibility and Enrollment Actions to address pending renewals. States should not complete rows for the risk-based approaches the state is not adopting.</b>	<b>Additional Documentation of State's Risk-Based Plan: Enter the timeline and/or additional detail for the state's selected risk-based approach</b>
<input type="checkbox"/> Hybrid approach: Describe how the state will use the hybrid approach renewals. Explain the populations that the state will prioritize and the remaining cases that will be completed each month post-PHE as applicable for renewals.	-
<input type="checkbox"/> State developed approach: Describe how the state developed approach will be used for redeterminations based on changes in circumstances	-

Policy Mitigations for Risk-Based Plan

<b>Description of Planned State Strategy: Check below any applicable policy strategies to assist the state complete pending renewals within 6 months after the end of the month the PHE ends and resume timely renewals after that.</b>	<b>Additional Documentation of State's Risk-Based Plan: Enter any additional detail for the state's selected risk-based approach</b>
<input type="checkbox"/> Align action on pending renewals for beneficiaries also enrolled in SNAP with the individual's SNAP recertification when the recertification is scheduled to occur within 6 months after the month in which the PHE ends	-
<input type="checkbox"/> Avoid repeat renewals for individuals for whom the state completed the renewal and determined that eligibility did not continue within 6 months prior to the date the beneficiary's coverage is terminated	-
<input type="checkbox"/> Other: Enter description	-

Approach for Addressing Pending and Current Work

<b>Description of Planned State Strategy: Check below the applicable approach the state is taking to complete renewals due within the 6-month period after the end of the month the PHE ends.</b>	<b>Additional Documentation of State's Risk-Based Plan: Enter the timeline and/or additional detail for each selected plan</b>
<input type="checkbox"/> Complete pending renewals using the state's risk-based approach and simultaneously timely complete renewals due after the month the PHE ends	-
<input type="checkbox"/> Incorporate pending renewals and renewals due within 6 months after the month the PHE ends in the state's risk based plan such that the state resumes timely completion of all renewals after the 6-month timeline.	-
<input type="checkbox"/> Other: Enter description	-

### Step 3: Action Plan for Renewals

#### Operational Strategies and Resource Plans

Description of Planned State Strategy: <i>Check below all applicable strategies the state intends to employ to address renewals that would have otherwise been due during the PHE and renewals coming due post-PHE and provide a brief description of the plan</i>	Timeline: <i>Enter the timeline within which the state will implement each selected strategy</i>
<input type="checkbox"/> Redistribute current staff responsibilities: (e.g., authorize overtime, redeploy or reassign staff to focus on different priorities or determine if opportunities exist to assign complex work to specialized eligibility units or workers with longer tenure)	-
<input type="checkbox"/> Provide flexible work arrangements for current staff to support productivity: (e.g., flex time or telework)	-
<input type="checkbox"/> Employ contractors or support staff to assist in completing appropriate tasks: (e.g., available contractors or number of support staff)	-
<input type="checkbox"/> Hire additional staff: (e.g., number of staff or type of staff)	-
<input type="checkbox"/> Other: (e.g., review internal processing timeline requirements for potential modifications or review current reporting and oversight strategies tracking processing timeframes to determine if they are sufficient to help the state promptly identify performance issues and implement mitigation strategies)	-

#### Policy Change Strategies (Maintaining Flexibilities Implemented During the PHE or Implementing New Policies)

Description of Planned State Strategy: <i>Check below any applicable strategies for existing or new policies that the state intends to employ that will simplify the renewal process and provide a brief description of the plan.</i> <sup>11</sup>	Timeline: <i>Enter the timeline within which the state will implement each selected change</i>
<input type="checkbox"/> <a href="#">Express Lane Eligibility</a> to permit states to rely on findings from an entity designated by the state to determine whether a child satisfies one or more factors of eligibility for Medicaid or CHIP <sup>12</sup>	-
<input type="checkbox"/> Implement the <a href="#">Facilitated Enrollment State Plan Option</a> to rely on income determinations from another public assistance program to make a MAGI eligibility determination <sup>13</sup>	-
<input type="checkbox"/> Adopt a 12-month renewal period for individuals excepted from MAGI-based financial methodologies	-

<sup>11</sup> Note that adoption of certain new policies requires submission of a state plan amendment no later than the last day of the quarter in which the new policy is to be effective, while others require that the state update and submit to CMS its verification plan for MAGI populations and document changes in internal verification policies for non-MAGI determinations.

<sup>12</sup> CMS State Health Official Letter, Express Lane Eligibility Option, February 2010, available at <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO10003.PDF>

<sup>13</sup> CMS State Health Official Letter, Policy Options Using SNAP to Determine Medicaid Eligibility and an Update on Targeted Enrollment Strategies, August 2015, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO-15-001.pdf>

Description of Planned State Strategy: Check below any applicable strategies for existing or new policies that the state intends to employ that will simplify the renewal process and provide a brief description of the plan. <sup>11</sup>	Timeline: Enter the timeline within which the state will implement each selected change
<input type="checkbox"/> Adopt MAGI renewal requirements for individuals excepted from MAGI-based financial methodologies: (e.g., use of pre-populated renewal forms, provide a minimum 30 days for beneficiaries to respond to renewal forms, provide a reconsideration period for individuals whose coverage is terminated for failure to return a renewal form)	-
<input type="checkbox"/> Apply or maintain less restrictive income and/or resource eligibility criteria: Enter description	-
<input type="checkbox"/> Adopt or continue verification strategies that impact the processing of renewals: (e.g., modify policies related to use of electronic data at renewal, use of additional data sources)	-
<input type="checkbox"/> Other: Enter description	-

### System Changes

Description of Planned State Strategy: Check below any applicable affected systems and provide a brief description of the required system changes	Timeline: Enter the timeline within which the state will implement each selected system change
<input type="checkbox"/> Eligibility and Enrollment: Enter description (e.g., automation of eligibility processes)	-
<input type="checkbox"/> MMIS: Enter description	-
<input type="checkbox"/> Other: Enter description	-

### State-Level Policy & Operational Changes

Description of Planned State Strategy: Check below any applicable state-level policy and/or operational changes needed to complete pending renewals within 6 months after the month in which the PHE ends. Provide a brief description of the required change.	Timeline: Enter the timeline for implementing each selected change
<input type="checkbox"/> State code or regulatory changes: Enter description	-
<input type="checkbox"/> State policy manual updates: Enter description	-
<input type="checkbox"/> Other: Enter description	-

Communication Strategies

Description of Planned State Strategy: <i>Check below any applicable affected stakeholders and provide a brief description of anticipated modes of communication</i>	Timeline: <i>Enter below the timeline for each communication strategy</i>
<input type="checkbox"/> <b>Providers:</b> <i>(e.g., provider informational bulletins, listserv e-mails, presentation at advisory committees or other provider meetings, provider manual updates, or webinars)</i>	-
<input type="checkbox"/> <b>Beneficiaries:</b> <i>(e.g., notices, policy manuals, website updates, or news announcements)</i>	-
<input type="checkbox"/> <b>Managed Care Plans:</b> <i>(e.g., policy manuals, targeted e-mail correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Internal Staff:</b> <i>(e.g., staff training, policy manuals, targeted e-mail correspondence based on program area/staff responsibilities, or meetings)</i>	-
<input type="checkbox"/> <b>Enrollment Broker:</b> <i>(e.g., policy manuals, targeted email correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Community-based organizations:</b> <i>(e.g., strategy sessions to reach at-risk or hard to reach beneficiary populations, meetings, or webinars)</i>	-
<input type="checkbox"/> <b>Other:</b> <i>Enter description</i>	-

## Eligibility and Enrollment Area 5: Medicaid Fair Hearings

**Federal Requirements.** Generally, states are required to take final administrative action on a fair hearing request within 90 days of receipt of the request (42 C.F.R. § 431.244(f)(1)), while states must take final administrative action on expedited fair hearings “as expeditiously as possible” (42 C.F.R. § 431.244(f)(3)).

**CMS Expectations.** States are expected to begin to conduct the fair hearing process timely when the PHE ends, and to complete fair hearings for which final action is overdue as expeditiously as possible. In developing an action plan to address fair hearings, the state should prioritize pending requests for an expedited fair hearing. Other factors to consider in establishing priorities include the length of time that a hearing or final administrative action has been pending, whether a beneficiary is receiving benefits pending the outcome of the hearing, and whether the individual has been terminated from coverage or is appealing a benefit-related matter.

### Step 1: Assessment of Current State: Fair Hearings

State Self-Assessment Questions	State Response
1. What modalities does the state currently use to conduct fair hearings?	<b>Check all that apply</b> <input type="checkbox"/> In person <input type="checkbox"/> By telephone <input type="checkbox"/> By video conference <input type="checkbox"/> Other (please specify) _____
2. Does the state have an informal resolution process to address fair hearing requests prior to conducting a fair hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the state have fair hearing requests, made during the PHE, which the state received 90 days or more ago and for which the state has not taken final administrative action?	<input type="checkbox"/> Yes (proceed to Q4) <input type="checkbox"/> No (skip to Q6)
4. If the state answered “yes” to Q3, are any of these requests for expedited fair hearings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the state answered “yes” to Q3, can the state readily identify individuals for whom a fair hearing would have otherwise been conducted during the PHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the state anticipate an increase in fair hearing requests following the end of the PHE?	<input type="checkbox"/> Yes (proceed to Q7) <input type="checkbox"/> No (end of Step 1)
7. Can the state estimate the increase in the number of fair hearing requests it may receive at the end of the PHE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. What is the state’s current capacity to process fair hearings (i.e., how many fair hearings can the state process each month)?	_____ (please describe)

**Step 2: Action Plan for Fair Hearings**

If the state answered “No” to both Q3 and Q6 in Step 1, it may skip step 2.

Prioritization Plan

Description of Planned State Strategy: <i>Check below the type(s) of hearings the state plans to prioritize</i>	Timeline: <i>Enter timeline for risk-based prioritization plan that will allow the state to resume taking final administrative action on fair hearing requests within 90 days of receipt of the request</i>
<input checked="" type="checkbox"/> (Required) Requests for fair hearings that meet the requirements for an expedited fair hearing	-
<input type="checkbox"/> Oldest fair hearing requests	-
<input type="checkbox"/> Beneficiaries who are not receiving benefits pending the fair hearing decision	-
<input type="checkbox"/> Cases appealing the termination of coverage	-
<input type="checkbox"/> Other:	-

Operational Strategies and Resource Plans

Description of Planned State Strategy: <i>Check all applicable strategies the state intends to employ to address fair hearing requests made during the PHE and any anticipated increase in fair hearing requests post-PHE and provide a brief description of the plan</i>	Timeline: <i>Enter timeline for operational and resource plan that will allow the state to resume taking final administrative action on fair hearing requests within 90 days of receipt of the request</i>
<input type="checkbox"/> Redistribute current staff responsibilities: <i>(e.g., reassign staff to focus on different priorities, determine if opportunities exist to assign complex work to specialized units or workers with longer tenure)</i>	-
<input type="checkbox"/> Utilize existing contractors or support staff to assist in completing administrative tasks: <i>(e.g., available contractors or number of support staff)</i>	-
<input type="checkbox"/> Hire additional staff: <i>(e.g., number of staff or type of staff)</i>	-
<input type="checkbox"/> Adopt practice of conducting fair hearings by telephone or video conference, in a manner that is accessible to individuals with disabilities and those who are limited English proficient	-
<input type="checkbox"/> Establish or enhance an informal resolution process for fair hearing requests	-
<input type="checkbox"/> Establish or increase utilization of electronic case files and/or allow the submission of evidence electronically for fair hearings	-
<input type="checkbox"/> Other <i>(e.g., review internal processing timeline requirements for potential modifications or review current reporting and oversight strategies tracking processing timeframes to determine if they are sufficient to help the state promptly identify performance issues and implement mitigation strategies)</i>	-

System Changes

<b>Description of Planned State Strategy: Check any applicable affected systems and provide a brief description of the required system changes</b>	<b>Timeline: Enter timeline for implementing required system changes</b>
<input type="checkbox"/> Eligibility and Enrollment: <i>Enter description</i>	-
<input type="checkbox"/> MMIS: <i>Enter description</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

State-Level Policy & Operational Changes

<b>Description of Planned State Strategy: Check below any applicable state-level changes or and provide a brief description of the required change</b>	<b>Timeline: Enter the timeline for each selected state-level change</b>
<input type="checkbox"/> State code or regulatory changes: <i>Enter description</i>	-
<input type="checkbox"/> State policy manual updates: <i>Enter description</i>	-
<input type="checkbox"/> State training materials or job aides updates: <i>Enter description</i>	-
<input type="checkbox"/> Other: <i>Enter description</i>	-

Communication Strategies

<b>Description of Planned State Strategy: Check below any applicable affected stakeholders and provide a brief description of anticipated modes of communication</b>	<b>Timeline: Enter below the timeline for each communication strategy</b>
<input type="checkbox"/> Providers: <i>(e.g., provider informational bulletins, listserv e-mails, presentation at advisory committees or other provider meetings, provider manual updates, or webinars)</i>	-
<input type="checkbox"/> Beneficiaries: <i>(e.g., notices, policy manuals, website updates, or news announcements)</i>	-
<input type="checkbox"/> Managed Care Plans: <i>(e.g., policy manuals, targeted e-mail correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> Internal Staff: <i>(e.g., targeted e-mail correspondence based on program area/staff responsibilities, trainings or meetings)</i>	-
<input type="checkbox"/> Enrollment Broker: <i>(e.g., policy manuals, targeted email correspondence, meetings, or webinars)</i>	-
<input type="checkbox"/> Community-based organizations: <i>(e.g., strategy sessions to reach at-risk or hard to reach beneficiary populations, meetings, or webinars)</i>	-

Description of Planned State Strategy: <i>Check below any applicable affected stakeholders and provide a brief description of anticipated modes of communication</i>	Timeline: <i>Enter below the timeline for each communication strategy</i>
<input type="checkbox"/> Other: <i>Enter description</i>	-