1115 Waiver Tracking Chart (as of June 6, 2020)

Provisions in State Waiver Applications Submitted to CMS

Proposal	Explanation of Proposal	Current Approval Status	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. Number of hours required, categories of approved work activities, and exempt populations vary by state[1]	Previous administration rejected similar proposals as inconsistent with objectives of Medicaid Act Current administration issued guidance on January 11, 2018 supporting work requirements	**Pending:** AL, ID, MS, MT, OK, SD, TN, VA, NE,[2] GA **Approved:** KY,[3] IN, AR,[4] NH,[5] WI, MI, ME,[6] AZ, OH, UT, SC **Withdrawn:** KS **Denied:** NC[7]

[1] The applications 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, NE, NC, NH, OH, and VA. Wisconsin and Utah have not expanded Medicaid 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 would apply work requirements only to parents and caretaker relatives: AL, KS, ME, MS, OK, SC, SD, and TN. Georgia is requesting a partial expansion to individuals with incomes below 100% FPL and would apply the work requirements to that group.

[2] Nebraska's proposal would create two tiers of benefits, and would provide greater benefits, including vision and dental services, to individuals who complete the work requirements. Individuals who do not comply would still have access to the "Basic" package.

[3] On June 29, 2018 a federal judge ruled that CMS's approval of Kentucky's Section 1115 project was arbitrary and capricious and vacated the approval. After a second comment period, CMS re-approved Kentucky's project on November 20, 2108. On March 27, 2019, a federal judge ruled that the re-approval was arbitrary and capricious. On December 16, 209, while the case was pending on appeal, Kentucky terminated the project.

[4] 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 and vacated the approval. On February 14, 2020, the DC Circuit upheld the district court's decision.

[5] On July 29, 2019 the court set aside the Granite Advantage project. The DC Circuit summarily affirmed the district court's decision on 5/20/2020.

[6] After CMS's approval, on January 22, 2019, Maine rejected terms of the waiver and withdrew its application.

[7] North Carolina's request was denied because the state lacked legislative authority to expand Medicaid and "CMS will not consider this program without state legislative authority."

Lock Out Penalties	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.	Several states have received permission to lockout individuals who fail to comply with certain requirements	**Pending:** SD, UT, TN **Approved:** KY, AR, IN, WI, NM,[8] MI, ME, IA **Withdrawn:** KS
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:** UT, GA, OK
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:** NE, GA, UT, OK **Approved:** IA, KY, IN, AR, MA, FL, NH, NM,[9] ME, AZ, UT
Partial Medicaid Expansion	Limit the Medicaid Expansion under the Affordable Care Act to income cut offs less than 133% FPL while receiving enhanced matching funds	Not currently authorized	**Pending:** GA **Denied:**[10] AR, MA, MI, UT

[8] New Mexico has requested permission to remove this aspect of the project.
[9] New Mexico has requested permission to remove this aspect of the project.
[10] 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.

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:** *None* **Denied:** KS (modify by creating optional savings account)
Enrollment Limits			
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:** *None* **Denied:** KS, AZ
Benefit Reductions			
Non-Emergency Medical Transportation	Eliminate coverage of non-emergency medical transportation	Some states have received waivers of this provision in the past.	**Pending:** MA, GA, OK **Approved:** KY, IN, UT, IA
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.	**Pending:** GA **Approved:** UT (for 19 and 20 year-olds), OK (for 19 and 20 year-olds). **Denied:** UT[11]
Restricted Formulary	Limit covered pharmaceuticals to a closed formulary covering only one drug per therapeutic class	Not currently authorized	**Pending:** TN **Denied:** MA

[11] CMS denied Utah's request to waive EPSDT for 19 and 20 year olds in the expansion population, but permitted Utah to waive EPSDT for some individuals eligible as parents and caretakers.

Increased Costs for Beneficiaries			
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.	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)	**Pending:** VA, MT, UT, GA, OK **Approved:** KY, IN, WI, NM,[12] MI, ME, IA
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. Amounts charged vary by state.	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 Copayments for emergency use of the emergency department not authorized	**Pending:** UT, GA, OK **Approved:** KY, NM[13]
Other			
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:** NE, GA **Approved:** IN, WI[14], MI, IA

[12] New Mexico has requested permission to remove this aspect of the project.
[13] New Mexico has requested permission to remove this aspect of the project.
[14] 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.

Exclude Abortion Providers	Allow state to prohibit abortion providers from participating in Medicaid program	Not currently authorized	**Pending**: TN, SC, ID[15] **Approved:** TX
Block Grant	Cap federal financing for a portion of the Medicaid program	Not currently authorized	**Pending:** TN, OK

[15] Idaho has requested permission to require individuals enrolled in primary care case management to obtain a referral from their primary care provider before receiving family planning services from a different provider. So, while Idaho has not asked to exclude abortion providers from its Medicaid program, the clear intent of the proposal is to limit access to certain specialized reproductive health providers.