



# All-State Medicaid and CHIP Call November 4, 2025

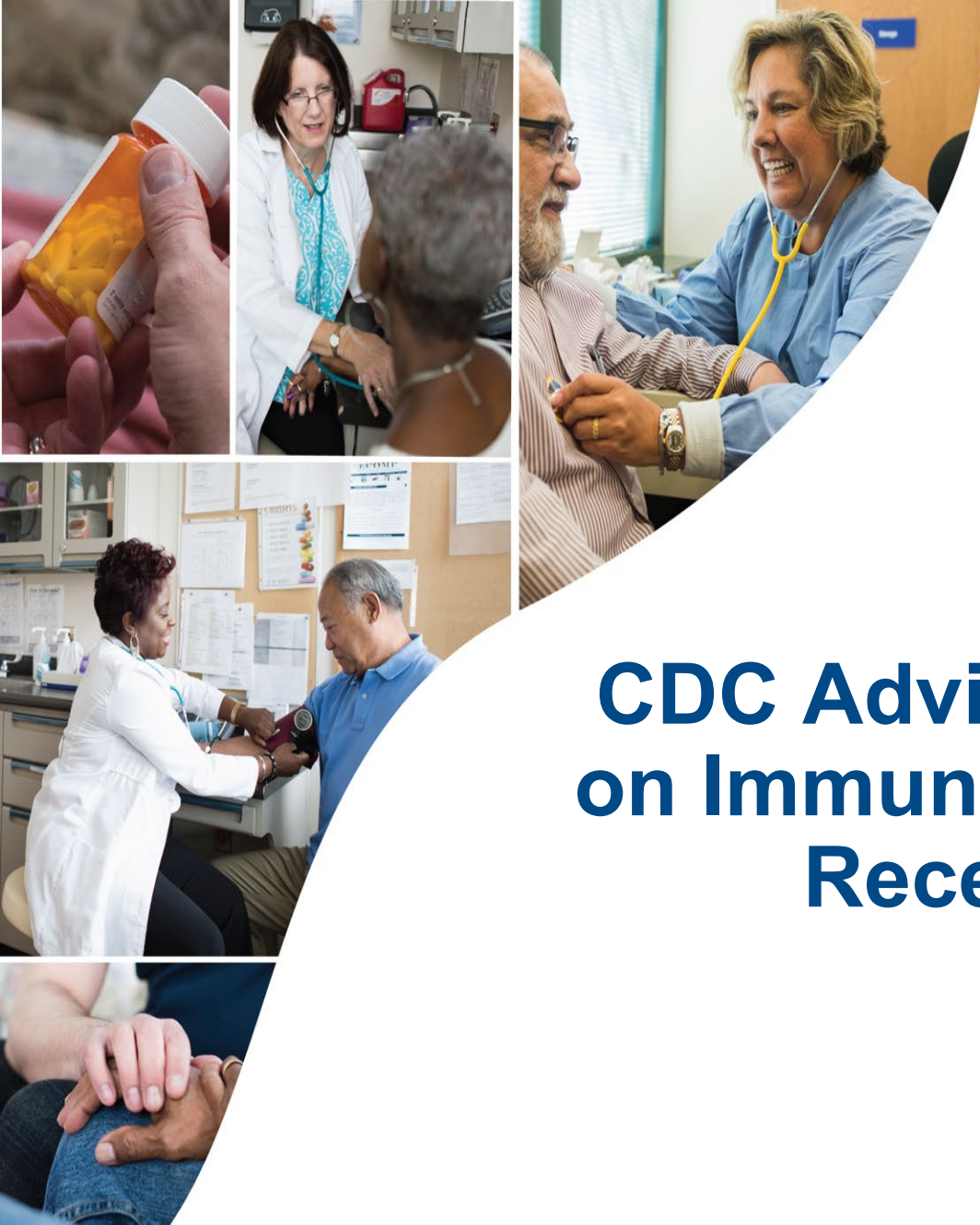


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# Agenda

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- Takeaways from September ACIP meeting
- Recent Releases –
  - 2024 Core Set Data Products
  - SDP Quality Evaluations CIB
  - Streamlining MES SHO
  - Crisis Continuum SHO
- Q&A



# **CDC Advisory Committee on Immunization Practices Recent Actions**

November 2025

# **Key Takeaways from September 2025 ACIP Meeting**

## **Prioritizing Safety for Young Children**

- Changes to MMRV vaccine recommendation for toddlers to reduce the risk of febrile seizures

## **Shift in COVID-19 Strategy**

- Move from universal recommendations to “individual-based decision making”

## **Ongoing Deliberation on Hepatitis-B Birth Vaccine**

- Postponed vote on the Hep-B birth dose to ensure caution and evidence-based approach

# Measles, Mumps, Rubella, Varicella Vaccine

Changes to MMRV vaccine recommendation for toddlers to reduce the risk of febrile seizures

## **MMRV Vote: 8 yes – 3 no – 1 abstain**

- The pediatric vaccine schedule should be updated to reflect the following change:
  - For measles, mumps, rubella, and varicella vaccines given before age 4 years, the combined MMRV vaccine is not recommended.
  - Children in this age group should receive separate measles, mumps, and rubella vaccine and varicella vaccine (MMR+V)

## **MMRV Vaccines for Children Funding Resolution Vote 1: 1 yes – 9 no – 2 abstain**

- Resolution to align the VFC funding with the MMRV recommendation vote. (Voting this down created an inconsistency in coverage)

## **MMRV Vaccines for Children Funding Resolution Vote 2: 9 yes – 0 no – 3 abstain**

- After receiving clarification, the Committee re-voted on the resolution to align the VFC funding with the MMRV recommendation.

# COVID-19

ACIP emphasized that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

## **COVID Vote 1: 11 yes – 1 no – 0 abstain**

- ACIP recommends that the CDC engages in an effort to promote more consistent and comprehensive informed consent processes, and as part of that considers adding language accessible to patients and medical providers to describe at least the six risks and uncertainties included in the WG chair presentation.

## **COVID Vote 2: 6 yes – 6 no – 0 abstain (the Chair decides with a NO vote)**

- ACIP recommends to state and local jurisdictions to require a prescription for the administration of a COVID-19 vaccination.

# COVID-19 Con't.

## **COVID Vote 3: 12 yes – 0 no – 0 abstain**

ACIP recommends that in conversations with patients before COVID-19 vaccination, authorized healthcare providers discuss the risks and benefits of the vaccination for the individual patient. The discussion should consider known risk factors for severe outcomes from COVID-19, such as age, prior infections, immunosuppression, and certain comorbidities identified by the CDC, and include a discussion of the potential benefits and risks of vaccination and related uncertainties, especially those outlined in the vaccine information statement, as part of informed consent.

## **COVID Vote 4: 12 yes – 0 no – 0 abstain**

The pediatric and adult immunization schedules for administration of FDA-approved COVID-19 vaccines should be updated as follows:

- **Adults 65 and older:** Vaccination based on individual decision-making\*
- **Individuals 6 months to 64 years:** Vaccination based on individual decision-making—with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

*\*Also known as shared clinical decision making.*



## Hepatitis-B

A vote to delay the birth dose for infants of HBsAg-negative mothers was postponed.

**Hepatitis-B Vote: 11 yes – 1 no – 0 abstain  
(vote to table)**

The committee moved to table the matter indefinitely for further discussion.



# Coverage implications

## **MMRV**

The combined shot for MMRV for children under age 4 is no longer covered via Medicaid, CHIP, VFC, ACA. MMR+V still covered under age 4. Combined MMRV still covered age 4+.

## **COVID-19**

Anyone age 6+ months maintains an avenue for coverage via individual-based decision making.

## **Hepatitis-B**

No coverage changes.

# 2024 Child and Adult Core Set Data Products

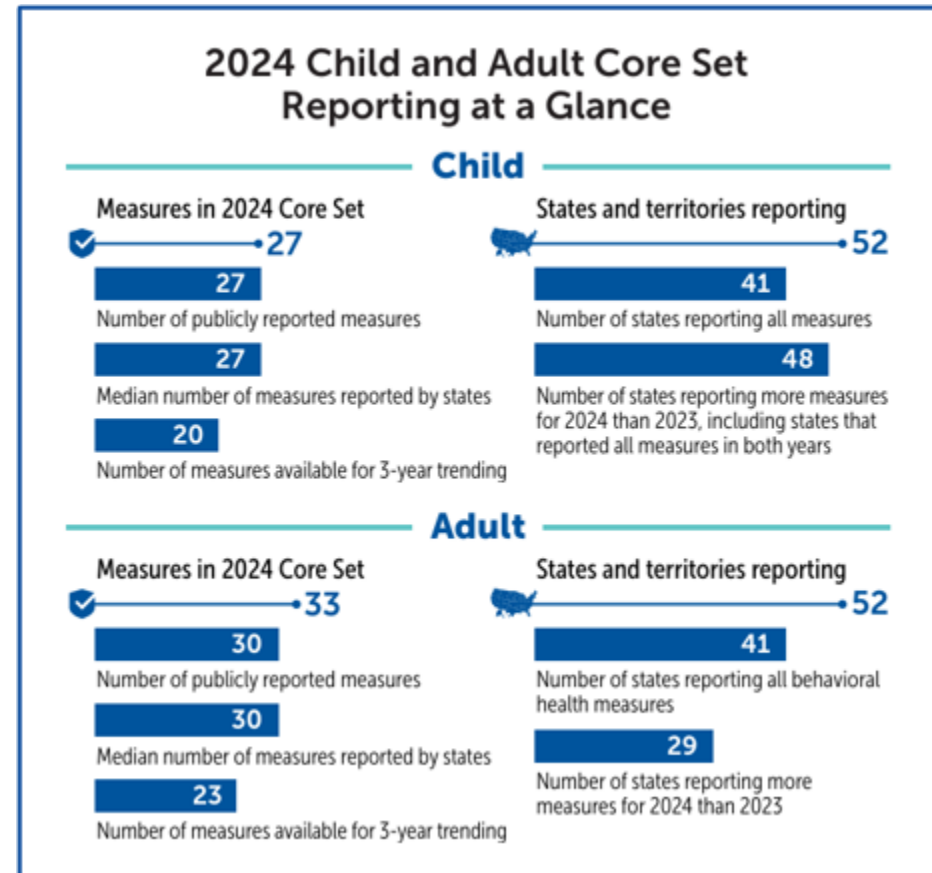
*Deirdra Stockmann*  
*Children & Adults Health Programs*  
*Group*



# 2024 Child and Adult Core Set Data Products Overview

## 2024 Core Set State Reporting

- Quality measurement helps States and CMS understand the value of investments in Medicaid and CHIP
- 2024 was the most robust year of Core Set reporting to date. CMS published data on:
  - All 27 Child Core Set measures
  - 30 of the 33 Adult Core Set measures
- Measures reported for the first time:
  - Prenatal and Postpartum Care
  - Screening for Depression and Follow-up Plan
  - More experience of care indicators for children with chronic conditions and coordination of care for adults
- 3-year trend data available on 43 measures



# Key Takeaways

- The [Core Set Data Dashboard](#) features dynamic displays of performance data on 2023 and 2024 Child and Adult Core Set measures, including state-specific performance and national medians for each publicly reported measure.
- The [Fact Sheet for 2024 Child and Adult Core Sets Reporting](#) (September 2025) provides an overview of state reporting, highlights measures with high and low national median performance and identifies trends in select measures over the last three years.
- Additional data products available on [Medicaid.gov](#) and [data.Medicaid.gov](#).
- The [Quality Improvement Initiatives](#) page on Medicaid.gov provides information and resources to support state improvement initiatives.



# State Directed Payment (SDP) Quality Evaluations CMCS Information Bulletin

*Rebecca Burch Mack*  
*Managed Care Group*



# State Directed Payment (SDP) Quality Evaluations Overview

- SDPs permit States to implement contractual Medicaid managed care arrangements that direct a risk-based managed care plan's expenditures under 42 CFR 438.6(c).
- Use of SDPs has grown substantially since 2016. In 2024, 39 States submitted more than 330 SDP preprints to CMS. Projected SDP spending exceeded \$97.8 billion in FFY 2024 and is projected to increase to \$144.6 billion by FFY 2026.
- CMS is concerned that many SDP preprints include incomplete SDP evaluation plans and SDP evaluation findings.
- SDPs should drive access and higher quality of care resulting in tangible, sustainable improvement in health outcomes and health for beneficiaries.

# State Directed Payment (SDP) Quality Evaluations

## Key Takeaways

- On September 10, 2025, CMCS issued a [CIB](#) as we have concerns that there may be a systemic compliance issue in ensuring that there are accountable goals for all SDPs.
- For preprints submitted after CIB publication, CMS will not begin review until the State provides the following elements:
  - A description of how the SDP explicitly ties to goals and objectives in the state's managed care program quality strategy;
  - An evaluation plan with specific evaluation measures and components; and
  - Complete or interim evaluation results for any renewal of an SDP that has been in place for two or more rating periods.
- CMS also published an [optional template](#) for States to report evaluation findings and outlined best practices for evaluation plans and reporting evaluation findings.
- Reach out to CMS for technical assistance in advance of preprint submission at [StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov).



# Streamlining Medicaid Enterprise Systems State Health Official (SHO) Letter

*Alejandra Johnson*  
*Data & Systems Group*



# Streamlining Medicaid Enterprise Systems Overview

- On August 6, 2025, CMCS issued State Health Official (SHO) Letter #25-003, providing updated template descriptions and guidance to streamline and standardize processes for Medicaid Enterprise Systems (MES) to simplify the submission of Advance Planning Documents and help improve monitoring and oversight to ensure fiscal integrity.
- The SHO letter focuses on reducing state burden, strengthening accountability, oversight, standardization, and ensuring proper federal spending on systems supporting the Medicaid program.
- To help reduce the burden on states and streamline and standardize processes, CMS developed eight templates that we expect to release to states by the end of 2025. States are expected to begin using these templates six months post-OMB approval.
- If your state has questions or issues with implementing these templates, please work with your MES State Officer.

# Streamlining Medicaid Enterprise Systems Key Takeaways

The key templates and areas of focus in the SHO include:

- **Advance Planning Documents (APD) and Medicaid Detail Budget Table + CHIP (MDBT+CHIP):**
  - New **MES APD** and **Operational APD** templates simplify submissions and ensure regulatory compliance.
  - The updated **MDBT+CHIP** template reduces the required files and aligns submissions with CMS needs.
- **Analysis of Alternatives (AoA):**
  - **The AoA template** will ensure a standard format for states to evaluate multiple options, focusing on meeting state needs, cost efficiency, and reuse opportunities.
- **MES Procurement Checklist:**
  - A required **MES procurement checklist** assists states in ensuring procurement documentation submissions are complete and support the state's acquisition strategy, while promoting best practices in contracting.
- **Integration of the Electronic Visit Verification Outcomes-Based Certification (OBC) into the Streamlined Modular Certification (SMC)**
  - The utilization of the SMC process addresses inconsistencies and enhances efficiency (sunsets the OBC certification process).
  - The **SMC Intake Form** was updated for clarity on instructions and inclusion of required artifacts.
- **Operational Reporting Requirements:**
  - States receiving enhanced federal funding must submit operational data via the **Operational Report Workbooks** using the required template to ensure standardized, high-quality data.
  - For projects receiving enhanced FFP, States must also submit monthly **Project Status Reports** using the required template to ensure consistent reporting and support informed decision-making.

## Crisis Continuum SHO

*Sara Harshman*  
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*Group*



# Crisis Continuum SHO: Overview

- Congress directed CMS and SAMHSA in the Consolidated Appropriations Act, 2023 to issue guidance to states on options for supporting the full continuum of crisis services in their Medicaid and CHIP programs.
- SAMHSA and CMS solicited input from stakeholders prior to issuing the State Health Official Letter (SHO) in September of 2025.
- The SHO provides a one-stop resource for states seeking to establish or expand crisis response services and incorporates the essential elements from SAMHSA's National Guidelines for a Behavioral Health Coordinated System of Crisis Care (BHCSCC) and the companion document, Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services.
- The SHO also highlights strategies states may consider for improving access to crisis response services

# Overview

- The guidance is a comprehensive resource for states with options for implementing crisis response services in their Medicaid and CHIP programs and includes key topics including:
  - Strategies for covering crisis response services;
  - Strategies for payment of crisis response services;
  - Coordinating Medicaid and CHIP with other payors and federal sources of funding for crisis response services; and
  - Best practices for measuring and monitoring utilization and outcomes of crisis response services.
- As also required by the Consolidated Appropriations Act, 2023, CMS and SAMHSA established a national technical assistance center:
  - Email: [CrisisTACenter@cms.hhs.gov](mailto:CrisisTACenter@cms.hhs.gov)
  - Website: <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/technical-assistance-develop-evidence-based-continuum-of-crisis-care>

# Questions