

Template: Plan for Full Compliance with Federal Redetermination Requirements

This template is intended to support state planning for compliance with federal Medicaid and Children’s Health Insurance Program (CHIP) renewal and redetermination requirements and communication of the plan and timeline to CMS, which is required within six months of the date of the state’s mitigation plan approval letter related to the Consolidated Appropriations Act, 2023 requirements. States must be in full compliance with all federal Medicaid and CHIP redetermination requirements no later than two years after the end of their unwinding period. CMS may identify other compliance issues in states and will work with states on mitigations or corrective action plans separately as appropriate.

Please note that states are not required to use this template. However, states should submit all the requested information in their full compliance plan to CMS. Full compliance plans should be submitted to CMSUnwindingSupport@cms.hhs.gov and must include the following information:

- Date by which the state will achieve full compliance with all redetermination requirements
- Descriptions of all redetermination requirement deficiencies
- Key activities and milestones/timelines for resolving each deficiency
- Mitigations that the state proposes maintaining until the state is in full compliance with each redetermination requirement

Instructions: This template is organized by Medicaid and CHIP redetermination requirement. In each section, states should indicate any deficiencies with the relevant Medicaid and/or CHIP redetermination requirements and the state’s plan for coming into full compliance with the requirement, including the date by which the state will achieve full compliance, key activities and associated milestones/timelines for resolving each deficiency, and mitigations the state proposes maintaining until it achieves full compliance.

Deficiencies should align with those detailed in the state’s approved mitigation plan, unless otherwise discussed with CMS. Please also note any additional deficiencies that may apply to CHIP. As applicable, states are encouraged to consider current operations, processes, and flexibilities and whether those will be adjusted or discontinued with their plans for full compliance. For more information and resources and strategies, please visit [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding). In addition, states can contact their state lead or CMSUnwindingSupport@cms.hhs.gov for technical assistance.

Detailed instructions for completing the template are listed below. The instructions are followed by an example completed section, which uses “*ex parte* renewals” as an example redetermination requirement category, with two example associated deficiencies.

1. **Deficiency:** Check all existing deficiency/deficiencies for the relevant redetermination requirement in the list. Add details as needed (optional) in the text boxes to explain each deficiency.

2. **Date for achieving full compliance with the specified redetermination requirement:** Enter the date by which the state will achieve compliance with the relevant redetermination requirement. If the state has multiple deficiencies with a redetermination requirement, enter the date by which all deficiencies will be resolved (demonstrated in the example).
3. **Key activities and milestones/timelines for achieving full compliance with each deficient redetermination requirement:** List major milestones for resolving each deficiency and the timelines associated with each milestone. If states require more than the formatted number of rows available in each table, continue the table in a separate document and attach the document as an appendix to the compliance plan.
 - **Deficiency:** Describe the relevant deficiency. If the deficiency will have multiple activities listed in the table, this column of the subsequent table rows associated with the same deficiency can be left blank (demonstrated in the example).
 - **Key Activity:** List the high-level activities the state will undertake to resolve each deficiency. Each activity should be listed on its own row in the table. As applicable, states are encouraged to consider required system changes, vendor procurement, submission of advance planning document (APDs), systems testing, submission of state plans and requests for additional authorities, updates to state policy and operations, adoption of new data sources, staff training, etc.
 - **Milestone/Timeline:** List the milestones and/or timeline for resolving the relevant deficiency. Activities may include several milestones/timelines.
4. **Mitigations state will maintain until full compliance:** List any mitigations for the relevant redetermination requirement that the state proposes maintaining until it achieves full compliance. This may include a proposed extension of flexibilities adopted during the state’s COVID-19 unwinding period.
5. **Additional notes (optional):** Add any details not captured elsewhere in the table as needed. This section is not required

EXAMPLE SECTION

A. Ex Parte Renewals: States must first attempt to conduct a renewal based on available information, without contacting the beneficiary (an *ex parte* renewal) for all beneficiaries (42 C.F.R. §435.916(a)(2); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- Lack of *ex parte* functionality for MAGI populations:
- Lack of *ex parte* functionality for non-MAGI populations: *Assets are not verified using the AVS prior to sending a request for information.*
- Lack of *ex parte* functionality for other subset of beneficiaries (please specify): *[State] cannot complete an *ex parte* determination for beneficiaries concurrently enrolled in Medicaid and SNAP.*
- Other (please specify):

Date for achieving full compliance with redetermination requirement: *July 2025*

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline
	<i>Submission and approval of APD to support <i>ex parte</i> compliance</i>	
<i>Ex parte for non-MAGI</i>	<i>Design and code integration of AVS into eligibility system/<i>ex parte</i> functionality</i>	<i>Completion by August 2024</i>
	<i>Testing and resolution of defects</i>	<i>Completion by October 2024</i>
	<i>Complete worker training and updates to policy manuals</i>	<i>Completion by November 2024</i>
	<i>Go live/launch functionality</i>	<i>Completion by December 2024</i>
<i>Ex parte for Medicaid/SNAP</i>	<i>Work with IT vendor to update functionality</i>	<i>December 2024</i>
	<i>Update documentation and complete staff training</i>	<i>March-June 2025</i>
	<i>Revise notices and renewal forms</i>	<i>Completion by June 2025</i>
	<i>Implement</i>	<i>July 2025</i>

Mitigations state will maintain until full compliance:

- *Continue to use the 1902(e)(14) waiver to conduct a manual check of the state’s AVS to verify assets prior to terminating eligibility for individuals based on a lack of documentation of financial resources*
- *Continue to use the 1902(e)(14) waiver to complete Medicaid renewals based on information from SNAP*

Additional notes (optional):

State:

Medicaid Director:

State point of contact for compliance plan:

Date of compliance plan submission:

PLAN FOR FULL COMPLIANCE WITH FEDERAL RENEWAL & REDETERMINATION REQUIREMENTS

Date by which state will achieve full compliance with all redetermination requirements:

A. *Ex Parte* Renewals: States must first attempt to conduct a renewal based on available information, without contacting the beneficiary (an *ex parte* renewal) for all beneficiaries (42 C.F.R. §435.916(a)(2); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- Lack of *ex parte* functionality for MAGI populations:
- Lack of *ex parte* functionality for non-MAGI populations:
- Lack of *ex parte* functionality for other subset of beneficiaries (please specify):
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

B. Renewal Form: States must send a renewal form and request only information needed to determine eligibility when eligibility cannot be renewed on an *ex parte* basis. For MAGI beneficiaries, the renewal form must be prepopulated (42 C.F.R. §435.916(a)(3)(i)(A); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- Renewal form is not prepopulated for MAGI-based populations:
- Renewal form requests information beyond what is needed for a redetermination of eligibility (e.g., form is a new application):
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

C. Timeline to Return Renewal Forms: States must provide MAGI beneficiaries with at least 30 days from the date of the pre-populated renewal form to return the form and provide any additional information requested by the agency (42 C.F.R. §435.916(a)(3)(i)(B); 42 C.F.R. §457.343). Non-MAGI beneficiaries must be given a reasonable amount of time to return forms and documentation (42 C.F.R. §435.952).

Deficiency (select all that apply):

- MAGI-based beneficiaries are not provided a minimum of 30 days to return a form/needed documentation:
- Renewal form/notice for MAGI-based beneficiaries does not clearly explain that the beneficiary has a minimum of 30 days to return a form/documentation:
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

D. Submit Renewal Form Through All Modalities: All beneficiaries must be able to submit their renewal form through any of the modes of submission available for submitting an application (i.e., online, by phone, by mail, or in person) (42 C.F.R. §435.916(a)(3)(i)(B); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- No option for online submission of renewal form (MAGI/non-MAGI – *please specify*):
- No electronic signature:
- No option for phone submission of renewal form (MAGI/non-MAGI – *please specify*):
- Inability to accept telephonic signatures:
- Paper renewal form not readily available for submission (MAGI/non-MAGI – *please specify*):
- No in-person submission of renewal form (MAGI/non-MAGI – *please specify*):
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

E. Reconsideration Period: For MAGI beneficiaries whose eligibility has been terminated for failure to return their renewal form or requested information, if the renewal form and/or necessary information is returned within 90 days after the date of termination, or a longer period elected by the state, the agency must reconsider the individual’s eligibility without requiring the individual to fill out a full new application (42 C.F.R. §435.916(a)(3)(iii); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- No reconsideration period available for individuals enrolled on a MAGI basis:
- Reconsideration period for MAGI-based beneficiaries is shorter than 90 days:
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

F. Determine Eligibility on All Bases: States are required to determine eligibility on all bases prior to determining an individual is ineligible for Medicaid (42 C.F.R. § 435.916(f)(1)).

Deficiency (select all that apply):

- Individuals enrolled on a MAGI basis are not screened for potential eligibility on a non-MAGI basis prior to termination:
- Individuals enrolled on a basis other than MAGI are not screened for potential MAGI eligibility prior to termination:
- Individuals must submit a new application to be considered for eligibility on another basis:
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):

G. Determine Potential Eligibility for Other Programs & Transfer Account: For beneficiaries who are determined ineligible for Medicaid, the agency must determine potential eligibility for other insurance affordability programs and timely transfer the beneficiary's electronic account to such program (42 C.F.R. § 435.1200(e); 42 C.F.R. §457.343).

Deficiency (select all that apply):

- Individuals' accounts are not transferred to other insurance affordability program(s) timely:
- Other (please specify):

Date for achieving full compliance with redetermination requirement:

Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Milestone and Timeline

Mitigations state will maintain until full compliance:

Additional notes (optional):