



## 1115 Waiver Tracking Chart (as of October 3, 2019)

Provisions in State Waiver Applications Submitted to CMS

Proposal	Explanation of Proposal	Current Approval Status	State Applications
<i>Limits on Eligibility</i>			
<b>Work Requirements</b>	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	<b>Pending:</b> AL, ID, MS, MT, OK, SC, SD, TN, VA
	Number of hours required, categories of approved work activities, and exempt populations vary by state <sup>1</sup>	Current administration issued <a href="#">guidance</a> on January 11, 2018 supporting work requirements	<b>Approved:</b> KY <sup>2</sup> , IN, AR, <sup>3</sup> NH, WI, MI, ME, <sup>4</sup> AZ, OH, UT  <b>Withdrawn:</b> KS  <b>Denied:</b> NC <sup>5</sup>

<sup>1</sup> 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, ID, MI, MT, NC, NH, OH, and VA. Wisconsin and Utah have not expanded Medicaid under the Affordable Care Act but do cover adults under 100% of FPL who would be within the expansion population. They have received permission to apply work requirements to that population. 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 at all, meaning the work requirements would apply only to parents and caretaker relatives: AL, KS, ME, MS, OK, SC, SD, and TN.

<sup>2</sup> On June 29, 2018 a federal judge [ruled](#) that CMS’s approval of Kentucky’s Section 1115 project was arbitrary and capricious. The Court vacated the approval and remanded the decision back to the agency. After holding an additional comment period, CMS re-approved Kentucky’s project on November 20, 2018. On March 27, 2019, a federal judge [ruled](#) that the re-approval was arbitrary and capricious.

<sup>3</sup> On March 27, 2019, a federal judge [ruled](#) that the CMS’s approval of Arkansas’s amendment to its Section 1115 project was arbitrary and capricious. The Court vacated the approval and remanded the decision back to the agency.

<sup>4</sup> After CMS’s approval, on January 22, 2019, Maine [rejected](#) terms of the waiver and withdrew its application.

<sup>5</sup> North Carolina’s request was [denied](#) because the state did not have state legislative authority to expand Medicaid and “CMS will not consider this program without state legislative authority.”

<p><b>Lock Out Penalties</b></p>	<p>Impose a lockout penalty that bars an individual from receiving Medicaid coverage during a 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.</p>	<p>Several states have received permission to lockout individuals who fail to comply with certain requirements</p>	<p><b>Pending:</b> SD, IA (extension of existing authority), UT <b>Approved:</b> KY, AR, IN, WI, NM,<sup>6</sup> MI, ME <b>Withdrawn:</b> KS</p>
<p><b>Presumptive Eligibility</b></p>	<p>Eliminate ability of hospitals to determine an individual presumptively eligible for Medicaid in order to provide coverage for unforeseen medical expenses</p>	<p>Not currently authorized</p>	<p><b>Pending:</b> UT</p>
<p><b>Retroactive Coverage</b></p>	<p>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</p>	<p>Some waivers have been approved as part of a broader package to expand coverage and with additional protections to encourage enrollment</p>	<p><b>Pending:</b> IA ((extension of existing authority) <b>Approved:</b> IA, KY, IN, AR, MA, FL, NH, NM,<sup>7</sup> ME, AZ</p>
<p><b>Partial Medicaid Expansion</b></p>	<p>Limit the Medicaid Expansion under the Affordable Care Act to income cut offs less than 133% FPL while receiving enhanced matching funds</p>	<p>Not currently authorized</p>	<p><b>Pending:</b> <i>None</i> <b>Denied:</b><sup>8</sup> AR, MA, MI, UT</p>
<p><b>Transitional Medical Assistance (TMA)</b></p>	<p>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</p>	<p>Not currently authorized</p>	<p><b>Pending:</b> <i>None</i> <b>Denied:</b> KS (modify by creating optional savings account)</p>

<sup>6</sup> New Mexico has requested permission to remove this aspect of the project.

<sup>7</sup> New Mexico has requested permission to remove this aspect of the project.

<sup>8</sup> CMS did not approve Michigan’s partial expansion requests when it approved other portions of the waiver requests. While CMS did not expressly deny the request, the approved waiver contemplates coverage for individuals with incomes up to 133% FPL. Utah submitted a request for a partial expansion. CMS approved Utah’s request to cover only a subset of the expansion population (people with incomes up to 95% of FPL), but did not approve an enhanced federal matching rate for that population.

<b>Enrollment Limits</b>			
<b>Lifetime Limits</b>	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	<b>Pending:</b> None <b>Denied:</b> KS, AZ
<b>Enrollment Cap</b>	Limit the total number of individuals enrolled in a particular eligibility category	UT has received permission to cap the number of individuals enrolled in their expansion category	<b>Approved:</b> UT
<b>Benefit Reductions</b>			
<b>Non-Emergency Medical Transportation</b>	Eliminate coverage of non-emergency medical transportation	Some states have received waivers of this provision in the past.	<b>Pending:</b> MA, IA (extension of existing authority) <b>Approved:</b> KY, IN
<b>Early and Periodic, Screening, Diagnostic and Treatment (EPSDT)</b>	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.	<b>Pending:</b> None <b>Approved:</b> UT (for 19 and 20 year-olds).
<b>Restricted Formulary</b>	Limit covered pharmaceuticals to a closed formulary covering only one drug per therapeutic class	Not currently authorized	<b>Pending:</b> None <b>Denied:</b> MA
<b>Increased Costs for Beneficiaries</b>			
<b>Premiums for Individuals &lt; 150% FPL</b>	Charge monthly premiums for Medicaid coverage for individuals with incomes from 0% to 150% FPL. Amounts charged vary by state.	Medicaid statute prohibits premiums on this low income population, but allows some premiums for populations with incomes above 150% FPL  Some states have obtained waivers to impose certain premiums on these low-income populations. (e.g., IN and MI)	<b>Pending:</b> VA, IA (extension of existing authority), MT <b>Approved:</b> KY, IN, WI, NM, <sup>9</sup> MI, ME

<sup>9</sup> New Mexico has requested permission to remove this aspect of the project.

<p><b>Emergency Department Co-Payments</b></p>	<p>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. Amounts charged vary by state.</p>	<p>Federal statute authorizes copayments for non-emergency use of the emergency department, under highly circumscribed conditions, and certain states have received permission to increase these copayments</p> <p>Copayments for emergency use of the emergency department not authorized</p>	<p><b>Pending:</b> <i>None.</i></p> <p><b>Approved:</b> KY, NM<sup>10</sup></p>
<b>Other</b>			
<p><b>Behavior Incentives</b></p>	<p>Require beneficiaries to complete a risk assessment and/or adjust premiums or cost-sharing based on answers</p>	<p>Some states have obtained waivers to implement healthy behavior incentives (e.g., Michigan)</p>	<p><b>Pending:</b> IA (extension of existing authority)</p> <p><b>Approved:</b> IN, WI<sup>11</sup>, MI</p>
<p><b>Unilaterally Change Eligibility Requirements</b></p>	<p>Allow state to change eligibility requirements without seeking CMS approval</p>	<p>Not currently authorized</p>	<p><b>Pending:</b> UT</p>
<p><b>Exclude Abortion Providers</b></p>	<p>Allow state to prohibit abortion providers from participating in Medicaid program</p>	<p>Not currently authorized</p>	<p><b>Pending:</b> TX, TN, SC</p>

<sup>10</sup> New Mexico has requested permission to remove this aspect of the project.

<sup>11</sup> Wisconsin originally requested authority to require applicants and beneficiaries to complete a drug screening assessment, and if indicated from the assessment, a drug test. Instead, CMS permitted Wisconsin to require applicants to fully complete a “Health Risk Assessment,” which may include questions about drug use.