OMB # 0938-1148

*(**NOTE : This Workbook prints best on 8 1/2 x 14" paper with a Landscape orientation.)*

MAGI Verification Plan Supplement: Community Engagement Guidance & Template

Please follow these instructions for completing each section of the verification plan template supplement:

Community Engagement Verification Supplement Submission

The Centers for Medicare and Medicaid Services (CMS) is requesting States complete this supplement to their MAGI- based eligibility verification plan to document the data sources and procedures the State shall implement to verify compliance with or exception or exclusion from the community engagement requirement. States should email their verification plan supplement to their state lead.

Upon submission of the verification plan supplement, CMS will review it and provide feedback to the state and schedule additional technical assistance calls as necessary. If revisions are required, states will resubmit the supplement to CMS.

Upon completion of review, CMS will acknowledge receipt and assessment of the state's community engagement supplement in accordance with the regulations.

Contact Sheet

The state should include the name and contact information for the individual completing the verification plan supplement and whom CMS should contact for any follow-up that is needed.

A. Verification Procedures for Community Engagement Factors of Eligibility

This section of the supplement will document the verification procedures that the State shall use to verify compliance with or exception or exclusion from the community engagement requirement. We remind States that 42 CFR 435.557 and section 1902(xx)(5) requires States to rely, to the maximum extent possible, on reliable information available to the State, which includes information from electronic data sources.

- ***Verification Process is Same as Non-Community Engagement Verification:*** Enter YES or NO to indicate whether the State will use the same verification process for the community engagement eligibility factor listed that is used to determine and/or verify program eligibility. The template includes "N/A" where the eligibility factors listed are exclusive to community engagement.
- ***Electronic Data Source Used***: Enter YES or NO to indicate whether the State shall verify the information using an electronic data source. Where States are required to use specific data sources as defined as reliable information available to the State at 42 CFR 435.557(a), the State should enter "YES" unless the State has not yet established a connection to the data source, which should be noted in the comments.
- ***Documentation Required:*** Enter YES or NO to indicate whether the State shall require documentation to verify the community engagement factor of eligibility when there is no data available or the data returned is not reasonably compatible with the information provided by the individual. Beginning January 1, 2028, with limited exceptions, States must require documentation when the State cannot verify the information provided by the individual using data.
- ***Information Accepted without Additional Verification When No Reliable Information Is Available to the State (Applies to Mandatory Exceptions Only):*** Enter YES or NO to identify whether the State accepts information to verify the eligibility factor without further verification when no data source exists. Enter YES if the State accepts auditable self-declarations without requiring other information or documentation from the individual.
- ***Information Accepted in the Absence of Reasonably Available Documentation:*** Enter a summary of the information the State accepts as verification of the eligibility factor if there is no documentation reasonably available and the information cannot be verified using data or the data returned is not reasonably compatible with the information provided by the individual. States should describe the format in which the State shall accept the information in include any specific information the individual must provide. For example, to verify an individual qualifies for an exclusion on the basis of being a family caregiver, the State may require a statement provided under penalty of perjury that includes the relationship to the person to whom assistance is provided, a summary of the type and frequency of assistance provided, and an affirmation that the individual receiving care is disabled.
- ***Comments:*** Enter any additional information the State wishes to include to describe their process.

B. Electronic Data Sources

This section of the supplement will document the data sources the State shall use to verify compliance with or exception or exclusion from the community engagement requirement. The section is broken into separate subsections for qualifying activities to demonstrate compliance, exclusions from the community engagement requirement and exceptions under which an individual is deemed to demonstrate compliance. The first column ("Electronic Data Source") lists the data sources States may or must use, and the top row lists the categories under which an individual may demonstrate or be deemed to demonstrate compliance or qualify as a specified excluded individual.

For each data source listed, first indicate whether the State intends to use the data source listed by entering "YES" or "NO" in the first column and, if so, document to which categories listed in the top row the data source will apply by entering "YES" or "NO" in the applicable cell. Note that when a data source is required to verify a factor of eligibility, the cell is prepopulated with "YES." If the State indicates a data source will be used, indicate when the data source is used by entering "YES" or "NO" as appropriate in the columns for Data Source Used at Application, Data Source Used at Renewal and Data Source Used Post-Enrollment. If a "YES" is entered for Data Source Used Post-Enrollment, the State must also indicate the frequency, which should be consistent with the verification frequency documented in the State Plan. States must not indicate that data sources are used "more frequently" post-enrollment to verify exclusions since this is not permitted in statute. In the Comments column, the State may add a narrative to describe their process or include other relevant information.

Additional Data Sources - If the state would like to use a data source that is not listed, it should be indicated as follows:

Other – if the data comes from a governmental source or from a non-governmental source, including a commercial source, other than those listed, please provide the name or description in the row(s) below "other" and fill out the rest of the columns as described above.

Comments - The state may add narrative to further describe their process in the "Comments" column.

C. Additional Verification Questions

This section of the supplement includes questions States may be required to answer, depending on their election. If the State indicated paper documentation will be required, the State must answer question 1. All States should answer question 2 indicating whether the State wishes to use a mechanism other than the hub to verify information available through the hub. Question 3 is optional and provides the State the opportunity to describe verification policies or processes that are not covered elsewhere in the supplement.

1. For any factor of eligibility, if the state indicates that paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, it must describe how the state determined that using an electronic data source was not effective, considering such factors as:
a. Administrative costs associated with establishing and using the data match versus relying on paper documentation, and
b. The impact on program integrity in terms of the potential for ineligible individuals to be approved as well as for eligible individuals to be denied coverage.

2. If the state wants to use a mechanism other than the hub or other Federal service to verify information related to community engagement that is available through the hub or other Federal Service, the state must request Secretarial approval by submitting a letter to CMS describing how using an alternative mechanism meets the following requirements:
a. Reduces administrative costs and burdens on both individuals and the state,
b. Maximizes accuracy and minimizes delay, and
c. Meets the requirements related to confidentiality, disclosure, maintenance and use of information.

Please choose Yes or No if the state intends to submit a letter to CMS requesting Secretarial approval and provide any comments if necessary.

3. The State has the option to describe additional verification policies and procedures not captured in the verification plan under question 3.

D. Additional Comments (Optional)

If the state would like to make any additional comments for any of the sections of the plan, it may do so in the relevant sections in the Additional Comments Tab.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN: COMMUNITY ENGAGEMENT SUPPLEMENT

Contact Information

State / Territory	
Contact Name 1 ***(First Last)***	
Title	
E-mail	
Phone Number	
Contact Name 2 ***(First Last)***	
Title	
E-mail	
Phone Number	

COMMUNITY ENGAGEMENT ELIGIBILITY VERIFICATION SUPPLEMENT

State:
Date Submitted: (mm/dd/yyyy):

Section A. Verification Procedures for Community Engagement Factors of Eligibility

Eligibility Factor	Verification Process is the Same as Non-Community-Engagement Verification (Y/N)	Electronic Data Source Used (Y/N)	Documentation Required from the Individual (Y/N)	Information Accepted without Additional Verification When No Reliable Information Is Available to the State (Y/N)	**Information Accepted in the Absence of Reasonably Available Documentation** (Summarize the information the State accepts as verification if there is no documentation reasonably available, including format of information (e.g., statement under penalty of perjury) and any specific details the individual must provide.)	Comments
Income*				**N/A**		
Work Hours				**N/A**		
Community Service	**N/A**			**N/A**		
Work Program	**N/A**			**N/A**		
Education***	**N/A**			**N/A**		
Seasonal Worker Status	**N/A**			**N/A**		
Seasonal Worker Average Monthly Income				**N/A**		
Mandatory Exceptions:						
Under Age 19						
Medicare						
Groups (I)-(7)						
Inmate						
Was a Specified Excluded Individual						

Eligibility Factor	Verification Process is the Same as Non-Community-Engagement Verification (Y/N)	Electronic Data Source Used (Y/N)	Documentation Required from the Individual (Y/N)	Information Accepted without Additional Verification When No Reliable Information Is Available to the State (Y/N)	**Information Accepted in the Absence of Reasonably Available Documentation** (Summarize the information the State accepts as verification if there is no documentation reasonably available, including format of information (e.g., statement under penalty of perjury) and any specific details the individual must provide.)	Comments
Exclusions:				**N/A**		
Former Foster Care				**N/A**		
AI/AN				**N/A**		
Parent, Guardian Caretaker Relative, Family Caregiver				**N/A**		
Veteran* **	**N/A**			**N/A**		
Medically Frail				**N/A**		
Receiving SNAP and not Exempt from SNAP work requirements	**N/A**			**N/A**		
Compliant with TANF Work Requirements	**N/A**			**N/A**		
Pregnancy or Post-Partum**	**YES**			**N/A**		
Optional Short-Term Hardships:				**N/A**		
Receipt of In-Patient Hospital Services				**N/A**		
Travel Outside the Community for medical services	**N/A**			**N/A**		
Other: (Please describe any other eligibility factors in the space below)						

Eligibility Factor	Verification Process is the Same as Non-Community-Engagement Verification (Y/N)	Electronic Data Source Used (Y/N)	Documentation Required from the Individual (Y/N)	Information Accepted without Additional Verification When No Reliable Information Is Available to the State (Y/N)	**Information Accepted in the Absence of Reasonably Available Documentation** (Summarize the information the State accepts as verification if there is no documentation reasonably available, including format of information (e.g., statement under penalty of perjury) and any specific details the individual must provide.)	Comments

* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948, but can be done post-enrollment. and must check available electronic data sources to verify compliance with the community engagement requirement, deemed compliance based on a mandatory or optional exception, or specified excluded status as required in 42 CFR 435.557 prior to reaching out for documentation or additional information from the individual.

(NOTE: this option is prepopulated for the state and is not an option that can be changed).

** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

***States are required to access information from Federal agencies and other data sources specific to verifying community engagement if provided through the Hub or other Federal service or obtain a waiver to establish a direct connection to the alternative data source or implement the alternative mechanism. 42 CFR 435.557(e)(1).

Section B. Use of Electronic Data Sources

Eligibility Factor: Qualifying Activities

Electronic Data Source	To Be Used (Y/N)	Monthly Income	Work Hours	Community Service Hours	Work Program Hours	Education	Seasonal Worker Status	Seasonal Worker Average Monthly Income		Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1.Internal Revenue Service (IRS)														
2.Social Security Administration (SSA) (SSI, Title II)														
3.State Wage Information Collection Agency (SWICA)														
4.State Administered Supplementary Payment Program														
5.State General Assistance Programs														
6. National Student Clearinghouse														

Electronic Data Source	To Be Used (Y/N)	Monthly Income	Work Hours	Community Service Hours	Work Program Hours	Education	Seasonal Worker Status	Seasonal Worker Average Monthly Income		Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
7.Temporary Assistance for Needy Families (TANF)														
8. Supplemental Nutrition Assistance Program (SNAP)														
9.State Community College														
10. GED Programs														
11.State High School														
12.Other: (Please describe any other data sources, including Commercial data sources used, in the space below)														

Electronic Data Source	To Be Used (Y/N)	Monthly Income	Work Hours	Community Service Hours	Work Program Hours	Education	Seasonal Worker Status	Seasonal Worker Average Monthly Income		Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments

ELIGIBILITY FACTOR: EXCLUSIONS

Electronic Data Source	To Be Used (Y/N)	Former Foster Care	American Indian Status	Parent, Guardian Caretaker Relative	Family Caregiver	Veteran	Medically Frail	Receiving SNAP and Not Exempt from SNAP Work Requirements	Compliant with TANF Work Requirements	Participation in Drug or Alcohol Treatment Program	Inmate in a Public Institution	Pregnancy or Post-Partum		Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Supplemental Nutrition Assistance Program (SNAP)****	**YES**							**YES**									**N/A**	
2.Temporay Assistance for Needy Families (TANF)****																	**N/A**	
3. Office of Child Support Enforcement																	**N/A**	
4. Women, Infants and Children Program (WIC)																	**N/A**	
5.Department of Veteran's Affairs****																	**N/A**	

6. State Eligibility System or Beneficiary Case Record																	
7. Medicaid payment, claim, or encounter data****																**N/A**	
8. Electronic Health Records																**N/A**	
9.State Foster Care Agency																**N/A**	
10. Other data source(s): *(Please describe any other, including commercial databases in the space below)*																**N/A**	

Eligibility Factor: Mandatory and Optional Exceptions

Electronic Data Source	To Be Used (Y/N)	Under age 19	Medicare	Mandatory Eligibility Groups in 1902(a)(10) (I)-(VII)	Inmate During Prior 3 Months	In-Patient Hospitalization	Travel Outside Community for Medical services		Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1,Social Security Administration													
2.Vital Statistics													
3. Correctional Facilities													
State Eligibility System or Beneficiary Case Record													
4.Medicaid payment, claim, or encounter data****													
5.Electronic Health Records													
6. Other data source(s): *(Please describe additional electronic data sources in the space provided below)*													

****States are required to use reliable information available to the state, including information from electronic data sources, which is defined as information from other state agencies, including the SNAP and TANF agencies, other Federal agencies, including the VA, and Medicaid payment, claim, or encounter data.). (NOTE: this option is prepopulated for the state and is not an option that can be changed).

State:

Section C. Additional Verification Questions

	Question	Response
1	If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):	
2.	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub or other Federal service for information that is available to verify community engagement factors of eligibility through the hub or other Federal service.	
	If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, and 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information.	

	Question	Response
3.	Describe any additional community engagement -based eligibility verification policies and procedures that have not been covered in this verification plan (optional): procedures that have not been covered in this verification plan (optional):	

State:

Date Submitted: (mm/dd/yyyy):

Section D. Additional Comments (Optional)

Section A: Additional Comments:

Section B: Additional Comments:

Section C: Additional Comments: