

1115 Waiver Tracking Chart (as of September 7, 2018)

Provisions in State Waiver Applications Submitted to CMS

Proposal	Explanation of Proposal	Current Law	State Applications
Limits on Eligibility			
Work Requirements	Condition eligibility of “able-bodied adults” on completing 20-40 hours of weekly work activities, such as paid employment, volunteering, or approved job training and search activities.	Previous administration rejected similar proposals as inconsistent with objectives of Medicaid Act	Pending: AL, AZ, KS, ME, MS, NH ² , NC, OH, SD, UT, WI
	Number of hours required, categories of approved work activities, and exempt populations vary by state ¹	Current administration issued guidance on January 11, 2018 supporting work requirements	Approved: KY ³ , IN, AR, NH
Lock Out Penalties	Impose a lockout penalty that bars an individual from receiving Medicaid coverage during the lockout period for non-compliance with one or more eligibility conditions (e.g., work requirements, payment of premiums, reporting requirements). Length of lockout periods varies by state, but ranges from 3-9 months	At least one state (Indiana) has implemented a waiver authorizing a 6-month lockout for failure to pay premiums	Pending: KS, ME, NM, UT, WI
			Approved: KY, IN, AR

¹ The applications also vary in terms of which populations would be subject to the work requirements. Some states would limit work requirements to the Medicaid expansion population: AR, AZ, NC, and NH, OH. Wisconsin has not expanded Medicaid under the Affordable Care Act but has submitted waivers that cover certain adults that would be within the expansion population. Utah has two waiver requests pending, one which would cover narrow populations that would be within the expansion population, and one which proposes a partial expansion up to 95 percent FPL. Other states seek to apply the work requirements to *both* expansion and non-expansion populations, such as parents and caretakers: KY and IN. Finally, several states proposing work requirements have not expanded Medicaid, meaning the work requirements would apply only to non-expansion populations: AL, KS, ME, MS, and SD. Maine submitted its waiver application on August 1, 2017 before the ballot measure to expand Medicaid passed in November 2017. To date, Maine has not amended its waiver application to include the new expansion population.

² CMS approved New Hampshire’s request for work requirements on May 7, 2018. But that approval only lasts through December 31, 2018. New Hampshire also has a pending application to continue work requirements from January 1, 2019 through December 31, 2023.

³ On June 29, 2018 a federal judge [ruled](#) that CMS’s approval of Kentucky’s waiver was arbitrary and capricious. The Court vacated the approval and remands the decision back to CMS. That ruling applied to Kentucky’s waiver as a whole and was not limited to the proposed work requirements.

Drug Testing	Require individuals to complete drug screening and testing, and if test is positive, to enter treatment as a condition of eligibility	Not currently authorized	Pending: WI
Presumptive Eligibility	Eliminate ability of hospitals to determine an individual presumptively eligible for Medicaid in order to provide coverage for unforeseen medical expenses	Not currently authorized	Pending: ME, UT
Retroactive Coverage	Remove obligation of states to retroactively cover medical expenses incurred in the three months prior to date of application for individuals who would have been eligible	Some waivers have been approved as part of a broader package to expand coverage and with additional protections to encourage enrollment	Pending: AZ, ME, NH, NM, FL Approved: IA, KY, IN, AR, MA
Partial Medicaid Expansion	Limit the Medicaid Expansion under the Affordable Care Act to income cut offs less than 133% FPL	Not currently authorized	Pending: MA, MI, UT Denied: AR ⁴ , MA
Asset Test	Limit Medicaid eligibility to individuals with assets less than \$5,000 in value	Not currently authorized The ACA eliminated the asset test for certain populations and required use of Modified Adjusted Gross Income (MAGI) instead	Pending: ME, NH
Transitional Medical Assistance (TMA)	Eliminate or modify TMA, which provides six to twelve months of coverage to families who become ineligible for Medicaid because of increased income from employment	Not currently authorized	Pending: KS (modify by creating optional savings account); NM (eliminate TMA coverage)
Enrollment Limits			
Enrollment Time Limit	Impose a 6-month lockout penalty for individuals enrolled in Medicaid for 48 months. Months that a beneficiary is working do not count towards the 48-month limit	Not currently authorized	Pending: WI

⁴ CMS did not approve Arkansas’s partial expansion request when it approved other portions of its waiver request. But CMS did not expressly deny the request either.

Lifetime Limits	Limit total number of months an individual can receive Medicaid over the course of his or her lifetime. Lifetime limits vary by state, from 36 months to 60 months	Not currently authorized	Pending: AZ, UT Denied: KS
Enrollment Cap	Limit the total number of individuals enrolled in the Medicaid expansion	Not currently authorized	Pending: UT
<i>Benefit Reductions</i>			
Non-Emergency Medical Transportation	Eliminate coverage of non-emergency medical transportation	Some states have received waivers of this provision in the past.	Pending: AZ, MA Approved: KY, IN
Early and Periodic, Screening, Diagnostic and Treatment (EPSDT)	Eliminate requirements to cover comprehensive preventive and treatment services for children under age 21	At least one state (Oregon) has received a waiver of EPSDT requirements as part of a comprehensive waiver package, and another state (Utah) recently received a waiver of EPSDT for 19 and 20 year olds as part of a limited substance use/mental health waiver.	Pending: UT (for 19 and 20 year-olds), NM (for 19 and 20 year-olds)
Restricted Formulary	Limit covered pharmaceuticals to a closed formulary covering only one drug per therapeutic class	Not currently authorized	Pending: AZ Denied: MA
<i>Increased Costs for Beneficiaries</i>			
Premiums for Individuals < 150% FPL	Charge monthly premiums for Medicaid coverage for individuals with incomes from 0% to 150% FPL. Amounts charged vary by state, but range up to \$37.50 per month	Medicaid statute prohibits premiums on this low income population, but allows some premiums for populations with incomes above 150% FPL In the past, some states have obtained waivers to impose certain premiums on these low-income populations. (e.g., Indiana and Michigan)	Pending: ME, NC, NM, WI, MI (extension of current waiver) Approved: KY, IN

Emergency Department Co-Payments	Charge beneficiaries for use of the emergency room. Some states limit the copayment to nonemergency use only, while others apply the copayment to any visit. Charges range from \$8 to \$75	Federal statute authorizes copayments on non-emergency use of the emergency department, under highly circumscribed conditions, and certain states have implemented these copayments	Pending: ME, NM, UT, WI Approved: KY
Missed Appointment Fees	Charge beneficiaries fees for missed appointments	Not currently authorized	Pending: NM
<i>Other</i>			
Behavior Incentives	Require beneficiaries to complete a risk assessment and/or adjust premiums or cost-sharing based on answers	Some states have obtained waivers to implement healthy behavior incentives (e.g., Michigan)	Pending: WI, NM, MI (extension of current waiver) Approved: IN
Unilaterally Change Eligibility Requirements	Allow state to change eligibility requirements without seeking CMS approval	Not currently authorized	Pending: UT
Paper Documentation Requirements	Require applicants to establish citizenship with two forms of paper documentation and residency with a state identification card	Not currently authorized	Pending: NH
Exclude Abortion Providers	Allow state to prohibit abortion providers from participating in Medicaid program	Not currently authorized	Pending: TX, TN, SC