

Compliance Template:

Assessment and Plan for Compliance with All Federal Medicaid and CHIP Renewal Requirements

This template is intended to support state compliance with federal Medicaid and Children’s Health Insurance Program (CHIP) renewal requirements described at 42 C.F.R. §435.916 and §457.343. Every state must submit a completed template to the Centers for Medicare & Medicaid Services (CMS), which includes:

- Assessment and evidence of compliance status
- Descriptions of all redetermination requirement deficiencies
- Plan, including key activities and milestones/timelines, for resolving each deficiency
- Date by which the state will achieve compliance with each renewal requirement, if not already compliant
- Mitigations, including 1902(e)(14) waivers and other strategies that the state proposes maintaining or implementing until the state is in compliance with each renewal requirement

DEADLINE: Completed template must be submitted by December 31, 2024.

Instructions: This template is organized by Medicaid and CHIP renewal requirement. In each section, states should assess compliance and indicate any compliance deficiencies, as well as the state’s plan for coming into compliance with the requirement, as detailed below. States should review all relevant regulations and available guidance before completing their compliance assessment to ensure understanding and alignment with requirements. CMS will provide additional renewal guidance and clarifications related to renewal compliance throughout Fall of 2024. Compliance will be assessed based on regulations in effect when the template is submitted, unless otherwise noted. For current renewal guidance, as well as more information on resources and strategies, please visit [Medicaid.gov](https://www.Medicaid.gov). In addition, states can contact their state lead for technical assistance. CMS will review submissions and will work with states to provide approval of compliance plans, including mitigation strategies.

Please complete each section of the template according to the instructions listed below:

- 1. Assessment:** After reviewing all CMS renewal guidance and assessing state systems, policies, and operations, please select whether your state is compliant or noncompliant for each requirement listed.
- 2. Evidence of compliance:** For areas in compliance, including areas with deficiencies that have been addressed, please list documentation or other evidence submitted to demonstrate compliance with requirements. CMS will provide additional guidance on appropriate documentation and other evidence of renewal compliance, which could include systems, policy, and operational documentation.
- 3. Description of policies and processes:** Please describe the policies and processes, including system functionality, that support your

assessment with each requirement in each section. Please explain how these policies and procedures are consistent with the compliance assessment.

4. **Description of compliance deficiencies:** Please include a description of any deficiencies in compliance with the regulatory requirement.
5. **Key activities and milestones for resolving each deficiency:** Please list major milestones towards resolving each deficiency and achieving compliance with the associated timelines. Milestones could include advance planning document (APD) submissions, system releases, process changes, or other activities required for reaching compliance. 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:** Please describe the relevant deficiency noted in the assessment. 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.
 - **Key Activity:** Please list the high-level activities or steps the state will undertake to resolve each deficiency. Each activity should be listed on its own row in the table. For example, updating system functionality, revising notice language, and updating worker processes would each be separate activities. As applicable, states are encouraged to consider required system changes, vendor procurement, submission of 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.
 - **Targeted Timeline:** Please list the timeline for completing the listed activity. Please include any key milestone dates.
 - **APD (Date):** If an APD will be submitted or has been submitted to support completion of an activity, please indicate that here, along with the anticipated/completed submission date.
 - **Status:** Please describe the status of the activity (not started, in progress, completed), including any delays in implementation or additional support needed from CMS and provide regular updates to CMS as activities are completed and compliance is achieved for each requirement.
6. **Date by which state will achieve compliance with the renewal requirement:** Enter the date by which the state will achieve compliance with the redetermination requirements in that section of the template. If the state has multiple deficiencies within a section, enter the date by which all deficiencies will be resolved.
7. **Mitigations state will maintain or implement until compliant with the renewal requirement:** List any mitigations for the relevant redetermination requirement that the state proposes maintaining or implementing until it achieves compliance. Please include any section 1902(e)(14) flexibilities and the rationale.
8. **Additional notes (optional):** Add any details not captured elsewhere in the table as needed. This section is not required.

State:

Medicaid Director:

State point of contact for compliance plan:

Date of compliance plan submission:

ASSESSMENT OF AND PLAN FOR COMPLIANCE WITH FEDERAL MEDICAID AND CHIP RENEWAL REQUIREMENTS

A. *Ex Parte* Renewals: States must first attempt to conduct a renewal for all beneficiaries based on available information, without requiring information from the individual (an *ex parte* renewal) (42 C.F.R. §435.916(b)(1); 42 C.F.R. §457.343).

1. **Assessment:** *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. <i>Ex parte</i> renewals conducted for Modified Adjusted Gross Income (MAGI) populations at the individual level
<input type="checkbox"/>	<input type="checkbox"/>	2. <i>Ex parte</i> renewals conducted for non-MAGI populations at the individual level
<input type="checkbox"/>	<input type="checkbox"/>	3. Other (please specify) _____

2. **Evidence of compliance:** *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please describe how your state has implemented ex parte for MAGI and non-MAGI populations in your systems and program operations, including policies and processes for use of data sources, automated processes, and ensuring accurate determinations.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with *ex parte* renewal requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

B. Renewal Form: States must provide 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(b)(2)(i)(A); 42 C.F.R. §435.916(b)(2)(v); 42 C.F.R. §457.343).¹

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Renewal form is provided to all MAGI and non-MAGI individuals for whom the state cannot renew on an <i>ex parte</i> basis
<input type="checkbox"/>	<input type="checkbox"/>	2. Renewal form is prepopulated with available information needed to renew eligibility for MAGI-based individuals in all modalities
<input type="checkbox"/>	<input type="checkbox"/>	3. Renewal form only requests information needed to redetermine eligibility
<input type="checkbox"/>	<input type="checkbox"/>	4. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

¹ CMS released the Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes final rule on April 2, 2024, which modified renewal requirements. While the final rule went into effect June 4, 2024, states have until June 2027 to comply with new requirements to provide to all MAGI and non-MAGI beneficiaries who cannot be renewed on an *ex parte* basis a prepopulated renewal form and a minimum of 30 days to return the form. Until June 2027, CMS will rely on the requirements in effect prior to June 4, 2024, to assess states’ compliance with federal renewal requirements.

3. Description of policies and processes: *Please describe your policies and processes for generating and providing pre-populated renewal forms, including system functionality, any automated or manual processes, what information is pre-populated, and how the form is available through all modalities.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with renewal form requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. 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(b)(2)(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. §435.916(b)(2)(i)(B)²; 42 C.F.R. §435.952).

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. MAGI-based beneficiaries are provided a minimum of 30 days to return a form and requested information/documentation
<input type="checkbox"/>	<input type="checkbox"/>	2. Non-MAGI beneficiaries are provided a reasonable period of time to return a form/needed documentation
<input type="checkbox"/>	<input type="checkbox"/>	3. Renewal form or related notice for MAGI-based beneficiaries clearly explains that the beneficiary has a minimum of 30 days
<input type="checkbox"/>	<input type="checkbox"/>	4. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

² CMS released the Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes final rule on April 2, 2024, which modified renewal requirements. While the final rule went into effect June 4, 2024, states have until June 2027 to comply with new requirements to provide to all MAGI and non-MAGI beneficiaries who cannot be renewed on an *ex parte* basis a prepopulated renewal form and a minimum of 30 days to return the form. Until June 2027, CMS will rely on the requirements in effect prior to June 4, 2024, to assess states’ compliance with federal renewal requirements.

3. Description of policies and processes: *Please provide a description of policies and processes for providing and communicating that MAGI-based beneficiaries have at least 30 days to return the renewal form and non-MAGI beneficiaries have a reasonable period of time (including number of days provided).*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with renewal form timeline requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. 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., via the internet Web site described in 42 CFR 435.1200(f), by phone, by mail, in person; and through other commonly available electronic means) (42 C.F.R. §435.916(b)(2)(i)(B); 42 C.F.R. §457.343).

1. Assessment: *Select current status of compliance with the requirements below.*

MAGI		Non-MAGI		Requirement
Compliant	Noncompliant	Compliant	Noncompliant	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Option for submission of renewal form via the internet website (a web form)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1a. Accepts electronic signature
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Option for phone submission of renewal form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2a. Accepts telephonic signatures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Paper renewal form readily available for submission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. In-person submission of renewal form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please provide a description of how the state accommodates submission of renewal forms through each modality, including how beneficiaries are notified of options, worker actions required, and supporting technology. Please also describe how electronic and telephonic signatures are collected and stored.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with renewal form submission requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

E. Reconsideration Period at Renewal: 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 new application (42 C.F.R. §435.916(b)(2)(iii)³; 42 C.F.R. §457.343).

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Reconsideration period available for individuals enrolled on a MAGI basis
<input type="checkbox"/>	<input type="checkbox"/>	2. Reconsideration period for MAGI-based beneficiaries is no less than 90 days
<input type="checkbox"/>	<input type="checkbox"/>	3. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please provide a description of policies and processes for providing a reconsideration period of at least 90 days for MAGI beneficiaries, including how this is handled in the eligibility system and communicated to beneficiaries.*

³ The requirement for compliance with the regulation to provide a minimum 90-day reconsideration period at renewal for individuals disenrolled from a non-MAGI group will be effective in June 2027 and will be evaluated separately.

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with the reconsideration period renewal requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

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

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Individuals enrolled on a MAGI basis are screened for other MAGI eligibility groups and potential eligibility on a non-MAGI basis prior to determining an individual is ineligible, terminating coverage, and transferring the individual to another insurance affordability program
<input type="checkbox"/>	<input type="checkbox"/>	2. Individuals enrolled on a basis other than MAGI are screened for other non-MAGI groups and potential MAGI eligibility prior to determining an individual is ineligible, terminating coverage, and transferring the individual to another insurance affordability program
<input type="checkbox"/>	<input type="checkbox"/>	3. State requests additional information from individuals to consider eligibility on another basis without requiring the individual to submit a new application
<input type="checkbox"/>	<input type="checkbox"/>	4. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please provide a description of policies and processes for determining eligibility on all bases at renewal, including how this is processed in the eligibility system and communicated to beneficiaries.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with the requirement to determine eligibility on all bases:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

G. Determine Potential Eligibility for Other Programs & Transfer Account: For beneficiaries who are determined ineligible for Medicaid and CHIP, 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. §§ 435.916(d)(2) and 435.1200(e); 42 C.F.R. §457.343 and 457.350(b)).⁴

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Individuals’ accounts are transferred to the Marketplace timely (MAGI)
<input type="checkbox"/>	<input type="checkbox"/>	2. Individuals’ accounts are transferred to the Marketplace timely (non-MAGI)
<input type="checkbox"/>	<input type="checkbox"/>	3. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please provide a description of policies and processes for determining potential eligibility for other programs and transferring the account, including how this is handled in the eligibility system and communicated to beneficiaries.*

⁴ CMS will evaluate compliance with new requirements from the *Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes* rule separately. This includes compliance with new requirements for transitioning accounts for certain individuals no longer eligible for Medicaid to a separate CHIP and to the Marketplace (§§ 431.10, 435.1200(b),(e) and (h), 457.340(f), 457.348, 457.350(b) and (e)).

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with the requirement to determine potential eligibility for other programs and transfer the account:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

H. Renew Eligibility Once Every 12 Months: States are required to renew eligibility once every 12 months for beneficiaries determined on a MAGI basis in Medicaid and CHIP and at least once every 12 months for beneficiaries determined eligible for Medicaid on a non-MAGI basis (42 C.F.R. § 435.916(a)(1)⁵; 42 C.F.R. §457.343).

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Eligibility redetermination conducted once every 12 months and not more than once every 12 months for MAGI populations
<input type="checkbox"/>	<input type="checkbox"/>	2. Eligibility redetermination conducted at least once every 12 months for non-MAGI populations
<input type="checkbox"/>	<input type="checkbox"/>	3. Other (please specify) _____

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

⁵ CMS released the Streamlining the Medicaid, Children’s Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes final rule on April 2, 2024, which modified renewal requirements. While the final rule went into effect June 4, 2024, states have until June 2027 to comply with new requirements to conduct renewals once and only once every 12 months for almost all beneficiaries, including those enrolled on a non-MAGI basis. Until June 2027, CMS will rely on the requirements in effect prior to June 4, 2024, to assess states’ compliance with federal renewal requirements.

3. Description of policies and processes: *Please provide a description of policies and processes for renewing eligibility once every 12 months for MAGI beneficiaries and at least once every 12 months for non-MAGI beneficiaries, including how this is handled in the eligibility system and communicated to beneficiaries.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with the requirement to renew eligibility once every 12 months:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

I. Other: If CMS requests information on additional renewal requirements, that information can be included in this section. Please list specific additional requirements below with the regulatory citation.

1. Assessment: *Select current status of compliance with the requirements below.*

Compliant	Noncompliant	Requirement
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1. Requirement:

2. Requirement:

3. Requirement:

2. Evidence of compliance: *Please list documentation or other evidence submitted to demonstrate compliance with requirements specified above.*

3. Description of policies and processes: *Please provide a description of policies and processes related to this requirement.*

4. Description of compliance deficiencies: *Please include a description of any deficiencies in compliance with the regulatory requirement.*

5. Key activities and milestones for resolving each deficiency described above:

Deficiency	Key Activity	Targeted Timeline	APD (Date)	Status (Not Started/In Progress/Complete)

6. If not in compliance, date by which state will achieve compliance with renewal requirements:

7. List mitigations state will maintain or implement until compliant with requirement:

8. Additional notes (optional):

PRA Disclosure Statement States have an obligation to conduct redeterminations of eligibility for all individuals enrolled in Medicaid and CHIP in compliance with all existing federal requirements at 42 CFR 435.916 and 457.343. It is critical that states ensure their compliance with federal renewal requirements to help individuals eligible for Medicaid or CHIP successfully renew their coverage. To confirm compliance with these regulations, CMS is providing a template for states to indicate their current compliance status with renewal regulations, describe policies and processes, and identify planned mitigations for any identified deficiencies. Completion of the template is required for all states, with updates provided as states with compliance deficiencies inform CMS of progress and come into compliance with requirements.

Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 40 HOURS per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.