**General Transition Planning Tool for Restoring Regular Medicaid and Children’s Health Insurance Program Operations after Conclusion of the Coronavirus Disease 2019 Public Health Emergency**

This tool is a resource to assist states and territories in their planning efforts to restore regular Medicaid and Children’s Health Insurance Program (CHIP) operations after the 2019 Novel Coronavirus (COVID-19) public health emergency (PHE) ends. During the PHE, states implemented program changes or other emergency flexibilities to respond to local pandemic conditions. States also made program changes to comply with the Families First Coronavirus Response Act’s legislative provisions that provided a temporary 6.2 percentage point Federal Medical Assistance Percentage increase as long as certain conditions were met. States will need to take steps to reverse these changes when temporary federal authorities end or make the temporary changes permanent, when applicable. This tool accompanies State Health Official (SHO) Letter20-004, which outlines federal expectations and timelines for returning to regular operations and is intended to assist states in the development of a cross-cutting action plan for returning to regular operations. States are not required to use or submit this tool to the Centers for Medicare & Medicaid Services (CMS) for review or approval. CMS developed a separate planning tool as a resource to assist states and territories in their planning efforts to resolve pending Medicaid and CHIP eligibility and enrollment actions after the COVID-19 PHE. The Eligibility and Enrollment Planning tool is available at <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-covid19-health-emergency-eligibility-enrollment-pending-actions-resolution-planning-tool.docx>.

The General Transition Planning Tool below guides the user through an assessment of actions, which will be needed to ensure a smooth transition as federal approval for each flexibility or waiver approved during the COVID-19 PHE expires upon the conclusion of the PHE or another specified date. The summary table is meant to support cross-cutting planning for states by concisely outlining steps states may need to take to return to regular operations and enabling states to assess how the actions required for each area may complement or compete with each other in order to develop an optimal overarching plan. These include actions related to policy, operations, systems, and stakeholder communications. The template also provides space to record target completion dates for all actions identified and allows room to record planning notes such as special guidance, considerations, or ownership. Depending on the scope and complexity involved, it may be appropriate to develop additional detailed companion work plans to accompany this tool.

**Step 1:** Identify the flexibilities or waivers for which the state would like to use the General Transition Planning Tool.

**Step 2:** In the header row of the template (“Action Area and Strategy/Change”), add the flexibilities or waivers for which the state would like to use the planning tool in boxes marked “Enter Flexibility”. If more than six authorities are to be entered, add additional columns and enter the additional authorities.

# Step 3: Tables for policy, operations, systems, and communications actions are suggested. If any additional actions are needed, add additional tables and/or rows and specify the additional action(s).

# Step 4:For each flexibility, check the boxes next to the action suggested in the first column if an action is needed. Also, enter a timeline or key milestones and any notes that may be helpful in understanding, driving or tracking the action(s).

**Federal Authority (e.g., Section 1135 Waiver, Section 1915(c) Appendix K)**

**Table 1: Policy Change Strategies**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit Medicaid SPA(s)** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Submit CHIP SPA(s)** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Submit Waiver Amendment(s)** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other** *(detail or add rows)* | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |

**Table 2: Operational Strategies & Staffing**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluate and/or redistribute current staff responsibilities** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Provide flexible work arrangements or overtime for current staff to support productivity** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Employ contractors or support staff to complete tasks** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Hire additional staff** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other** *(detail or add rows)* | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |

**Table 3: System Changes**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medicaid Management Information System**  | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Critical Incident Management System**  | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other** *(detail or add rows)* | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |

**Table 4: State Level Requirements**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **State Code or Regulatory Change**  | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **State Policy and/or Procedure Manual Updates** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **State Training Materials Or Job Aides** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other** *(detail or add rows)* | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |

**Table 5: Communication Strategies**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Providers** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Beneficiaries *(including notices)*** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Managed Care Plans** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Internal Staff *(includes training materials, staff memorandums, etc.)*** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Enrollment Broker** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Legislators** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Advisory Committees** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Advocacy Groups** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other** *(detail or add rows)* | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |

**Table 6: Contracting & Other Strategies**

| **Action Area and Strategy/Change** | ***Enter Flexibility******(e.g., Prior Auth.)*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | ***Enter Flexibility*** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Review & Assess Managed Care Contracts** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Review & Assess Managed Care State Directed Payments** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Assess Impacts to Managed Care Capitation Rates** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other:** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other:** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |
| **Other:** | [ ] Timeline:  | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | [ ] Timeline: | *Enter planning notes if applicable* |