# Checking All the Boxes: A Survey of Medical Frailty Definitions in Alternative Benefit Plans and Section 1115 Work Requirements Demonstrations

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## Introduction

Individuals who are considered medically frail have traditionally been subject to different eligibility and coverage rules in the Medicaid program. Most recently, under the so-called One Big Beautiful Bill Act or H.R. 1, Congress exempted medically frail individuals from the new requirement for Medicaid expansion populations to complete 80 hours of work or community service activities per month. As with previous medically frail eligibility and coverage provisions, the law provides a general definition of what constitutes medical frailty, but leaves significant room for interpretation during federal and state level implementation.

This survey seeks to provide information on the use of medical frailty in the past by summarizing medically frail designations in the context of Alternative Benefit Plans (ABPs) and state-level efforts to incorporate work requirements into their Medicaid programs outside of the context of H.R. 1 – specifically, through Section 1115 demonstration programs.[1] While the information included herein should not be taken to necessarily satisfy the medical frailty exemption to work requirements, federal and state officials will grapple with similar questions as they implement the new provision. Therefore, we anticipate the information will be helpful for advocates and stakeholders seeking to ensure that their states have an expansive definition of medical frailty designed to capture the broadest complement of experiences, as well as robust, efficient processes for determining who is medically frail.

For each state and territory, we have included the following information:

- Whether the state/territory has expanded Medicaid, and, if so, the year the expansion took effect;
- Whether the state/territory has any relevant Section 1115 waiver programs or pending applications to create a new program or amend an existing program;
- Whether the state/territory has any ABPs, how many it has, and what populations they serve;
- **If relevant,** the state/territory's definition of medical frailty;

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[1] Because work requirements are not waivable under H.R. 1, current work requirements that do not align with the parameters in the new law (*e.g.*, where medically frail designations differ) will presumably need to be brought into compliance with H.R. 1 requirements.[1] Importantly, existing definitions of medical frailty that states have used for ABPs or Section 1115 work requirements do not necessarily comport with the definition under H.R. 1 (both as it currently stands and possibly following future elaboration through rulemaking). *See* 42 U.S.C. § 1396a(xx)(10) (prohibiting waiver of work requirements).

- **If relevant,** any exceptions/exemptions for people determined medically frail;
- **If relevant,** how the state/territory identifies people who are medically frail;
- **If relevant,** any differences in coverage for people determined medically frail;
- Any relevant State Plan Amendments (SPAs);
- Any relevant Section 1115 program-related documents; and
- Any other relevant documents.

## Methodology

This survey was completed through a review of State Plan Amendments (SPAs) and 1115 waiver documents on CMS's public-facing website, located using a variety of search terms. Where necessary, we supplemented with information obtained directly from state and territory human services department websites (either current or archived versions, depending on the information we sought to gather). Additionally, we conducted searches on Westlaw for relevant statutes, regulations, and interpretive case law in each state and territory surveyed.

## ABPs and Medical Frailty

### A Brief History of ABPs

The Deficit Reduction Act of 2005 (DRA) gave states new authority to furnish Medicaid to certain state-specified enrollees through "benchmark" or "benchmark-equivalent" plans, which resembled commercial health insurance more than traditional Medicaid does.[2] Unlike traditional Medicaid, where coverage is comprehensive and based on a list of specific services, these new plans differed in that their scope was defined by reference to a coverage benchmark based on any of 3 commercial insurance options, a "Secretary-approved coverage" option, or a "benchmark-equivalent" option.[3] The Affordable Care Act (ACA) introduced key changes to benchmark coverage (which were renamed ABPs under the ACA). These changes took effect in 2014. The most significant ACA change was the new requirement that ABPs cover 10 essential health benefits (EHBs):

1. Ambulatory patient services;

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[2] *See* Deficit Reduction Act of 2005, Pub. L. 109-171 § 6044, 120 Stat. 4 (2005); *see also* Evelyne P. Baumrucker, Cong. Research Serv., R45412, *Medicaid Alternative Benefit Plan Coverage: Frequently Asked Questions* 1 (2018), https://www.congress.gov/crs-product/R45412; Medicaid & CHIP Payment & Access Comm'n, *Alternative Benefit Plans* (Sept. 21, 2016), https://www.macpac.gov/subtopic/alternative-benefits-packages/; *see also* 42 U.S.C. § 1396u-7(a)(1)(A)(i).

[3] *Id.* at § 1396u-7(b).

2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and habilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral and vision care.[4]

Additionally, the ACA made ABP enrollment mandatory for the expansion population, subject to certain pre-existing limitations on mandatory ABP enrollment.[5] States that have not adopted expansion can also still operate ABPs for certain state-specified groups of Medicaid enrollees.

The flexibility provided to states in developing their ABPs means that states can offer a significantly different set of services to their expansion populations than their traditional Medicaid populations. This is true even in states that have "aligned" their expansion ABP with their state. In these states, ABP coverage is based on existing Medicaid state plan benefits, rather than on a commercial coverage "benchmark".[6] Importantly, an aligned ABP need not be (and often, in practice, is not) **identical** to the state plan. For example, if the state plan is missing any of the 10 essential health benefits (EHBs), then the state must "supplement" those benefits in the ABP to ensure that all EHBs are covered.[7] Thus, an aligned ABP that offers EHBs not covered in the state plan would be aligned with the state plan but not identical to it. Some states have chosen to offer those EHBs to their traditional Medicaid populations through the state plan, but this is not mandatory.

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[4] *See* CMS, Dear State Medicaid Director 12-003 (November 20, 2012) (SMD # 12-003), https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-12-003.pdf; *see also* 42 U.S.C. §§ 18021, 18022.

[5] *See* 42 C.F.R. § 440.305(b); *see also* 42 U.S.C. § 1396a(k), 1396b(i)(26).

[6] *See* Michelle Lilienfeld, Nat'l Health L. Prog., *Alternative Benefit Plans for the Medicaid Expansion Population: Trends in Approved Benefit Plans and Tools for Advocates* 2 (Jul. 28, 2014), https://healthlaw.org/resource/alternative-benefit-plans-for-the-medicaid-expansion-population/.

[7] 45 C.F.R. § 156.110(b).

**Special Considerations for "Medically Frail" Enrollees**

Although states have some leeway to funnel enrollees into mandatory ABP coverage, they **must** exempt certain populations from mandatory ABP enrollment, including those determined through a defined identification process to be "medically frail" or to have "special medical needs."[8] Federal regulations mandate that states must include at least the following groups of individuals in their "medical frailty" definitions:

- Individuals described in 42 C.F.R. § 438.50(d)(3);[9]
- Individuals with "disabling mental disorders" (including children with serious emotional disturbances (SED) and adults with serious mental illness (SMI));
- Individuals with chronic substance use disorders (SUD);
- Individuals with serious and complex medical conditions;
- Individuals with a physical, developmental, or intellectual disability that significantly impairs their ability to perform 1 or more activities of daily living (ADLs); and
- Individuals with a disability determination based on Social Security criteria (or state plan criteria, in states applying more restrictive eligibility criteria than SSI).[10]

This definition is a floor: states may adopt more expansive definitions of medical frailty, but they must include **at least** the individuals described in the regulation.[11] These regulations created competing requirements for states: expansion individuals must be enrolled in an ABP as a condition of receiving Medicaid, but states are prohibited from mandating ABP enrollment for medically frail individuals. The solution has been to offer coverage to individuals identified as medically frail through an aligned ABP, although these individuals must be provided the option to enroll in a non-aligned ABP.[12]

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[8] *See* 42 U.S.C. § 1396u-7(a)(2)(B)(vi).

[9] This section encompasses children and youth under age 19 who are SSI-eligible; children and youth under age 18 eligible for community-based LTSS; children and youth under age 19 who are in foster care or another out-of-home placement; children and youth under age 19 who are receiving foster care or adoption assistance; or children and youth under age 19 receiving services through a Title V 501(a)(1)(D) grant-funded system. 42 C.F.R. § 438.50(d)(3).

[10] 42 C.F.R. § 440.315(f).

[11] *Id.*

[12] 42 C.F.R. § 440.305(b)–(c).

## Trends in ABP Alignment

### Expansion States

Most states and territories that have adopted Medicaid expansion operate a single ABP that serves their expansion population (37). Of those 37 states and territories, 32 have aligned that single ABP with their state plan. Four states and one territory have not aligned their expansion ABPs with their Medicaid state plans.

The following expansion states operate more than 1 ABP to serve different segments of their expansion population:

- Idaho operates 3 ABPs, 2 of which serve the expansion population (plus others). None are aligned.
- Indiana operates 2 ABPs that serve different segments of the expansion population. Neither are aligned.
- Kentucky operates 2 ABPs. One serves the expansion population and the other serves groups that were categorically eligible for Medicaid before the ACA was enacted. Both are aligned.
- Massachusetts operates 2 ABPs, 1 of which is aligned and 1 of which is not. The aligned ABP serves different populations of people with disabilities, all expansion enrollees ages 19 and 20, and medically frail expansion enrollees ages 21 and up. The non-aligned ABP serves non-medically frail expansion enrollees ages 21 and up.
- North Dakota operates 2 ABPs to serve different segments of its expansion population. One of the ABPs is aligned and 1 is not. The aligned ABP serves all expansion enrollees ages 19 and 20, and medically frail expansion enrollees ages 21 and up. The non-aligned ABP serves non-medically frail expansion enrollees ages 21 and up.
- Virginia operates 2 ABPs, 1 of which serves its expansion population. Both ABPs are aligned.

The following expansion states also operate separate ABPs for non-expansion populations:

- Out of Idaho's 3 ABPs, 2 serve the expansion population (plus others), and 1 serves a much smaller group of categorical eligibles.
- Virginia has an aligned ABP for its Medicaid Buy-In population.

### "Partial"/"Look-Alike" Expansion States

Georgia and Wisconsin both operate "partial" expansions through 1115 waivers. Both states offer state plan benefits to enrollees in their partial expansions, with some limitations.

**Non-Expansion States**

There are 2 non-expansion states that operate ABPs (Kansas and Wisconsin). The ABPs in those states are not aligned with the state plan because they are specifically designed to target certain populations. Kansas's 2 ABPs target people with disabilities who are interested in employment and need LTSS, and Wisconsin's ABP targets youth in out-of-home/foster care in and around the Milwaukee area.

## Medically Frail Designation for ABP Enrollment

**Definitions**

There are 9 expansion states and territories operating at least 1 non-aligned ABP to serve their expansion populations. These states must inform applicants and enrollees that enrollment in the non-aligned ABP is voluntary for enrollees determined medically frail, and they must offer the option for such enrollees to opt out of the ABP and enroll in state plan coverage.[13]

Three of those jurisdictions have adopted the definition of "medically frail" at 42 C.F.R. § 440.315(f) [hereinafter "CFR definition"] (Guam, Iowa, and Idaho). Two states have developed state regulation that mirrors or closely tracks the CFR definition (Massachusetts and North Dakota). The remaining 4 states have adopted a variety of approaches:

- Arkansas has not promulgated a clear definition of "medically frail" for ABP purposes. Instead, the medically frail determination is based on whether an applicant or enrollee affirmatively identifies themselves as "blind, disabled, or need[ing] help with daily activities."
- Indiana uses a detailed rubric and "point system" to decide who is medically frail.
- New Mexico uses the CFR definition but also requires that applicants / enrollees have at least 1 from a long list of specific diagnoses to be considered medically frail.
- West Virginia uses criteria similar to the CFR definition, but broader and simpler.

**Identification Methods**

Of the 9 jurisdictions that operate a non-aligned ABP for their expansion population, 4 accept self-attestation of medically frail status with no further requirements (Arkansas, Idaho, Massachusetts, and West Virginia).[14] Three states accept self-attestation in addition to other identification methods:

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[13] *See* 42 C.F.R. §§ 440.320(a)(1), (b)(1)–(3).

[14] One caveat: Virginia mandates that the identification and corresponding request to disenroll from the ABP be made in writing.

- Iowa also accepts referrals from providers and "other entities with a relationship with the enrollee."
- New Mexico also accepts reports from the managed care organization (MCO).
- Indiana also accepts determinations from the Social Security Administration (SSA) and identifies potentially medically frail enrollees by regular reviews of claims data.

North Dakota accepts self-attestation via a questionnaire, which the state then uses to determine whether the enrollee meets a specific "minimum threshold." If the state determines that the enrollee meets this threshold, the enrollee must seek additional documentation from a medical professional that the state will then review to make a final determination. While North Dakota accepts self-attestation (although a more complicated method of self-attestation than other states), the state agency also reviews claims data to verify the accuracy of the self-attestation in "questionable" cases.

Guam does not accept self-attestation, instead requiring that individuals wishing to be identified as medically frail submit a "Medically Frail Certification" form with a certification from a medical provider that they meet the medically frail standard.

## Medically Frail Designation for Work Requirements

The medical frailty determination took on additional significance during the first Trump administration, when CMS encouraged states to submit Section 1115 waiver applications to add work requirements into their Medicaid programs.[15] In policy guidance finalized in 2018, CMS explicitly directed states submitting Section 1115 demonstration applications to implement work requirements to exempt individuals who the state identified as medically frail, as well as individuals with "acute medical conditions validated by a medical professional" that would prevent them from complying with work requirements.[16]

In addition, H.R. 1 establishes work requirements to Medicaid in the 50 states and Washington, D.C. beginning in 2027, although states can apply for a "good faith" 2-year

[15] *See* CMS, Dear State Medicaid Director (January 11, 2018) (SMD # 18-002), https://web.archive.org/web/20180111180302/https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf.
[16] *Id.* at 5–6.

extension of the deadline to implement work requirements.[17] H.R. 1 excludes people who are determined medically frail or who otherwise have "special medical needs" from the law's work requirements. More specifically, these terms encompass people who are "blind or disabled," people who have substance use disorder (SUD), people who have a "disabling mental disorder," people who have a "physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living (ADLs)," and people who have a "serious or complex medical condition."[18] Importantly, existing definitions of medical frailty for ABP and Section 1115 demonstration purposes do not necessarily comport with H.R. 1's definition.

Several states have submitted Section 1115 waiver applications to implement work requirements beyond what is required by H.R. 1 – for instance, some proposals seek to modify the impacted population (including imposing work requirements on non-expansion populations), others would create different requirements for compliance, and still others would implement work requirements earlier than required by H.R. 1.[19]

**Overview and Current Status**

There are currently 9 states with pending requests to either create a new 1115 demonstration program or extend/amend an existing program to implement work requirements:

- Arizona (submitted March 2025);
- Arkansas (submitted March 2025);
- Georgia (temporary extension request approved September 2025);
- Iowa (submitted June 2025);
- Kentucky (submitted June 2025);
- Montana (submitted September 2025);
- Ohio (submitted February 2025);
- Oklahoma (submitted December 2018); and
- South Carolina (submitted June 2025).

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[17] However, federal officials have indicated that they intend to grant very few extension requests. *See* 42 U.S.C. §§ 1396a(xx)(11)(A), (C); *see also* Margot Sanger-Katz & Sarah Kliff, *How Medicaid's New Work Requirement Will Work*, N.Y. TIMES (Nov. 3, 2025), https://www.nytimes.com/2025/11/03/upshot/medicaid-work-requirements-faq.html.

[18] *See* 42 U.S.C. § 1396a(xx)(9)(A)(ii)(V)(aa)–(ee).

[19] *See, e.g.*, KY. REV. STAT. ANN. § 205.5371, S.C. Dep't of Health & Hum. Servs., Community Engagement Section 1115 Demonstration Waiver Application (June 23, 2025).

Utah submitted a Section 1115 demonstration application for work requirements shortly after H.R. 1 was enacted but later withdrew the application.

**Exemptions**

At least 3 states that have pending Section 1115 demonstration requests to implement work requirements and/or active work requirements under a Section 1115 waiver do not contemplate exempting anyone from those requirements:

- Arkansas does not propose to exempt individuals determined medically frail from the requirements of its "Pathway to Prosperity" program. Instead, data matching will be used to determine whether individuals are "on track" or "not on track" (*i.e.*, at risk of coverage "suspension," which can lead to coverage termination). It does not appear that any allowances or accommodations are made for medically frail enrollees, nor is it clear what an enrollee who cannot participate in a "qualifying" activity must do to be considered "on track."
- Georgia's "Pathways to Coverage" program does not exempt individuals determined medically frail. However, it does allow for "good cause exceptions" for enrollees who have a "temporary impairment which prevents them from meeting the qualifying activities requirement."
- South Carolina's "Palmetto Pathways to Independence" proposal does not contain any exemptions for people who are medically frail and/or people with disabilities.

The other 6 states – Arizona, Iowa, Kentucky, Montana, Ohio, and Oklahoma – would all exempt at least some subset of people with disabilities or certain health care needs, but they all differ in how they define who "deserves" an exemption.

**Definitions**

Of the 6 states that have included plans to exempt certain groups of people in their work requirements proposals, 3 of them (Kentucky, Ohio, and Oklahoma) do not specifically define the term "medically frail," but instead exempt people who fall into certain categories – typically including individuals with disabilities or other certain health care needs. Two states (Montana and Iowa) use the CFR definition. Arizona proposes in the "AHCCCS Works" 1115 demonstration application to "work with CMS to develop a comprehensive definition of what members would be considered medically frail."

**Identification Methods**

The 6 states that plan to apply exemptions from work requirements (and other eligibility restrictions) in their 1115 demonstrations vary widely in their approach to identifying individuals who may be exempt. Two states (Montana and Ohio) do not explicitly describe any process by which enrollees may request exemptions, instead proposing to rely only on reviewing claims data or other data matching to identify potentially exempt enrollees. Two states will pair requests/self-attestation with a review of claims data: Arizona proposes to use either method, and Kentucky proposes to permit self-attestation but verify using claims data and other available information. Neither state has proposed a specific procedure by which enrollees can self-attest. Oklahoma requires individuals to submit a specific form to request an exemption, and Iowa has not yet outlined a process for identifying exempt enrollees.

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## Alabama

Alabama has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Alaska

**Medicaid Expansion Status**
Alaska expanded Medicaid in 2015.

**§ 1115 Waiver Status**
Alaska's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Alaska has 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
Alaska does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Alaska's single ABP is aligned with its state plan.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| AK-25-0002-AB | April 11, 2025 | Most recent ABP update; exempting general acute hospitals from certain authorization requirements. |
| AK-22-0004 | April 13, 2022 | Most recent SPA that describes the population served by the ABP and discusses alignment. |
| AK-15-0005 | September 29, 2015 | Original expansion ABP SPA. |

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## American Samoa

**Medicaid Expansion Status**

Medicaid does not operate in American Samoa in an expanded vs. non-expanded manner because Medicaid eligibility in American Samoa is not determined on an individual basis and residents do not enroll in Medicaid like in other territories and states. Instead, Medicaid funds pay for care provided at a single facility in the territory. This facility is the only Medicaid provider in American Samoa and was actually American Samoa's Single State Agency until 2011.[20] It provides most of the health care services in American Samoa, at little or no cost to residents.[21]

**§ 1115 Waiver Status**

American Samoa does not operate any § 1115 waivers.

**ABPs and Populations Served**

American Samoa does not operate any ABPs.

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[20] *See* CMS, *State Plan Amendment Approval Letter, AS-11-002* (Nov. 2, 2011), https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/AS/AS-11-002-Ltr.pdf.

[21] *See* Medicaid & Chip Payment & Access Comm'n, *Medicaid and CHIP in American Samoa* (Feb. 2021), https://www.macpac.gov/wp-content/uploads/2019/06/Medicaid-and-CHIP-in-American-Samoa.pdf.

## Arizona

**Medicaid Expansion Status**
Arizona expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Arizona operates its entire Medicaid program, including its expansion, through an 1115 demonstration waiver called the "Arizona Health Care Cost Containment System" (AHCCCS). Pertinently, Arizona has a pending request to amend AHCCCS by creating the "AHCCCS Works" program, which would do the following:

- Impose work requirements earlier than required by the H.R. 1, and on a different age group (19-55 years old rather than H.R. 1's 19-64);
- Institute a 1-year lockout for people who "knowingly fail" to report a change in family income or make a "false statement regarding compliance" with AHCCCS Works requirements;
- Limit Medicaid eligibility to a 5-year lifetime maximum for people who are subject to / not exempt from the AHCCCS Works requirements (compliance with work requirements does not extend this time period; it is effectively a lifetime limit for the expansion population); and
- Impose cost-sharing for what the state determines is "non-emergency" emergency department use and ambulance transport.

**ABPs and Populations Served**
Arizona operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
For ABP purposes, Arizona does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Arizona's single ABP is aligned with its state plan.

Arizona does not currently define "medically frail" for purposes of the AHCCCS Works program. Instead, the state provides in the AHCCCS Works application that it will "work with CMS to develop a comprehensive definition of what members would be considered medically frail."[22]

[22] Ariz. Health Care Cost Containment Sys., Arizona Section 1115 Waiver Amendment Request: AHCCCS Works 9 (Feb. 2025).

**Exceptions for Medically Frail**

People who are determined to be medically frail will be exempt from the onerous restrictions proposed for the AHCCCS Works program.

**Medically Frail Identification Process**

For AHCCCS Works, the state proposes to identify members who meet the (as-yet-undetermined) definition of "medically frail" by "claims and encounter data . . . as well as a process by which members or providers can notify AHCCCS of the diagnosis[.]"[23] That process has not yet been defined.

**Differences in Coverage for Medically Frail**

Arizona's ABP is aligned with its Medicaid state plan and does not offer different services for people who are medically frail. AHCCCS Works would not change the available services for different Medicaid populations, but exempt individuals (*i.e.*, medically frail) would not be subject to the 5-year lifetime cap on Medicaid services that AHCCCS Works seeks to impose on non-exempt individuals.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| AZ-17-0018 | November 13, 2018 | Most recent ABP SPA update; adds emergency dental and occupational therapy (OT) coverage. |
| AZ-14-0006 | April 1, 2014 | Original expansion ABP SPA. |

**Relevant § 1115 Documents**

- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- AHCCCS 1115 Demonstration Amendment Approval (Extending Medicaid Eligibility to Out-of-State FFY) (June 13, 2025)
- AHCCCS Works Amendment Application (February 2025)

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[23] *Id.*

## Arkansas

**Medicaid Expansion Status**
Arkansas expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Arkansas operates its Medicaid expansion through the "Arkansas Health and Opportunity for Me" (ARHOME) 1115 demonstration waiver. Currently, Arkansas has a pending application to amend the ARHOME demonstration by adding the "Pathway to Prosperity" program. Pathway to Prosperity's primary purpose is to implement "community engagement" requirements, which, if approved, it would do earlier than required by H.R. 1.

**ABPs and Populations Served**
Arkansas serves its expansion population through the "Arkansas Newly Eligible Adult Group" ABP. This ABP is not aligned with the state plan. Arkansas uses the ABP and its authority through the ARHOME program to provide premium assistance to the expansion population so that they can purchase a qualified health plan (QHP) on the Marketplace ("Private Option"). Individuals eligible for coverage through the Private Option will be enrolled in fee-for-service (FFS) Medicaid / ABP coverage before the effective date of their QHP coverage.

**"Medically Frail" Definition**
Arkansas does not promulgate a clear definition of "medically frail." Instead, people who identify themselves as "blind, disabled, or need[ing] help with daily activities" (presumably this means ADLs; it is not clear if IADLs are also included) will be determined medically frail.

**Exceptions for Medically Frail**
Individuals determined medically frail are not considered "program participants" for purposes of the ARHOME program and are not included in the "economic independence initiative" (*i.e.*, they are not responsible for cost-sharing or premium payments as otherwise required by the program's rules).[24]

Importantly, individuals determined medically frail will **not be exempt** from Pathway to Prosperity requirements. Instead, data matching will be used to determine whether individuals are "on track" or "not on track" (*i.e.*, at risk of coverage "suspension," which can lead to coverage termination). The application does not specifically define "on track," but states that an enrollee must either be employed or be engaged in "qualifying advancement, learning, or

[24] *See* ARK. CODE. ANN. §§ 23-61-1003(20), 23-61-1005(a), (c)(2)(A), 23-61-1006.

service activities" in order to be considered "on track."[25] It does not appear that any allowances or accommodations are made for medically frail enrollees, nor is it clear what an enrollee who cannot participate in a "qualifying" activity must do to be considered "on track."

**Medically Frail Identification Process**

For ARHOME, in general, self-identification is the expectation. Arkansas identifies medically frail individuals by their answer to the following question on the single streamlined application: **"Is this person blind, disabled, or need help with daily activities (such as bathing or walking)?"** If the answer is yes, the individual is enrolled in "the ABP that is the state plan" and provided with a "Choice Counseling" notice, which will outline the difference between the fee-for-service (FFS) state plan or the FFS ABP and inform them that they have the right to choose between the two (in other words, they can opt out of the state plan and go back to the non-aligned ABP if they want). If the person does not make a choice, they will default into state plan benefits.

People who are not identified as medically frail based on their answers on the single streamlined application will receive a general Medicaid eligibility notice and information about their ability to identify themselves as medically frail at a later time. Individuals can request to be rescreened at any time for "medically frail status."

The Arkansas Division of Medical Services will also monitor rescreening requests to ensure that policies and procedures for identifying medically frail individuals continue to identify appropriate enrollees. Providers and insurance carriers will also be expected to assist in identifying enrollees with "emerging medical needs" that necessitate a transition from ABP coverage to Medicaid coverage during the plan year.

Once a person is determined medically frail, it does not appear that they are required to renew or otherwise periodically reaffirm that status.

The Pathway to Prosperity application suggests that the program will rely on medical frailty determinations made when eligibility for ARHOME is determined. There will not be a separate medical frailty determination as part of Pathway to Prosperity. However, because there will be no exemptions from participation in Pathway to Prosperity, it is not clear to what extent an enrollee's status as a medically frail person will be relevant.

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[25] *See* Ark. Dep't of Hum. Servs., Request to Amend the ARHOME Section 1115 Demonstration Project 4 (Mar. 2025).

**Differences in Coverage for Medically Frail**

ARHOME provides additional benefits on top of state plan benefits for medically frail enrollees, depending on their individual needs.

- Individuals with a "high level of behavioral health care needs" will be enrolled in a Provider-Led Arkansas Shared Savings Entity (PASSE) that will provide comprehensive medical services.
- Individuals served through a Life360 HOME will receive intensive care coordination to address their social determinants of health (SDOHs). These individuals include:
    - Women with high-risk pregnancies who are enrolled in ARHOME and traditional Medicaid through Maternal Life360s
    - Adult ARHOME clients with "mental illness or substance abuse issues" in rural areas through Rural Life360s
    - Targeted groups of young adults who are at risk of long-term poverty and poor health outcomes through Success Life360s

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| AR-22-0030 | August 2, 2023 | Updates to eligibility groups and medically frail identification. |
| AR-17-0002 | June 23, 2017 | Changed method for identifying medically frail individuals. |
| AR-13-0030 | December 19, 2014 | Original expansion ABP SPA. |

**Relevant § 1115 Documents**

- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- Pending Pathway to Prosperity Application (March 26, 2025)
- Original ARHOME Application (July 19, 2021)

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## California

### Medicaid Expansion Status

California expanded Medicaid in 2014.

### § 1115 Waiver Status

California's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and / or access to care on a medical frailty determination.

### ABPs and Populations Served

California operates 1 ABP, which serves its Medicaid expansion population. The ABP is aligned with the state plan, but it has some differences for medically frail coverage.

### "Medically Frail" Definition

California bases the medical frailty determination on whether an enrollee qualifies for long-term services and supports (LTSS) based on medical necessity. No separate medical frailty determination is made "beyond the applicable, service-specific needs assessment." California maintains different criteria for different services:

- CAL. CODE REGS. tit. 22 § 51335 and section 7.1 of the Manual of Criteria for Medi-Cal Authorization (hereinafter "Medi-Cal Authorization Manual") contain the criteria for admission to a skilled nursing facility (SNF)
    - Criteria for continuing care in an SNF is found at section 7.1.2 of the manual
- CAL. CODE REGS. tit. 22 § 51124.5 and section 7.2 of the Medi-Cal Authorization Manual contain the criteria for a "Subacute Level of Care," which CAL. CODE REGS. tit. 22 § 51124.5(a) defines as "a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility."
- CAL. CODE REGS. tit. 22 § 51334 and section 7.3 of the Medi-Cal Authorization Manual contain the criteria for ICF admission
    - Criteria for continuing care in an ICF is found in section 7.3.1 of the manual
    - CAL. CODE REGS. tit. 22 § 51343 and section 7.4 of the manual contain specific requirements for admission to an ICF for people with developmental disabilities (ICF/DD) and for people with developmental disabilities in need of habilitative services (ICF/DDH)
        - More specific requirements for ICF/DD and ICF/DDH admission are found at CAL. CODE REGS. tit. 22 § 51164 and sections 7.4.1 and 7.4.2 of the manual

The Medi-Cal Long-Term Care Manual also contains billing policies (including some, but not comprehensive, eligibility criteria) for certain services as follows:

- Chemotherapy
- Inpatient admission to/services received in a Distinct-Part LTC Facility
- EPSDT
- Incontinence Medical Supplies
- Other medical supplies, including waterproof sheeting, tracheostomy supplies, and intermittent urinary catheters
- Palliative Care
- Admission to/services received in an IMD
- Subacute Care Programs

Home- and community-based services (HCBS) are not listed as LTSS in the Medi-Cal Authorization Manual or the LTC Manual; they have their own separate manual (see also HCBS Billing Codes and Reimbursement Rates and Home- and Community-Based Services (HCBS)) and are also covered in CAL. CODE REGS. tit. 22 § 51176. HCBS in the ABP are strictly limited to 1915(i) State Plan services and require that:

- An individual has a developmental disability and needs habilitation services, and
    - Developmental disability is defined as "a condition that originated before the age of 18," which is "expected to continue indefinitely and constitute[s] a substantial disability for the individual." This definition includes intellectual disability, cerebral palsy, autism, and "any other disabling conditions similar to" intellectual disability, but not "handicapping conditions solely physical in nature."
- The individual's condition must result in "major impairment of cognitive and/or social functioning and is likely to retain new skills through habilitation."

**Medically Frail Identification Process**

There is no clear process for identifying people who would be determined medically frail.

**Differences in Coverage for Medically Frail**

Only individuals who have been determined medically frail via a service-specific assessment of need can access LTSS (as defined above) through the ABP.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| CA-24-0051 | December 18, 2024 | Most recent ABP update, added Supported Employment to align with the state plan. |
| CA-13-0035 | March 28, 2014 | Original expansion ABP SPA. |

**Other Relevant Documents**

- Manual of Criteria for Medi-Cal Authorization
- Medi-Cal Long-Term Care Manual
- Medi-Cal Home Health Agencies / Home- and Community-Based Services Manual
- HCBS Billing Codes and Reimbursement Rates (May 2024)
- HCBS Billing Instructions (September 2020)

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## Colorado

### Medicaid Expansion Status

Colorado expanded Medicaid in 2014.

### § 1115 Waiver Status

Colorado's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Colorado operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Colorado does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Colorado's single ABP is aligned with its state plan.

### Differences in Coverage for Medically Frail

Colorado's Medicaid state plan does not cover habilitative services, but the ABP does. The ABP also covers some preventive services that are not offered through the state plan. Thus, medically frail individuals who receive services through the ABP will have access to habilitative services and certain additional preventive services in addition to everything else the state plan covers.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| CO-19-0024 | December 13, 2019 | Most recent ABP update; increased maximum adult dental benefit from $1,000 annually to $1,500 annually. |
| CO-13-0055 | February 10, 2014 | Original expansion ABP SPA. |

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## Connecticut

### Medicaid Expansion Status

Connecticut expanded Medicaid in 2014.

### § 1115 Waiver Status

Connecticut's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Connecticut operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Connecticut does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Connecticut's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| CT-23-0017 | September 4, 2024 | Most recent ABP update; moved some clinic-furnished behavioral health services to the rehabilitative services category. |
| CT-14-0008 | February 21, 2014 | Original expansion ABP SPA. |

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## Delaware

### Medicaid Expansion Status

Delaware expanded Medicaid in 2014.

### § 1115 Waiver Status

Delaware's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Delaware operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Delaware does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Delaware's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| DE-17-0011 | February 27, 2018 | Most recent ABP update; updates base benchmark plan from PY 2012 to PY 2014 and aligns with other changes made to Delaware's state plan since ABP implementation. |
| DE-14-0007 | June 6, 2014 | Added coverage for all USPSTF A and B preventive services and ACIP-recommended vaccines without cost-sharing; established a one percentage point increase in FMAP for those services, irrespective of whether they are provided via FFS coverage, managed care, or an ABP. |
| DE-14-0003 | May 28, 2014 | Original expansion ABP SPA. |

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## Washington, D.C.

### Medicaid Expansion Status

Washington, D.C. expanded Medicaid in 2014.

### § 1115 Waiver Status

Washington, D.C.'s currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Washington, D.C. operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Washington, D.C. does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Washington, D.C.'s single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| DC-22-0009 | February 27, 2018 | Most recent ABP update; makes updates to maintain alignment between the ABP and the state plan. |
| DC-13-0019 | May 28, 2014 | Original expansion ABP SPA. |

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## Florida

Florida has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Georgia

**Medicaid Expansion Status**

Georgia operates a "look-alike" or "partial" Medicaid expansion.

**§ 1115 Waiver Status**

Georgia operates a "partial" Medicaid expansion through an 1115 demonstration project called "Georgia Pathways to Coverage" ("Georgia Pathways" or "Pathways"). Pathways expands health care coverage to individuals with incomes up to 100% FPL (95% FPL plus the 5% income disregard) who are working or participating in other "qualifying activities" for at least 80 hours per month, and who pay required premiums (if applicable).

**ABPs and Populations Served**

Georgia does not operate an ABP associated with Pathways. Pathways enrollees are provided state plan benefits (with the exception of non-emergency medical transport (NEMT) for enrollees age 21 and up). Enrollees ages 19 and 20 are also eligible to receive EPSDT, which includes NEMT. Pathways also includes a health insurance premium payment (HIPP) program that will provide premium and cost-sharing assistance for eligible individuals enrolled in employer-sponsored insurance (ESI).

**"Medically Frail" Definition**

Georgia does not promulgate a definition of "medically frail" for the Pathways program, nor is the term defined in state law or regulation.

**Exceptions for Medically Frail**

**The Georgia Pathways program does not exempt individuals determined medically frail.**[26] The implementation plan provides that "Pathways creates a new category of Medicaid for individuals that meet the eligibility criteria," and that, because "qualifying hours and activities are a requirement for eligibility . . . there are no exempt populations included in the demonstration design[.]"[27]

Pathways does allow for "good cause exceptions" for enrollees who have a "temporary impairment which prevents them from meeting the qualifying activities requirement." Good cause exceptions can include, but are not limited to:

[26] *See* CMS, Georgia Pathways Implementation Completeness Letter & STCs 98 (Oct. 5, 2023).
[27] *See id.* at 53.

- **The enrollee or an immediate family member experiences a hospitalization or serious illness that renders the enrollee unable to fulfill the qualifying hours and activities;**
- **The enrollee experiences a short-term injury or illness that renders them unable to fulfill the qualifying hours and activities;**
- The enrollee experiences the birth, adoption, or death of an immediate family member;
- The enrollee has a family emergency or other life event (*e.g.*, divorce, civil legal matter, or experiences domestic violence) that renders them unable to fulfill the qualifying hours and activities;
- The enrollee is quarantining due to COVID-19 symptoms, exposure, or diagnosis, or because the place where they were meeting the hours and activities requirement has closed due to COVID-19 and they are therefore unable to fulfill the hours and activities requirement; and
- "Other good cause reason(s) as defined and approved by the state."

Additionally, individuals who self-identify as having a disability when they apply for Medicaid will be "considered" for reasonable accommodations related to premium payments and work reporting requirements.[28]

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| GA-23-0006 | July 12, 2023 | Adds Pathways enrollees as a mandatory managed care population. |

**Relevant § 1115 Documents**

- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- Georgia Pathways Temporary Extension Approval (September 23, 2025)
- Pending Georgia Pathways Extension Request (April 28, 2025)
- Implementation Plan Completeness Letter & STCs (October 5, 2023)
- Initial Georgia Pathways application (January 7, 2020)

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[28] *See id.* at 9, 15–16.

## Guam

**Medicaid Expansion Status**
Guam expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Guam's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Guam operates 1 ABP, which serves its Medicaid expansion population. The ABP is not aligned with the state plan.

**"Medically Frail" Definition**
Guam uses the federal definition of "medical frailty" at 42 C.F.R. § 440.315(f) (2014).

- Individuals who have a "disabling mental disorder" and have at least one of the following diagnoses:
  - "Psychotic disorder"
  - Schizophrenia
  - Schizoaffective disorder
  - Major depression
  - Bipolar disorder
  - "Delusional disorder"
  - Obsessive-compulsive disorder
- Individuals who have "chronic substance use disorder," subject to the following criteria:
  - A diagnosis of SUD, **and**
  - Meets the "severe" level of SUD on the DSM-5 Severity Scale by meeting six or more diagnostic criteria, **or**
  - Current condition meets the medically-monitored or medically-managed intensive inpatient criteria of the ASAM criteria
- Individuals who have serious and complex medical conditions as follows:
  - Meets criteria for hospice services, **or**
  - Has a serious and complex medical condition, **or**
  - Condition significantly impairs the ability to perform one or more ADLs (describe later)
- Individuals with a physical disability as follows:
  - Has a physical disability, **and**

    - The physical disability significantly impairs the ability to perform one or more ADLs (describe later)
- Individuals with an intellectual or developmental disability, defined as a "severe, chronic disability" that:
    - Can be attributed to a "mental or physical impairment or combination of mental and physical impairments"
    - Manifested before the age of 22
    - Is likely to continue indefinitely
    - Results in substantial functional limitations in three or more of the following areas of major life activity:
        - Self-care
        - Receptive and expressive language
        - Learning
        - Mobility
        - Self-direction
        - Capacity for independent living
        - Economic self-sufficiency
    - Reflects a need for a combination of "special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated"
    - Significantly impairs the ability to perform one or more ADLs (describe later)
- Individuals with a disability determination from SSA

**Medically Frail Identification Process**

Guam identifies medically frail individuals by their answers on by the Department of Public Health and Social Services (DPHSS)'s Medically Frail Certification (MFC) form. The form contains the criteria listed above. Individuals can obtain an MFC form at any time from an eligibility center or by asking their case manager for the form. The individual cannot fill out the form themselves; it must be completed by their physician and then followed by an interview with an eligibility worker.

For new Guam Medicaid applicants: At the interview, 1 of 2 things will happen. If the applicant **already has a completed MFC form**, they will be advised of their medically frail determination and their right to opt out of the ABP and into state plan services. If the applicant **does not have a completed MFC form**, the eligibility worker will ask them if they or a household member have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) **or** if they have a disability determination from SSA. If the answer to either question is yes, then the eligibility worker will provide the applicant with an MFC form and instruct them to have it completed by their

physician and return it within 10 days. If the MFC form is not submitted within 10 days, it can be submitted any time after that as a "Change Report" form.

For current Guam Medicaid enrollees who wish to be identified as medically frail: Current enrollees can submit a "Change Report" form and a completed MFC form together at any time during their eligibility period to obtain an MFC determination.

**Differences in Coverage for Medically Frail**

The types of services offered through Guam's state plan and the expansion ABP broadly overlap, with a few differences.

The following services are only available under the state plan:

- Abortion (subject to Hyde Amendment restrictions);
- Circumcision;
- Eyeglasses;
- Eye refraction;
- Dental services;
- NEMT;
- Tobacco cessation services; and
- Well-child / EPSDT (although, obviously, would also have to be offered under the ABP for enrollees ages 19 and 20).

The following services are only available through the ABP:

- Acupuncture;
- Allergy testing/treatment;
- Breast reconstructive surgery;
- Chiropractic services; and
- Gym memberships.[29]

[29] *See* Guam Dep't of Pub. Health & Soc. Servs., Guam Medicaid Territorial Evaluation and Strategic Plan for Medicaid Program Improvement 9 (Sept. 30, 2023), https://web.archive.org/web/20250704100204/https:/dphss.guam.gov/wp-content/uploads/2024/03/Guam-Medicaid-Strategic-Plan-and-Evaluation-2023.0926.pdf#page=9 .

Based on the August 2011 version of Guam's state plan, the overlapping services generally appear to be similar in amount, scope, duration, and frequency. However, there are some differences. For example, occupational and physical therapy are provided under the state plan without limitation, but the ABP limits OT to 20 visits a year unless prior authorization for more visits is obtained.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| GU-14-0001 | June 4, 2014 | Original expansion ABP SPA and most recent ABP update. |

**Other Relevant Documents**

- Medically Frail Certification Form
- Guam Medicaid Territorial Evaluation and Strategic Plan for Medicaid Program Improvement (September 30, 2023)
- Guam Medicaid State Plan (August 2011)

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## Hawaii

**Medicaid Expansion Status**
Hawaii expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Hawaii's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Hawaii operates 1 ABP, which serves the state's expansion population. The ABP is aligned with the state plan.

**"Medically Frail" Definition**
Hawaii does not promulgate a definition of "medically frail" in the relevant SPA, but the state does define the term in regulation as including individuals who have:

- Disabling mental disorders (including children with SED and adults with SMI);
- Serious and complex medical conditions;
- Physical, intellectual, or developmental disabilities that significantly impair their ability to perform one or more ADLs; or
- A disability determination from SSA.[30]

Nevertheless, Hawaii's 1 ABP is aligned with its state plan.

**Differences in Coverage for Medically Frail**
Hawaii's ABP is aligned with its Medicaid State Plan and does not offer different services for people who are medically frail. Hawaii also uses 1115(a)(2) authority (specifically, "Costs Not Otherwise Matchable") to offer habilitation services under the state plan to ensure complete alignment of services.

[30] *See* HAW. CODE. R. § 17-1700.1-2.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| HI-22-0005 | December 29, 2022 | Most recent ABP update; aligns coverage for routine patient costs associated with participation in qualifying clinical trials between the ABP and the state plan. |
| HI-14-0007 | June 16, 2014 | Aligns preventive services coverage between the state plan and the ABP. |
| HI-13-0004a | April 15, 2014 | Original expansion ABP SPA. |

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## Idaho

**Medicaid Expansion Status**
Idaho expanded Medicaid in 2020.

**§ 1115 Waiver Status**
Idaho's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Idaho operates 3 different ABPs, each of which serve specific populations. None of the ABPs are aligned with the state plan. All 3 of Idaho's ABPs existed much the same as they are in their current forms before the state expanded Medicaid, save for minor changes to geographical availability (in the case of the MMCP) and adding expansion adults as an eligibility group post-expansion.

The "Basic ABP" serves the following populations:

- Expansion Adults (mandatory enrollment)
- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children Under Age 19
- Former Foster Care Children
- Extended Medicaid Due to Spousal Support Collections
- Transitional Medical Assistance
- Deemed Newborns
- Children with Title IV-E Adoption Assistance, Foster Care, or Guardianship Care
- ABD Individuals Eligible for but Not Receiving Cash
- Supplemental Security Income (SSI) Beneficiaries
- Individuals Eligible for SSI / State Supplemental Payments (SSP) but for Old Age, Survivors, and Disability Insurance (OASDI) Cost-of-Living (COLA) Increases Since April 1977
- Certain Individuals Needing Treatment for Breast or Cervical Cancer
- Qualified Disabled Children Under Age 19

The "Enhanced ABP" serves the following populations:

- Expansion Adults (voluntary enrollment)
- Parents and Other Caretaker Relatives
- Pregnant Women

- Infants and Children Under Age 19
- Former Foster Care Children
- Extended Medicaid Due to Spousal Support Collections
- Transitional Medical Assistance
- Deemed Newborns
- Children with Title IV-E Adoption Assistance, Foster Care, or Guardianship Care
- Aged / Blind / Disabled (ABD) Individuals in 209(b) States
- SSI Beneficiaries
- Individuals Eligible for SSI / SSP but for OASDI COLA Increases Since April 1977
- Certain Individuals Needing Treatment for Breast or Cervical Cancer

The "Medicare-Medicaid Coordinated Plan" (MMCP) serves the following populations, as long as the applicant is a member of one of these groups, fully eligible for Medicare Part A and Part B, and eligible for either Idaho's Basic ABP or Enhanced ABP:

- SSI Beneficiaries
- Disabled Adult Children
- Parents and Other Caretaker Relatives
- ABD Individuals Eligible for but Not Receiving Cash
- Individuals Receiving Mandatory State Supplements

The MMCP ABP is also not available in all Idaho counties, although it is available in most of them. In 21 Idaho counties, MMCP enrollees must also enroll in the Idaho Medicaid Plus (IMPlus) plan.

**"Medically Frail" Definition**
Idaho uses the definition of "medically frail" at 42 C.F.R. § 440.315(f).

**Medically Frail Identification Process**
Idaho has what it calls an "Any Door" policy, which enables enrollees to notify their local eligibility office, their regional Medicaid office, their Healthy Connections provider (PCP), or the Medicaid Central Office that they would like to change plans and obtain information about doing so. However, Idaho's policy does not make clear how the state determines whether an individual meets the applicable medical frailty criteria after the individual has identified themselves to the appropriate entity.

**Differences in Coverage for Medically Frail**
People meeting the definition of medically frail who opt into the Enhanced ABP will have access to the following services, in addition to all of the services available through the Basic ABP (which itself builds on the state plan):

- HCBS;
- Hospice;
- SNF care;
- Personal care;
- Respite;
- Service coordination; and
- Transition management.

An older (pre-expansion) comparison of the state plan vs. the 3 ABPs (Basic, Enhanced, and MMCP) illustrates that state plan benefits are very limited, even going so far as to recommend against opting into state plan coverage "due to the limited benefits."[31]

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| ID-22-0014 | September 28, 2022 | Most recent MMCP update; expanded passive enrollment to 3 additional counties. |
| ID-19-0020 | January 27, 2020 | Most recent Basic ABP update; added partial hospitalization services. |
| ID-19-0021 | January 27, 2020 | Most recent Enhanced ABP update; added partial hospitalization services. |
| ID-14-0009 | June 26, 2014 | Original MMCP ABP SPA. |
| ID-14-0005 | June 11, 2014 | Original Basic ABP SPA. |
| ID-14-0003 | June 4, 2014 | Original Enhanced ABP SPA. |

**Other Relevant Documents**

- Idaho Health Plan Booklet (last modified April 17, 2025)
- Archived Idaho Medicaid State Plan Benefit Options comparison chart (September 2014)

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[31] *See* Idaho Dep't of Health & Welfare, Idaho Medicaid State Plan Benefit Options 1 (Sept. 2014).

## Illinois

### Medicaid Expansion Status

Illinois expanded Medicaid in 2014.

### § 1115 Waiver Status

Illinois' currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Illinois operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Illinois does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Illinois' single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| IL-14-0041 | March 12, 2015 | Most recent ABP update; revised limitations on podiatric, dental, physical therapy (PT), OT, and speech therapy (ST) services. |
| IL-14-0013 | June 24, 2014 | Original expansion ABP SPA. |

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## Indiana

**Medicaid Expansion Status**
Indiana expanded Medicaid in 2015.

**§ 1115 Waiver Status**
Indiana operates its Medicaid expansion through an 1115 demonstration program called the "Healthy Indiana Plan" (HIP). The HIP 1115 demonstration existed pre-ACA (since at least 2008), but it was expanded in 2015 to facilitate expansion in Indiana.

**ABPs and Populations Served**
Indiana operates 2 ABPs, both of which serve different segments of the state's expansion population.

The Healthy Indiana Plan (HIP) Basic ABP is for individuals with incomes up to and inclusive of 100% FPL who do not make a contribution to their HIP Plus Personal Wellness and Responsibility (POWER) Account (essentially an HSA).

Individuals with incomes up to 133% FPL who **do** pay into their POWER Account have the option of enrolling in the HIP Plus ABP. But if they do not make their POWER Account payments, they default back to the Basic plan.

Neither ABP is aligned with the state plan. The primary difference between the 2 ABPs is that the Healthy Indiana Plan (HIP) Basic plan does not include vision or dental coverage, and it requires members to pay copays.

**"Medically Frail" Definition**
See below.

**Exceptions for Medically Frail**
Individuals determined medically frail who have income over 100% FPL are exempt from being disenrolled from coverage for premium nonpayment.[32] However, they are still required to pay copays and are still billed for monthly POWER Account contributions and will continue to accrue debt to the MCO. If a medically frail individual is disenrolled, they are not subject to the 6-month lockout period as long as they are determined to be medically frail during that period.

[32] *See* 405 IND. ADMIN. CODE 10-10-13(b).

Medically frail individuals were also exempted from Indiana's Gateway to Work program (a 2019 attempt at implementing work requirements).[33]

Indiana law also permits medically frail individuals to re-enroll in coverage at any point following a procedural disenrollment for failure to submit renewal paperwork, whereas non-medically frail individuals who lose coverage for this reason are not permitted to reapply for coverage for at least 6 months from the date of disenrollment.[34]

**Medically Frail Identification Process**

Indiana identifies medically frail individuals using a variety of mechanisms:

- SSA determination
- Responses on the addendum to the Medicaid application at initial enrollment (self-attestation)
- Self-report/request to be screened for medically frail status during the enrollment period
- A review of claims data accessed using the Milliman Underwriting Guidelines (MUGs) at redeterminations and other post-enrollment intervals

For applicants/enrollees who self-identify, the state undertakes the following process:

- State analyzes responses to addendum to identify individuals who might be medically frail / preliminary flag as medically frail
- Managed care entity (MCE) validates applicant data to confirm medically frail status (validation period is 30 days)
    - Confirmation may be accomplished through applicant interview/follow-up, health risk assessment, review of claims data, and/or physician medical attestation
    - The individual will be eligible for state plan services during this time
- MCE confirms medically frail status when A) the individual has a health condition that is listed on the medically frail condition listing and B) they meet the following point threshold using the MUGs:
    - -150 points for indicated medical conditions, or;
    - -75 points for indicated behavioral health conditions, or;
    - -75 points for indicated substance use-related conditions, or;
    - Needs assistance with at least 1 ADL.

[33] *See* 405 IND. ADMIN. CODE 10-12-3.

[34] *See* 405 IND. ADMIN. CODE 10-4-9.

An individual must have a "deficit" of at least 150 points, **plus** 1 of the specific listed medical conditions (see below) to be considered medically frail. Both conditions must be fulfilled for a determination of medical frailty. Even if an individual has 1 of the listed conditions, if they do not also have at least a 150-point deficit, they will not be considered medically frail.

The state uses Hepatitis C as an example:

- An individual who has a Hepatitis C diagnosis (a qualifying condition) but is not symptomatic and does not take medications will have a 50-point deficit and will not be considered medically frail.
- An individual who has a Hepatitis C diagnosis and has abnormal liver function will have a 150-point deficit and will be considered medically frail.
- An individual who has a Hepatitis C diagnosis and an associated condition like cirrhosis of the liver will have a 650-point deficit and will be considered medically frail.[35]

**Differences in Coverage for Medically Frail**

Individuals determined medically frail are not given the choice to opt into either the HIP Basic or the HIP Plus ABPs. They must enroll in the state plan. State plan coverage in Indiana is at least as generous as coverage through either ABP in all respects, and also offers additional benefits (*e.g.*, vision, dental, and chiropractic coverage).

However, individuals determined medically frail do have the choice between HIP State Plan Basic and HIP State Plan Plus coverage. HIP State Plan Plus members pay premiums in the form of an "affordable monthly contribution, based on their income." If they do not timely pay their "contribution," they will be moved to HIP State Plan Basic coverage. Enrollees in HIP State Plan Basic coverage are instead responsible for paying copays at the point of service.[36] According to the MHS Indiana website, HIP cost-sharing is currently paused (as of November 25, 2025).

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|

[35] *See* 405 IND. ADMIN. CODE 10-4-3, 10-6-1.

[36] *See* MHS Indiana, *Healthy Indiana Plan (HIP)*, https://www.mhsindiana.com/members/hip.html (last visited Nov. 25, 2025).

| | | |
|---|---|---|
| IN-22-0009 | March 2, 2023 | Most recent update to Healthy Indiana Plan Basic ABP; adds coverage for routine patient costs associated with participation in clinical trials and extends the prescription drug supply limit from 30 days to 90 days. |
| IN-22-0006 | February 24, 2023 | Most recent update to Healthy Indiana Plan Plus ABP; adds coverage for routine patient costs associated with participation in clinical trials. |
| IN-15-0002-MM2 | June 10, 2015 | Original HIP Basic ABP SPA. |
| IN-15-0002-MM3 | June 10, 2015 | Original HIP Plus ABP SPA. |

**Relevant § 1115 Documents**

- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- SUD/SMI Extension Request for HIP 2.0 (December 20, 2024)
- HIP 2.0 Fact Sheet (January 27, 2015)
- HIP Expansion (HIP 2.0) Approval (January 27, 2015)
- Healthy Indiana Plan Demonstration Application to Expand (July 2, 2014)
- 1115 Waiver – Healthy Indiana Plan Expansion Proposal (June 23, 2014)
- Healthy Indiana Plan Member Handbook (March 26, 2013)

**Other Relevant Documents**

- SB 2/P.L. 126 (enacted May 1, 2025; among other things, requires the state to seek federal approval to implement work requirements)
- Milliman Individual Underwriting Guidelines (IMUGs) overview
- Indiana Family & Soc. Servs. Admin.: Conditions That May Qualify You As Medically Frail
- MHS Indiana: A Guide to Understanding Medically Frail (PDF download)
- Gateway to Work handout (deprecated)
- Indiana Family & Soc. Servs. Admin.: POWER Accounts

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## Iowa

### Medicaid Expansion Status

Iowa expanded Medicaid in 2014.

### § 1115 Waiver Status

Iowa runs its Medicaid expansion through an 1115 demonstration waiver called the "Iowa Wellness Plan" (IWP or IHAWP). Iowa currently has a pending request to amend the IHAWP demonstration program to, among other changes, add work requirements.

### ABPs and Populations Served

Iowa currently operates 1 ABP, the Iowa Wellness Plan, which serves the expansion population. It is not aligned with the state plan.

Iowa originated its expansion with 2 ABPs: The Iowa Wellness Plan (mandatory enrollment for expansion individuals up to 100% FPL) and the Iowa Marketplace Choice Plan (which provided premium assistance to purchase a QHP on the Marketplace and was mandatory for enrollees with income from 101% to 138% FPL). In 2015, Iowa made enrollment in the Marketplace Choice Plan voluntary for higher-income expansion enrollees. In 2016, after both QHPs had left the Marketplace, Iowa began enrolling all expansion individuals in the Iowa Wellness Plan. The Marketplace Choice Plan still exists and language in the SPAs suggests that it will be revived if 2 or more QHPs join the Marketplace at some point.

### "Medically Frail" Definition

For ABP purposes, Iowa uses the definition of "medically frail" at 42 C.F.R. § 440.315(f). The term "medically exempt" is used in Iowa, but this paper will use the term "medically frail" for consistency.

### Exceptions for Medically Frail

Individuals determined medically frail are exempt from the Iowa Wellness Plan "incentive program," which requires enrollees to pay a monthly premium beginning in their 2nd year of coverage if they do not complete a wellness exam and a health risk assessment every year. They are also exempt from a similar premium structure in the Dental Wellness Plan. Medically frail enrollees are also exempt from the plan's waivers of NEMT, but they are **not** exempt from the waiver of retroactive eligibility.

Individuals who are determined medically frail ("medically exempt") will also be exempt from work requirements under the IWP/IHAWP.[37] However, these individuals will be subject to "compliance checks" every 6 months to confirm that they remain exempt.[38]

**Medically Frail Identification Process**

Iowa identifies medically frail individuals via referrals from providers/"other entities with a relationship" with the enrollee and self-attestation. Self-attestation is part of the single streamlined application, which asks whether applicants A) receive Social Security or B) have a physical, mental, or emotional health condition that causes limitations in ADLs. If the applicant answers "yes" to 1 or both questions, they will receive a questionnaire to assess their potential medically frail status. Responses on the questionnaire are calculated based on a weighted scoring algorithm to determine whether the individual meets medical frailty criteria. The individual can return the form at any time for a determination of their medically frail status.

Self-identification will be completed at enrollment and annual redetermination, but enrollees may self-identify as medically frail at any time by completing the questionnaire or contacting the Iowa Medicaid Enterprise for assistance in completing the questionnaire. Provider / entity referrals may also be made at any time.

**Differences in Coverage for Medically Frail**

State plan coverage is generally more robust than ABP coverage.[39]

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| IA-23-0011 | March 13, 2024 | Most recent ABP update; removes basic dental benefit package from ABP. |
| IA-14-0006 | April 3, 2014 | Original Iowa Marketplace Choice Plan ABP SPA. |
| IA-14-0004 | April 3, 2014 | Original Iowa Wellness Plan ABP SPA. |

[37] *See* IOWA CODE § 249N.4A (2025); *see also* Iowa Dep't of Health & Hum. Servs., Iowa Health and Wellness Plan Section 1115 Demonstration Amendment 8 (Jun. 6, 2025).
[38] *Id.* at 9.
[39] *See* Iowa Dep't of Hum. Servs., Iowa Health and Wellness Plan Medically Exempt Toolkit 9-12 (Feb. 2014).

**Relevant § 1115 Documents**

- IHAWP Temporary Extension Approval (August 29, 2025)
- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- Pending Amendment Application (June 6, 2025; seeks to add work requirements)
- Pending Request to Extend IHAWP Demonstration (July 9, 2024)

**Other Relevant Documents**

- SF 615 (enacted June 6, 2025; requires the state to seek federal approval to implement work requirements)
- Iowa Legislative Services Agency Medicaid Overview Presentation (January 22, 2025)
- KFF Medicaid Expansion in Iowa Fact Sheet (November 2015)
- Archived IHAWP Medically Exempt Toolkit (February 2014 – not available at the URL provided in the 1115 application)

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## Kansas

**Medicaid Expansion Status**

Kansas has not expanded Medicaid. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**

Kansas operates 2 ABPs: the Supports for Training and Employing People (STEPS) ABP and the Work Opportunities Reward Kansans (WORK) ABP. Neither ABP is aligned with the state plan; instead, they are designed to target specific Medicaid-eligible populations and provide additional services above and beyond the state plan.

The STEPS ABP targets individuals ages 16-64 in specific eligibility groups who have specified behavioral health primary diagnoses and:

- Who need support to live and work in the community, **and**
- Are on a waiting list for Kansas' I/DD, Physical Disability, or TBI HCBS waivers, **or**
- Are on 1 of those waivers and want to participate in STEPS **instead of** being on the waiver.

The specific STEPS eligibility groups are:

- SSI Beneficiaries
- Individuals Eligible for SSI / SSP but for OASDI COLA Increases Since April 1977
- Disabled Widows and Widowers Ineligible for SSI Due to Increase in OASDI
- Disabled Adult Children (DAC)
- Disabled Widows and Widowers Ineligible for SSI Due to Early Receipt of Social Security
- Work Incentives Eligibility Group

The WORK ABP targets individuals who are in the Ticket to Work Basic Group and the Ticket to Work Medical Improvements Group whose need for assistance is "similar to" an institutional level of care (LOC).

**"Medically Frail" Definition**

Both of Kansas' ABPs target people with disabilities and do not separately define or carve out medically frail.

**Medically Frail Identification Process**

Referrals for the STEPS and WORK programs are accepted from the individual and from "other entities." Individuals/entities can submit referrals at any time.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| KS-24-0030 | December 10, 2024 | Most recent STEPS ABP update; discontinues health homes. |
| KS-24-0029 | December 10, 2024 | Most recent WORK ABP update; discontinues health homes. |
| KS-23-0026 | December 14, 2023 | Original STEPS ABP SPA. |
| KS-14-0016 | October 27, 2014 | SPA changing WORK ABP from a Benchmark Benefit Plan to an ABP. |

**Other Relevant Documents**

- STEPS Referral Form (last updated September 16, 2025)
- STEPS Fast Facts
- WORK Program Landing Page
- WORK Fast Facts
- WORK Program Policy Manual (rev. January 1, 2025) (Word doc download)

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## Kentucky

**Medicaid Expansion Status**
Kentucky expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Kentucky has a pending request to implement work requirements through the Kentucky Section 1115 Community Engagement Demonstration program. The work requirements in Kentucky's proposal are different from H.R. 1 work requirements in that they would apply to "able-bodied adults without dependents" (ABAWDs) who have been enrolled in Kentucky's Medicaid program for more than 12 months.[40]

**ABPs and Populations Served**
Kentucky operates 2 ABPs: the "New Adult Group" ABP and the "Current Medicaid Eligibles" ABP. The New Adult Group ABP is mandatory for expansion enrollees, and the Current Medicaid Eligibles ABP is mandatory for some enrollees and voluntary for others. Both ABPs are aligned with the state plan.

**"Medically Frail" Definition**
Kentucky does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, both of Kentucky's ABPs are aligned with its state plan. For purposes of the pending 1115 waiver application, the term "medically frail" has not been given a definition.

**Exceptions for Medically Frail**
Although the pending 1115 waiver application does not use the term "medically frail," it exempts the following individuals from work requirements:

- Individuals under age 19 or over age 60;
- Individuals who are responsible for the care of a dependent child under age 18 or a dependent adult relative with a disability;
- Full-time students;
- Individuals with verified earned income;
- **Individuals with a diagnosed SUD or SMI;**
- Pregnant people;
- **Individuals with a chronic disease as determined by the Cabinet for Health and Family Services (CHFS);**

[40] *See* KY. REV. STAT. ANN. § 205.5371.

- **Individuals who are eligible for Medicaid based on their disability status or who have an SSA disability determination;**
- Individuals already participating in a compliant workforce participation program;
- Individuals who are unhoused or who were recently unhoused for up to 6 months after becoming housed;
- Individuals who are receiving unemployment insurance benefits;
- **Individuals who have an acute medical condition (physical and/or behavioral) that would prevent them from complying with the requirements;**
- Individuals experiencing domestic violence;
- Individuals who have recently been directly impacted by a catastrophic event (e.g., a natural disaster or the death of a family member who lived in the same household);
- Former foster youth up to age 26;
- Individuals residing in counties where the unemployment rate is greater than 150% of the national average; and
- Other good cause exceptions as approved by CHFS.

**Medically Frail Identification Process**

For purposes of the pending 1115 program, CHFS is developing a process for expansion enrollees to request exemption and to appeal if they are determined not to fall into an exemption category. Enrollees will be permitted to self-attest that they meet an exemption criterion and CHFS will verify their exemption status using existing information and available data (*e.g.*, claims data).

**Differences in Coverage for Medically Frail**

Kentucky's ABP is aligned with its Medicaid state plan. The pending 1115 demonstration would impact eligibility for coverage, but not the services available.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| KY-13-0020 | December 20, 2013 | KyHealth Choices – Current Medicaid Eligibles ABP SPA. |
| KY-13-0021 | December 20, 2013 | KyHealth Choices – New Adult Group ABP SPA. |
| KY-13-0024 | December 4, 2013 | Replaces original benchmark plans with a single ACA-compliant ABP. |

**Relevant § 1115 Documents**

- Section 1115 Community Engagement Demonstration Proposal (June 25, 2025)

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## Louisiana

### Medicaid Expansion Status

Louisiana expanded Medicaid in 2016.

### § 1115 Waiver Status

Louisiana's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Louisiana operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Louisiana does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Louisiana's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| LA-16-0005 | April 7, 2016 | Original expansion ABP SPA and most recent ABP update. |

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## Maine

### Medicaid Expansion Status

Maine expanded Medicaid in 2019.

### § 1115 Waiver Status

Maine's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Maine operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Maine does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Maine's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| ME-18-0031 | April 3, 2019 | Original expansion ABP SPA and most recent ABP update. |

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## Maryland

### Medicaid Expansion Status

Maryland expanded Medicaid in 2014.

### § 1115 Waiver Status

Maryland's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Maryland operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Maryland does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Maryland's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MD-18-0012 | November 28, 2018 | Most recent ABP update; added audiology prostheses service. |
| MD-13-0031 | February 7, 2014 | Original expansion ABP SPA. |

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## Massachusetts

**Medicaid Expansion Status**
Massachusetts expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Massachusetts' currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Massachusetts operates 2 different ABPs.

The **MassHealth Standard** ABP is aligned with the state plan and targets individuals in the following eligibility groups:

- Categorically eligible enrollees (pregnant people, children, parents / caretakers, people with disabilities);
- Individuals ages 21-64 living with HIV / AIDS;
- Individuals ages 21-64 determined "medically frail";
- Individuals ages 21-64 who have breast or cervical cancer;
- Individuals ages 21-64 who are receiving services from the Massachusetts Department of Mental Health or who are on a waitlist to receive such services;
- All expansion enrollees ages 19 and 20; and
- Former foster care children.

The **MassHealth CarePlus ABP** is not aligned with the state plan and serves all individuals ages 21-64 whose eligibility for Medicaid is based solely on being in the expansion population.

**"Medically Frail" Definition**
Massachusetts defines "medical frailty" as 1 or more of the following:

- A "disabling mental disorder" (including SED for children and SMI for adults);
- A "chronic SUD";
- A "serious and complex medical condition";
- A "physical, intellectual, or developmental disability that significantly impairs" the individual's "ability to perform one or more ADLs"; or

- A "disability determination based on Social Security criteria."[41]

The MassHealth Member Booklet also advises enrollees that they "may be medically frail" if they:

- Have a medical or mental health condition that limits their ability to work or go to school;
- Have an SUD;
- Need help with ADLs, like bathing or dressing;
- Regularly get medical care, personal care, or health services in their home or another community setting, like adult day care; or
- Are terminally ill.

**Medically Frail Identification Process**

Categorically-eligible Medicaid enrollees (children, pregnant people, parent/caretaker, or people with disabilities) are automatically enrolled in the Standard ABP. CarePlus ABP enrollees who later receive a disability determination from either the state or SSA become categorically eligible for Medicaid and are automatically transferred to the Standard ABP.

Enrollees who would otherwise be enrolled in the CarePlus ABP will be automatically enrolled in the Standard ABP if they meet the following criteria:

- Age 19 or 20; or
- Meet targeting criteria for the Standard ABP including, but not limited to, having breast or cervical cancer or living with HIV; or
- Referred from the Massachusetts Department of Mental Health (DMH) because they are receiving DMH services or on a waiting list for DMH services

For all other CarePlus enrollees, instructions for how to self-identify as medically frail are included with CarePlus eligibility notices, which are sent out at initial enrollment and all eligibility redeterminations. Instructions are also in the MassHealth member handbook (see below) and the CarePlus enrollment guide. Enrollees can self-identify as medically frail at any time.

[41] *See* 130 C.M.R. 505.008(F).

**Differences in Coverage for Medically Frail**

Enrollees determined medically frail who enroll in the MassHealth Standard Plan will have access to all state plan benefits. The primary distinction between the 2 plans seems to be that the CarePlus ABP does not cover any LTSS.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MA-25-0019 | September 18, 2025 | Most recent CarePlus ABP update; adds licensed mental health counselors (MHCs) and licensed marriage and family therapists (LMFTs) to the "other practitioners" service provider type. |
| MA-25-0018 | September 17, 2025 | Most recent Standard ABP update; same as above. |
| MA-23-0067 | February 9, 2024 | Most recent update to the Standard ABP containing discussion of medical frailty. |
| MA-23-0066 | February 9, 2024 | Most recent update to the CarePlus ABP containing discussion of medical frailty. |
| MA-14-0008 | November 13, 2014 | Original CarePlus ABP SPA. |
| MA-14-0007 | November 13, 2014 | Original Standard ABP SPA. |

**Other Relevant Documents**

- MassHealth Member Booklet (March 2025)
- MassHealth Enrollment Guide (January 2025)
- MassHealth Health Plan Enrollment or Change Form

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## Michigan

### Medicaid Expansion Status

Michigan expanded Medicaid in 2014.

### § 1115 Waiver Status

Michigan's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Michigan operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Michigan does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Michigan's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MI-24-1003 | December 17, 2024 | Most recent ABP update; adds coverage for targeted case management services for recuperative care. |
| MI-14-0001 | April 30, 2014 | Original expansion ABP SPA. |

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## Minnesota

### Medicaid Expansion Status

Minnesota expanded Medicaid in 2014.

### § 1115 Waiver Status

Minnesota's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Minnesota operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Minnesota does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Minnesota's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MN-17-0002 | May 26, 2017 | Most recent ABP update; updates benchmark plan name and reflects new waiver authority to enroll American Indians into managed care. |
| MN-13-0020 | December 30, 2013 | Original expansion ABP SPA. |

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## Mississippi

Mississippi has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Missouri

### Medicaid Expansion Status

Missouri expanded Medicaid in 2021.

### § 1115 Waiver Status

Missouri's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Missouri operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Missouri does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Missouri's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MO-24-0015 | December 13, 2024 | Most recent ABP update; adds doula services to the ABP. |
| MO-21-0031 | December 17, 2021 | Original expansion ABP SPA. |

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## Montana

**Medicaid Expansion Status**
Montana expanded Medicaid in 2016.

**§ 1115 Waiver Status**
Montana has a pending request to implement work requirements and cost-sharing through the Health and Economic Livelihood Partnership (HELP) 1115 demonstration. Monthly premiums will increase based on the length of time that an individual has been enrolled in Montana's Medicaid expansion.

**ABPs and Populations Served**
Montana operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
Montana does not promulgate a definition of "medically frail" in the relevant SPA, but the Health and Economic Livelihood Partnership (HELP) Act, which implemented the state's Medicaid expansion, uses the definition of "medically frail" at 42 C.F.R. § 440.315(f).[42]

For purposes of the pending 1115 waiver application, the term "medically frail" includes an individual who:

- Is "blind or disabled" (as defined in Section 1614 of the Social Security Act);
- Has an SUD;
- Has a "disabling mental disorder";
- Has a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more ADLs; or
- Has a "serious or complex medical condition."

**Exceptions for Medically Frail**
Individuals determined medically frail are exempt from the HELP Act's premium payment and "community engagement" requirements.[43]

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[42] *See* MONT. CODE ANN. § 53-6-1308(3)(a) (exempting people determined "medically frail" from the HELP Act's "community engagement" requirements); *see also* MONT. ADMIN. R. 37.84.102(8) (defining "medically frail").
[43] *See* MONT. ADMIN. R. 37.84.107 (premiums), 37.84.120 ("community engagement").

**Medically Frail Identification Process**

The HELP Act's implementing regulations provide that the state shall review claims data on a monthly basis to identify receipt of services including but not limited to personal care services, or a diagnosis of "severe and disabling mental or physical illness" to identify enrollees who may be exempt from premium and "community engagement" requirements.[44]

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| MT-18-0010 | May 3, 2018 | Most recent ABP update; permanently terminates HELP TPA ABP. |
| MT-18-0009 | May 2, 2018 | Adds expansion adults who were previously served by the HELP TPA program into the regular aligned ABP. |
| MT-15-0026 | March 28, 2016 | Implements expansion and creates ABP for individuals under 50% FPL, individuals determined medically frail, and individuals living in certain regions (including Tribal lands / reservations). |
| MT-15-0027 | March 28, 2016 | Implements expansion via the Montana Health and Economic Livelihood Partnership (HELP) Plan and provides EHBs arranged by a 3rd Party Administrator (TPA) for expansion adults with income between 51% and 138% FPL. |

**Relevant § 1115 Documents**

- Pending HELP Demonstration Application (September 3, 2025)

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[44] *See* MONT. ADMIN. R. 37.84.120(1)(a)(i)-(ii).

## Nebraska

### Medicaid Expansion Status

Nebraska expanded Medicaid in 2020.

### § 1115 Waiver Status

Nebraska's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Nebraska operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Nebraska does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Nebraska's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NE-24-0033 | August 26, 2025 | Most recent ABP update; adds "pre-natal plus" program to the ABP. |
| NE-23-0002 | May 11, 2023 | Consolidation of all existing ABPs into "Nebraska Alternative Benefit Plan" following expansion. |

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## Nevada

### Medicaid Expansion Status

Nevada expanded Medicaid in 2014.

### § 1115 Waiver Status

Nevada's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Nevada operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Nevada does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Nevada's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NV-23-0011 | August 3, 2023 | Most recent ABP update; adds "medication-assisted treatment" to the ABP. |
| NV-13-0029 | January 24, 2014 | Original expansion ABP SPA. |

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## New Hampshire

**Medicaid Expansion Status**
New Hampshire expanded Medicaid in 2014.

**§ 1115 Waiver Status**
New Hampshire's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
New Hampshire operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
New Hampshire adopted the definition of medical frailty at 42 C.F.R. § 440.315(f) for purposes of the "Granite Advantage Health Care Program," an 1115 demonstration project initiated in 2019 that sought to impose various Medicaid eligibility restrictions, including work requirements.[45]

**Note:** The state allowed the Granite Advantage 1115 demonstration to expire after its work requirements component was struck down by a federal court. CMS also withdrew all of the authorities it had originally granted for the Granite Advantage program (except waiving retroactive eligibility) several years before the program's natural expiration. Nonetheless, New Hampshire has retained the statutes and regulations that were utilized in the initial implementation of the program.

**Exceptions for Medically Frail**
Individuals determined medically frail are exempt from the Granite Advantage program's work and cost-sharing requirements.[46]

**Medically Frail Identification Process**
The Granite Advantage program requires periodic certification by a medical professional of an enrollee's continuing status as medically frail for purposes of exemption from work

[45] *See* N.H. REV. STAT. ANN. § 126-AA:2 (2025); *see also* N.H. CODE ADMIN. R. ANN. HE-W 837.01 (2024).
[46] *See* N.H. CODE ADMIN. R. ANN. HE-W 837.03 (2024).

requirements and cost-sharing and annual completion of a specific release form to permit the state to gather relevant information pertaining to the medical frailty certification.[47]

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NH-25-0005 | June 17, 2025 | Most recent ABP update; adds coverage for targeted case management for "eligible juveniles." |
| NH-18-0007 | October 31, 2018 | Aligned ABP with state plan and moved expansion enrollees into managed care. |
| NH-14-0005 | June 30, 2014 | Original expansion ABP SPA. |

**Relevant § 1115 Documents**

- Letter from CMS to New Hampshire re: expiration of Granite Advantage demonstration (December 14, 2023)
- Letter from CMS to New Hampshire withdrawing authorities previously granted for Granite Advantage demonstration (March 17, 2021)
- Letter from CMS to New Hampshire re: review of Granite Advantage demonstration (February 12, 2021)

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[47] *See* N.H. CODE ADMIN. R. ANN. HE-W 837.03, 837.04 (2024).

## New Jersey

### Medicaid Expansion Status

New Jersey expanded Medicaid in 2014.

### § 1115 Waiver Status

New Jersey's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and /or access to care on a medical frailty determination.

### ABPs and Populations Served

New Jersey operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

New Jersey does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, New Jersey's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NJ-22-0008 | April 15, 2022 | Most recent ABP update; adds coverage for routine patient costs associated with participation in clinical trials. |
| NJ-13-0028 | March 21, 2014 | Original expansion ABP SPA. |

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## New Mexico

### Medicaid Expansion Status

New Mexico expanded Medicaid in 2014.

### § 1115 Waiver Status

New Mexico's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

New Mexico operates 1 ABP, which serves the state's expansion population. It is not aligned with the state plan.

### "Medically Frail" Definition

New Mexico requires that enrollees have 1 of the conditions listed below to be considered medically frail:

- AIDS
- ALS
- Angina pectoris
- Arteriosclerosis obliterans
- Artificial heart valve
- Ascites
- Blindness
- Cancer (currently diagnosed/in treatment or within 5 years of diagnosis /treatment)
- Cardiomyopathy
- Chronic SUD (as further described in state policy)
- Cirrhosis of the liver
- Compromised immune system
- Coronary insufficiency
- Coronary occlusion
- Crohn's disease
- Cystic fibrosis
- Dermatomayositis
- Insulin dependent diabetes
- Disability (defined as "a physical, intellectual or developmental disability that significantly impairs the ability to perform one or more ADLs")
- Friedreich's disease
- Hemophilia
- Hepatitis C (active)
- HIV
- Hodgkin's disease
- Huntington's chorea
- Hydrocephalus
- Intermittent claudication
- Juvenile diabetes
- Kidney failure
- Lead poisoning with cerebral involvement
- Leukemia
- Lupus erythematosus disseminate
- Malignant tumor (if occurred/was treated within the last 5 years)
- Metastatic cancer
- Motor or sensory aphasia
- Multiple or Disseminated Sclerosis

- Muscular atrophy or dystrophy
- Myasthenia gravis
- Myotonia
- Open heart surgery (history of)
- Organ transplant (history of)
- Paraplegia or quadriplegia
- Parkinson's disease
- Peripheral arteriosclerosis (if treated within the last 3 years)
- Polyarthritis (periarteritis nodosa)
- Polycystic kidneys
- Posterolateral sclerosis
- Renal failure
- SMI
- Sickle cell anemia
- Silicosis
- Splenic anemia (true Banti's Syndrome)
- Still's disease
- Stroke (history of)
- Syringomyelia
- Tabes dorsalis (locomotor ataxia)
- Terminal illness requiring hospice care
- Thalassemia (Cooley's or Mediterranean Anemia)
- Topectomy and lobotomy (history of)
- Wilson's disease

**Medically Frail Identification Process**

Individuals who are potentially medically frail are identified via self-attestation and/or reports from the MCO.

Eligibility notices sent out to applicants/enrollees will contain information about ABP exemption criteria and the exemption process. For managed care enrollees who wish to self-identify, the MCO will facilitate self-attestation. After the MCO receives the exemption request, they will evaluate the enrollee based on the criteria at 42 C.F.R. § 440.315(f) and any additional state criteria, provide benefits counseling, and facilitate voluntary enrollment in the state plan. Upon enrolling with an MCO, the MCO will send the enrollee a notice about the ABP exemption criteria and process, after which the enrollee may initiate the process of being assessed for an exemption.

The MCO will also identify potentially medically frail enrollees via the mandatory Health Risk Assessment (HRA) that MCOs complete with all new enrollees. Instructions for self-attestation will be included with eligibility notices. For enrollees who are identified as potentially medically frail through the HRA, the MCO will complete a Comprehensive Needs Assessment (CNA) to evaluate the enrollee's physical and behavioral health needs, LTSS needs, and "disease management" needs.[48]

[48] *See* N.M. CODE R. § 8.308.12.7(H) (2024).

### Differences in Coverage for Medically Frail

"ABP Exempt" enrollees (a designation including medically frail enrollees) do not have access to some of the preventative and other additional services in the ABP. However, they are also not subject to many of the limitations on amount, scope, duration, and frequency of services to which non-exempt enrollees are subject.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NM-23-0018A | March 26, 2025 | Most recent ABP update; adds chiropractic services to the ABP. |
| NM-13-0030 | June 12, 2014 | Original expansion ABP SPA. |

### Other Relevant Documents

- TurquoiseCare/N.M. Health Care Auth. Health Risk Assessment (rev'd July 2024)
- TurquoiseCare/N.M. Health Care Auth. Comprehensive Needs Assessment (rev'd July 2024)
- N.M. Human Servs. Dep't P&P Manual: ABP Medically Frail and ABP Exempt (January 2019)
- 3rd-Party Assessor (TPA) Comagine Health New Mexico Medicaid Checklist ABP Exemption (November 2017)

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## New York

### Medicaid Expansion Status

New York expanded Medicaid in 2014.

### § 1115 Waiver Status

New York's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

New York operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

New York does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, New York's single ABP is aligned with its state plan.

### Differences in Coverage for Medically Frail

Chiropractic services are not covered under the New York state plan, meaning that medically frail enrollees who opt into the state plan will not have coverage for chiropractic services.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NY-22-0042 | September 12, 2022 | Most recent ABP update; adds coverage for routine patient costs associated with participation in clinical trials. |
| NY-13-0060 | June 5, 2014 | Original expansion ABP SPA. |

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## North Carolina

**Medicaid Expansion Status**

North Carolina expanded Medicaid in 2023.

**§ 1115 Waiver Status**

North Carolina's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**

North Carolina operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**

North Carolina does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, North Carolina's single ABP is aligned with its state plan.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| NC-23-0029 | November 14, 2023 | Original expansion ABP SPA and most recent ABP SPA. |

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## North Dakota

**Medicaid Expansion Status**
North Dakota expanded Medicaid in 2014.

**§ 1115 Waiver Status**
North Dakota does not currently operate any § 1115 waivers.

**ABPs and Populations Served**
North Dakota operates 2 ABPs. One is aligned and serves expansion adults ages 19 and 20. The other is not aligned and serves expansion adults between the ages of 21 and 64.

**"Medically Frail" Definition**
North Dakota regulations define a "medically frail" individual as one who is expansion-eligible and who has been determined to be medically frail, which may include any of the following characteristics:

- Serious or complex medical conditions
- Disabling mental disorders
- Chronic SUD; or
- Physical, intellectual, or developmental disability that significantly impairs the ability to perform one or more ADLs.[49]

The Medically Frail Questionnaire (see below) goes more in-depth and includes a disability determination from SSA as a criterion.

**Medically Frail Identification Process**
Enrollees will be notified of their option to identify themselves as medically frail when they are determined eligible for expansion coverage. Enrollees who seek a medically frail determination will complete a questionnaire, which the state will use to determine whether the enrollee meets a "minimum threshold." If the enrollee meets this threshold, they must then seek additional documentation from a physician, nurse practitioner, or physician assistant regarding their health status and any prescription medications they take. This documentation will be submitted to the state office for a final determination of medical frailty. *See also* N.D. ADMIN. CODE 75-02-02.1-14.1 (2022).

[49] *See* N.D. ADMIN. CODE 75-02-02.1-14.1.

While self-identification is the primary method of identifying enrollees who may be medically frail, the state will review claims data in situations where the self-identification is "questionable."

**Differences in Coverage for Medically Frail**

Individuals determined medically frail have access to the following LTSS that are not otherwise available under the non-aligned ABP:

- Personal care services
- NF services – basic care (personal care only, **not** room and board)
- ICF/ID services
- Dental office visits
- Eye exam office visits

Nursing facility/swing bed services are available under both the state plan and the aligned ABP, but they are subject to limitations under the ABP that do not apply under the state plan.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| ND-25-0014 | July 8, 2025 | Most recent update to aligned ABP; update to services to maintain alignment. |
| ND-24-0001 | June 9, 2025 | Most recent update to non-aligned ABP; removed references to WHODAS scores from 1915(i) language. |
| ND-22-0002-B | December 29, 2022 | Added aligned "carve-out" ABP for expansion adults ages 19 and 20. |
| ND-14-0008 | December 29, 2014 | Original expansion ABP SPA (non-aligned). |

**Other Relevant Documents**

- N.D. Dep't of Health and Hum. Servs. Medically Frail Questionnaire (rev'd 2024)

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## Northern Mariana Islands (CNMI)

**Medicaid Expansion Status**

Medicaid does not operate in CNMI in an expanded vs. non-expanded manner. Instead, eligibility is based on SSI requirements. All CNMI residents receiving SSI cash payments are eligible for Medicaid by just filing an application. CNMI Medicaid also covers residents who meet or can spend down to 150% of the income and resource standards for SSI (with standard exemptions and deductions).

**§ 1115 Waiver Status**

CNMI does not operate any § 1115 waivers.

**ABPs and Populations Served**

CNMI does not operate any ABPs.

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## Ohio

**Medicaid Expansion Status**
Ohio expanded Medicaid in 2014.

**§ 1115 Waiver Status**
Ohio has a pending 1115 demonstration request to implement work requirements through the Group VIII 1115 Demonstration Waiver.

**ABPs and Populations Served**
Ohio operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
For ABP purposes, Ohio does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Ohio's single ABP is aligned with its state plan.

The pending 1115 demonstration application does not explicitly exempt people determined "medically frail," nor does the Ohio statute mandating the submission of such application.[50] Instead, the demonstration (if approved) would require expansion enrollees meet at least 1 of the following criteria in order to remain expansion eligible:

1. Be at least 55 years of age;
2. Be employed;
3. Be enrolled in school or an occupational training program;
4. **Be participating in an alcohol and drug addiction treatment program**; or
5. **Have intensive physical health care needs or serious mental illness.**

Notably, the demonstration application is not clear on whether individuals in these categories will be "exempt," or whether they will be considered to have met a basic eligibility criterion for continued enrollment. Both potential approaches seem to be referenced interchangeably.

**Exceptions for Medically Frail**
See above.

**Medically Frail Identification Process**
Ohio proposes to use data matching to determine whether an individual meets the basic eligibility requirements for expansion enrollment under the new demonstration (including

[50] *See* OHIO REV. CODE ANN. § 4166.37(A) (2023).

participating in a SUD treatment program or having "intensive" physical health care needs or an SMI). If data matching cannot be completed using Ohio's eligibility and enrollment system, then the state will conduct data matching through a 3rd-party data vendor. In such cases, individuals will then be required to either confirm or dispute the data from the 3rd-party vendor.

**Differences in Coverage for Medically Frail**

Ohio's ABP is aligned with its Medicaid state plan. The only difference is that the ABP removes limitations on certain behavioral health services on which the state plan does impose limitations.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| OH-25-0007 | June 18, 2025 | Most recent ABP update; replaces list of targeted case management groups that were accidentally deleted. |
| OH-13-0032 | December 16, 2013 | Original expansion ABP SPA. |

**Relevant § 1115 Documents**

- Pending Group VIII 1115 Demonstration Waiver Application (February 28, 2025)

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## Oklahoma

**Medicaid Expansion Status**
Oklahoma expanded Medicaid in 2021.

**§ 1115 Waiver Status**
Oklahoma's currently-operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination. However, Oklahoma did try to introduce work requirements in 2018 (pre-expansion) via an amendment to the Oklahoma SoonerCare 1115 demonstration program. That amendment application was never approved nor formally withdrawn, and it remains pending.

**ABPs and Populations Served**
Oklahoma operates 1 aligned ABP, which serves its expansion population.

**"Medically Frail" Definition**
Oklahoma does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Oklahoma's single ABP is aligned with its state plan.

The pending 1115 amendment application does not explicitly exempt people determined "medically frail" from its work requirements. The following categories of individuals (among others) are exempt:

1. Individuals who are "medically certified as physically or mentally unfit for work";
2. Individuals who are participating in a "drug addiction or alcohol treatment and rehabilitation program"; or
3. Individuals who have a disability under either the Americans with Disabilities Act (ADA) **and** Section 504 of the Rehabilitation Act of 1973 ("Rehab Act"), **or** Section 1557 of the ACA.

**Exceptions for Medically Frail**
Under the pending work requirements amendment, exempt individuals are not required to report work/"community engagement" activities. Individuals meeting the ADA/Section 504/Section 1557 definitions of disability have the option for "voluntary reporting if that is their preference."[51]

[51] *See* Okla. Health Care Auth., SoonerCare 1115(a) Research and Demonstration Waiver Amendment Request 9 (Dec. 7, 2018).

**Medically Frail Identification Process**

Under the pending work requirements amendment, individuals seeking an exemption would be required to submit a form to formally request one from the state (see Attachment D of the 1115 demonstration application linked below).

**Differences in Coverage for Medically Frail**

Although the ABP and the state plan are aligned, the ABP covers additional habilitative and comprehensive preventive services that the state plan does not cover; as such, medically frail individuals opting into state plan coverage would not have access to those additional benefits.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| OK-25-0003 | June 16, 2025 | Most recent ABP update; reduces "choice period" from 60 days to 30 days and clarifies that enrollees in the "SoonerPlan" family planning program are excluded from the ABP and "SoonerSelect." |
| OK-21-0002 | December 4, 2020 | Original expansion ABP SPA. |

**Relevant § 1115 Documents**

- Pending Oklahoma SoonerCare Community Engagement Amendment Application (December 10, 2018)

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## Oregon

### Medicaid Expansion Status

Oregon expanded Medicaid in 2014.

### § 1115 Waiver Status

Oregon's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Oregon operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Oregon does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Oregon's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| OR-24-0014 | July 22, 2024 | Most recent ABP update; makes updates to align the ABP with the state plan. |
| OR-13-0019-ABP | January 9, 2014 | Original expansion ABP SPA. |

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## Pennsylvania

**Medicaid Expansion Status**
Pennsylvania expanded Medicaid in 2015.

**§ 1115 Waiver Status**
Pennsylvania's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
Pennsylvania's expansion had a complicated beginning, originating with a § 1115 waiver (the Healthy Pennsylvania demonstration) and 2 ABPs (the Private Coverage Option and the Healthy Plus Benefit Plan). The expansion was streamlined in 2015 and 2016 under a new governor. The Healthy Pennsylvania demonstration was terminated, and Pennsylvania now operates 1 ABP, the Healthy Benefit Plan (also called the Adult Benefit Package ABP), which serves the state's expansion population. The ABP is aligned with the state plan.

**"Medically Frail" Definition**
Pennsylvania does not currently promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Pennsylvania's ABP is aligned with its state plan.

Per the Healthy Pennsylvania 1115 demonstration application, individuals were considered medically frail if they had "a condition based upon one or more of the following":

- A "disabling mental disorder," meaning a diagnosis of at least one of the following;
  - Psychotic disorder;
  - Schizophrenia;
  - Schizoaffective disorder;
  - Major depression;
  - Bipolar disorder;
  - Delusional disorder; or
  - Anxiety disorder (*e.g.*, OCD, PTSD, or severe panic disorder)
- An active chronic SUD, meaning an SUD diagnosis;
- A serious and complex medical condition, meaning the individual meets at least one of the following conditions;
  - Receiving chemotherapy or radiation therapy or cancer; or
  - Enrolled in hospice; or
  - A resident of an LTC facility or a public / private ICF; or
  - Has any of the following diagnoses / conditions:

        - Hemophilia;
        - Gaucher's disease;
        - Immune deficiency;
        - HIV / AIDS;
        - Sickle cell;
        - Cystic fibrosis; or
        - History of lung, heart, liver, pancreas, or small bowel transplant; or
        - Ventilator dependence;
        - Receives dialysis treatment; or
        - Has 2 or more inpatient admissions in the last 12 months, and
            - Has 3 or more ER visits in 6 months; and
            - Takes 4 or more prescription medications per month
- A physical, intellectual, or developmental disability that significantly impairs their functioning, meaning they exhibit either of the following; or
    - Intellectual disability
        - "Significantly subnormal general intellectual functioning based on standardized testing (IQ)"
        - "Significantly subnormal adaptive functioning based on standardized testing"
        - Originated before the 22nd birthday
    - Developmental disability
        - Autism spectrum disorder: The individual has an autism diagnosis and meets an institutional level of care (LOC) (ICF / ORC). **Note:** The ICF LOC requires functional deficits in addition to the diagnosis.
- A determination of disability based on Social Security Administration criteria.

**Exceptions for Medically Frail**

Individuals determined medically frail would not have been subject to cost-sharing obligations and participation in the "Encouraging Employment" program, as was required of other expansion enrollees under the proposed Healthy Pennsylvania 1115 program.

**Medically Frail Identification Process**

Before Pennsylvania's expansion was streamlined, the state had different procedures for identifying medically frail enrollees at different times:

- **At initial application:** Expansion enrollees were to be given the option to complete a health screen, which would be reviewed by the "clinical validation team" in the Pennsylvania Department of Human Services (DHS). Individuals determined medically

frail following the results of the health screen were given the option to enroll in the Healthy Plus Benefit Plan (not aligned) or the Healthy Benefit Plan (aligned).

- **Post-enrollment / outside of annual redetermination:**
  - **Self-attestation:** Private Coverage Option and Healthy Benefit Plan enrollees could "raise their hand" at any time by either calling the DHS call center or their local county office. DHS would then send the enrollee a copy of the health screen for the individual to complete (it did not need to be signed off on by a medical professional). The clinical validation team would then review the health screen, and possibly claims data.
  - **Department review:** DHS reviewed claims data 3 times per year against the Chronic Illness and Disability Payment System (CDPS) and Medicaid Rx scoring tool developed by UC San Diego.
- **Annual renewal:** Based on claims data and health screen.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| PA-15-0016 | November 19, 2015 | Original Healthy Benefit Plan / Adult Benefit Package ABP following streamlining of Pennsylvania's expansion and most recent ABP update. |

**Relevant § 1115 Documents**

- Healthy Pennsylvania 1115 Demonstration Application (February 2014)

**Other Relevant Documents**

- KFF Fact Sheet on MedEx in Pennsylvania (August 2015)
- Press Release: Medicaid Expansion Timeline (ARCHIVED) (March 9, 2015)

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## Puerto Rico

### Medicaid Expansion Status

Puerto Rico expanded Medicaid in 2014.

### § 1115 Waiver Status

Puerto Rico does not currently operate any § 1115 waivers.

### ABPs and Populations Served

Puerto Rico operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Puerto Rico does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Puerto Rico's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| PR-24-0007 | December 6, 2024 | Most recent ABP update; aligns home health, DME, hospice, and NEMT under the ABP with the same services as provided under the state plan. |
| PR-14-0001 | November 21, 2014 | Original expansion ABP SPA. |

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## Rhode Island

### Medicaid Expansion Status

Rhode Island expanded Medicaid in 2014.

### § 1115 Waiver Status

Rhode Island's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Rhode Island operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Rhode Island does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Rhode Island's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| RI-13-0028 | February 12, 2014 | Original expansion ABP SPA and most recent ABP update. |

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## South Carolina

**Medicaid Expansion Status**
South Carolina has not expanded Medicaid.

**§ 1115 Waiver Status**
Although South Carolina has not expanded Medicaid, the state has a pending 1115 demonstration request to impose work requirements on parents and caretaker relatives up to 100% FPL including disregards through the "Palmetto Pathways to Independence" demonstration program.

South Carolina attempted to impose work requirements on the same population in 2019 with the twin "Palmetto Pathways to Independence" (which applied to South Carolina's traditional parent/caretaker relative eligibility group, with an income cap of 67% FPL including disregards) and "Healthy Connections Works" (which expanded parent/caretaker relative eligibility to 100% FPL including disregards) 1115 demonstrations. CMS withdrew the community engagement authorities for the Palmetto Pathways to Independence and Healthy Connections Works programs over the state's objections in 2021.

**ABPs and Populations Served**
South Carolina does not operate any ABPs.

**"Medically Frail" Definition**
See below.

**Exceptions for Medically Frail**
The Palmetto Pathways to Independence proposal does not contain any exemptions for people who are medically frail and/or people with disabilities. In the state's view, because the proposed version of Palmetto Pathways to Independence is "designed to be a targeted benefit to support working families," there is no need for exemptions.[52]

The previous iteration of Palmetto Pathways to Independence would have explicitly excluded from work requirements, among others, the following groups:

- Individuals with disabilities, including individuals who have a medical condition that would prevent them from "participation" in the demonstration;

[52] *See* S.C. Dep't of Health & Hum. Servs., Community Engagement Section 1115 Demonstration Waiver Application 18-19 (Jun. 23, 2025).

- Individuals receiving SSDI or SSI;
- Individuals participating in a Medicaid-funded treatment program for "alcohol or substance abuse addiction, including opioid addiction";
- Individuals receiving cancer treatment, including those receiving treatment through Medicaid's Breast and Cervical Cancer Program; and
- Individuals who the South Carolina Department of Health and Human Services (SCDHHS) determines exempt on a case-specific basis, which can include people with "medically complex conditions that require multidisciplinary specialized care or would otherwise be precluded from employment or community engagement activities due to their health status."

The Healthy Connections Works program did not have any exclusions/exemptions for people who are medically frail and/or people with disabilities.

**Relevant § 1115 Documents**

- Pending Application: Palmetto Pathways to Independence (June 23, 2025)
- Letter from SCDHHS to CMS objecting to withdrawal of community engagement authorities for the Healthy Connections Works and Palmetto Pathways to Independence programs (September 14, 2021)
- Letter from CMS to SCDHHS rescinding community engagement authorities for the Healthy Connections Works program (August 10, 2021)
- Letter from CMS to SCDHHS rescinding community engagement authorities for the Palmetto Pathways to Independence program (August 10, 2021)
- Letter from SCDHHS to CMS re: CMS review of Healthy Connections Works and Palmetto Pathways to Independence programs (March 11, 2021)
- Letter from CMS to SCDHHS re: review of Healthy Connections Works program (February 12, 2021)
- Letter from CMS to SCDHHS re: review of Palmetto Pathways to Independence program (February 12, 2021)
- Original Palmetto Pathways to Independence Application (May 8, 2019)
- Healthy Connections Works Application (May 8, 2019)

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## South Dakota

### Medicaid Expansion Status

South Dakota expanded Medicaid in 2023.

### § 1115 Waiver Status

South Dakota's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

South Dakota operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

South Dakota does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, South Dakota's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| SD-25-0013 | August 14, 2025 | Most recent ABP update, adds doula care to the ABP. |
| SD-23-0001 | May 23, 2023 | Original expansion ABP SPA. |

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## Tennessee

Tennessee has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Texas

Texas has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Utah

**Medicaid Expansion Status**
Utah expanded Medicaid in 2020.

**§ 1115 Waiver Status**
In 2002, Utah implemented the Primary Care Network (PCN) § 1115 demonstration program to cover parents and caretaker relatives who were categorically or medically needy, providing them a reduced benefit package and imposing increased cost-sharing. Utah then initiated a very limited expansion by which the state covered a maximum of 25,000 uninsured adults (including parents, caretaker relatives, childless adults, and high-risk pregnant people) ages 19 to 65 with family incomes of up to 150% FPL, providing them a limited package of preventive and primary care services.

In April 2019, in an attempt to skirt popular demand for a full Medicaid expansion, Utah expanded the PCN program to cover, in addition to the previous eligibility groups, childless adults and non-custodial parents with incomes up to 100% FPL (including disregards) and parents/caretaker relatives with income above the parent/caretaker relative state plan level but at or below 100% FPL (including disregards). In August 2019, still trying to avoid implementing the full expansion for which people had voted, Utah attempted to implement an expansion that included a per capita cap (the Utah Per Capita Cap (PCC) 1115 Demonstration). CMS did not approve the PCC demonstration. Finally, in November 2019, Utah submitted an application for a "Fallback Plan" amendment to the PCN demonstration, which would have sought to expand Medicaid eligibility to the traditional expansion population, but would have also imposed an enrollment cap (along with other eligibility and enrollment restrictions as described below) on this population.

CMS approved parts of the Fallback Plan waiver in December 2019, finally implementing ACA expansion in Utah. CMS granted authority for some of the restrictions on eligibility and enrollment and on service utilization that the state had requested (such as work requirements) but denied authority for others (such as enrollment caps, premium payments, and penalties for "non-emergent" use of the emergency department). No corresponding state plan amendment was ever filed.

The state submitted an amendment request to add work requirements to what is now the Utah Medicaid Reform 1115 Demonstration program shortly after H.R. 1 was enacted, but it withdrew the request in September 2025.

**ABPs and Populations Served**

Utah does not operate an ABP, having obtained a waiver of ABP requirements in order to avoid furnishing NEMT to enrollees who would otherwise be entitled to it. Instead, Utah enrolls expansion adults in state plan Medicaid.

**"Medically Frail" Definition**

For purposes of the PCN/Fallback Plan § 1115 demonstration, Utah used the definition of medically frail at 42 C.F.R. § 440.315(f).[53]

**Exceptions for Medically Frail**

The 2019 PCN/Fallback Plan amendment request sought to exempt enrollees identified as medically frail from the following restrictions/limitations:

- Payment of premiums;
- $10 surcharge and other program restrictions for "inappropriate"/non-emergent use of the emergency department; and
- Work requirements.

No similar restrictions (and therefore no similar exemptions) were included in the PCC demonstration application.

When CMS approved the PCN/Fallback Plan program amendment, it did not approve authorities to charge premiums and penalize enrollees for "inappropriate" emergency department usage. So, there was no need to develop exemptions to those requirements. As for work requirements, the demonstration exempted, among other groups, the following populations:

- Enrollees who are "physically or mentally unable to meet the requirements," per the determination of a medical professional or documentation from other data sources; and
- Enrollees who are regularly participating in a SUD treatment program, including intensive outpatient treatment.

The July 2025 request to implement work requirements would have exempted, among other groups, the following populations:

[53] *See also* UTAH ADMIN. CODE r. 414-312-2 (2022).

- Enrollees who are "physically or mentally unable to meet the requirements" (no requirement for a medical professional's determination this time);
- Enrollees who are regularly participating in a SUD treatment program, including intensive outpatient treatment; and
- Veterans with a "rated" disability.

**Medically Frail Identification Process**

For purposes of the July 2025 request to amend the Utah Medicaid Reform 1115 Demonstration and add work requirements, the state provided that expansion enrollees subject to work requirements would have been able to "claim an exemption" at any time, and that the state would have used data matching to verify exemptions before requesting information from applicants or enrollees (as required by federal law). The 2019 PCN/Fallback Plan demonstration request did not include any mechanisms for identifying medically frail enrollees.

**Differences in Coverage for Medically Frail**

Expansion adults who are identified as medically frail **and have** a dependent child have the option to stay in state plan coverage or enroll in the "Non-Traditional Benefit Package," which includes all state plan services plus (subject to limitations) hospital services, vision care, physical therapy, occupational therapy, speech/hearing services, medical supplies and medical equipment, organ transplants, emergency transportation, and dental services in certain excepted cases.

The waiver application is not clear on whether expansion adults who are identified as medically frail but **who do not have** a dependent child in the home will get the same choice, or whether they will only have access to state plan coverage.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| UT-19-0002 | August 27, 2019 | Permits hospital presumptive eligibility (HPE) determinations to be conducted for expansion adults. |

**Relevant § 1115 Documents**

- Utah Medicaid Reform 1115 Demonstration Amendment Request (July 3, 2025)
- Utah Primary Care Network 1115 Demonstration Amendment Approval (December 13, 2019)

- Utah Primary Care Network 1115 Demonstration Amendment Request (November 1, 2019)
- Utah Per Capita Cap 1115 Demonstration Request (July 31, 2019)

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## Vermont

### Medicaid Expansion Status

Vermont expanded Medicaid in 2014.

### § 1115 Waiver Status

Vermont's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Vermont operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Vermont does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Vermont's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| VT-25-0003 | June 17, 2025 | Most recent ABP update; proposes coverage limit for physician services and PT/OT/ST. |
| VT-13-0029 | February 6, 2014 | Original expansion ABP SPA. |

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## Virginia

**Medicaid Expansion Status**

Virginia began enrolling people in its Medicaid expansion in November 2018 for coverage effective January 1, 2019.

**§ 1115 Waiver Status**

Virginia's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**

Virginia operates 2 ABPs. One serves the state's expansion population, and the other ("Medicaid Works") serves its Medicaid Buy-In population. Both are aligned with the state plan.

**"Medically Frail" Definition**

For ABP purposes, Virginia does not promulgate a definition of "medically frail" in the relevant SPAs, nor in state law or regulation; that said, both ABPs are aligned with the state plan.

**Exceptions for Medically Frail**

During the process of implementing Medicaid expansion, Virginia considered adding work requirements through the "Training, Education, Employment, and Opportunity Program" (TEEOP). TEEOP would have exempted individuals determined to be medically frail, although no definition of the term was given in the legislative history.[54]

In November 2018, Virginia also proposed to impose TEEOP requirements, as well as premiums and cost-sharing, on its expansion population through the "Virginia Creating Opportunities for Medicaid Participants to Achieve Self-Sufficiency" (COMPASS) § 1115 demonstration. COMPASS would have excluded, among others, the following populations from TEEOP requirements:

- Individuals with blindness or a disability, including individuals who:
  - Are enrolled in a 1915(c) waiver;
  - Meet the ADA, Section 504, or Section 1557 definition(s) of "disability" and are unable to comply with the TEEOP requirements for disability-related reasons; or
  - Receive SSI, SSDI, or state-based disability payments
- Medically frail individuals, including:

[54] *See* VA. CODE ANN. § 32.1-323 (West 2025) hist. n. (TEEOP).

  - "An individual who is medically frail or has special medical needs," which includes, but is not limited to:
    - Individuals with "disabling mental disorders";
    - Individuals with "chronic SUD";
    - Individuals with "serious and complex medical conditions";
    - Individuals with a "physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more ADLs"; and
    - Individuals with an SSA disability determination
  - Individuals who are found to be "medically complex" and who are enrolled in a Commonwealth Coordinated Care (CCC) Plus Medicaid managed care plan;
  - Individuals participating in a SUD treatment program or a state-certified drug court program;
  - Individuals with an SUD diagnosis;
  - Individuals who are "physically or mentally unable to work";
  - Individuals living with HIV/AIDS;
  - Individuals who are "chronically homeless" (meaning they are residing in a place "not meant for human habitation," a shelter, a "safe haven," or "the streets");
  - Individuals who were incarcerated within the past 12 months;
  - Other individuals whom the state has determined to be medically frail due to "serious and complex medical conditions or special medical needs"; and
  - Individuals receiving LTSS
- Individuals who have "acute medical conditions that a medical professional validates" would prevent them from complying with TEEOP requirements;
- Individuals residing in institutions; and
- Individuals with an SMI or a "disabling mental disorder."

The COMPASS program also would have permitted "hardship" or "good cause" exemptions to, among others, the following populations:

- Individuals who are hospitalized or who experience a "serious illness";
- Individuals who are "temporarily incapacitated"; and
- Individuals who have a "provider attestation" that they are unable to meet TEEOP requirements on a short-term basis.

Virginia ultimately did not impose work requirements on its Medicaid expansion.

**Medically Frail Identification Process**

The COMPASS application suggested that Virginia would have identified "medically frail"/exempt individuals in several ways:

- Adding voluntary questions to the single streamlined application;
- Data matching;
- Creating a screening tool to be administered by managed care plans, eligibility workers, and health care providers; and
- Accepting self-attestation and verifying a sample of self-attested exemptions to confirm accuracy ("integrity audits").

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| VA-22-0013 | April 21, 2022 | Most recent Medicaid Buy-In ABP update; added Routine Patient Cost for Qualifying Clinical Trials service. |
| VA-22-0012 | April 21, 2022 | Most recent expansion ABP update; same as above. |
| VA-18-0008 | September 19, 2018 | Original expansion ABP SPA. |
| VA-14-0008 | October 31, 2014 | Bringing Medicaid Buy-In ABP in line with ACA requirements. |

**Relevant § 1115 Documents**

- Letter from Virginia Department of Medical Assistance Services (DMAS) withdrawing COMPASS demonstration request (July 1, 2020)
- Virginia COMPASS 1115 Demonstration Application (November 20, 2018)

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## U.S. Virgin Islands

### Medicaid Expansion Status

The U.S. Virgin Islands expanded Medicaid in 2015.

### § 1115 Waiver Status

The U.S. Virgin Islands does not operate any § 1115 waivers.

### ABPs and Populations Served

The U.S. Virgin Islands operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

The U.S. Virgin Islands does not promulgate a definition of "medically frail" in the relevant SPA, nor in law or regulation. However, its single ABP is aligned with the state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| VI-15-0002 | May 28, 2015 | Original expansion ABP SPA and most recent ABP update. |

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## Washington

### Medicaid Expansion Status

Washington expanded Medicaid in 2014.

### § 1115 Waiver Status

Washington's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

### ABPs and Populations Served

Washington operates 1 aligned ABP, which serves its expansion population.

### "Medically Frail" Definition

Washington does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, Washington's single ABP is aligned with its state plan.

### Relevant State Plan Amendments

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| WA-25-0008 | July 2, 2025 | Most recent ABP update; aligns the ABP with the state plan in several areas. |
| WA-14-0009 | May 13, 2014 | Original expansion ABP SPA. |

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## West Virginia

**Medicaid Expansion Status**
West Virginia expanded Medicaid in 2014.

**§ 1115 Waiver Status**
West Virginia's single currently operational § 1115 waiver does not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

**ABPs and Populations Served**
West Virginia operates 1 ABP, which serves its expansion population. The ABP is not aligned with the state plan.

**"Medically Frail" Definition**
See below.

**Medically Frail Identification Process**
West Virginia identifies potentially medically frail applicants during the application process by their answer to the following question: **"Do[es the applicant] have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?"** An affirmative answer triggers a "Medical Frailty Notice" to be provided with their eligibility determination notice. The Medical Frailty Notice will inform the applicant of their right to choose between the ABP and the state plan, and the eligibility determination notice will advise them of the process for disenrolling from the ABP. They will also receive a form that must be submitted to initiate their disenrollment from the ABP.

Even if the applicant answers the screening question in the negative, they will still receive a copy of their "Rights and Responsibilities," which includes information on the medical frailty determination process. Enrollees also receive a copy of the "Rights and Responsibilities" any time they visit a county office, at their annual redeterminations, and any time their eligibility changes. The West Virginia "Your Guide to Medicaid" document also contains information about the medical frailty determination. Eligibility workers and representatives from the fiscal intermediary should also be able to assist enrollees with identifying as medically frail.

Enrollees can self-identify with their doctor, an eligibility worker, or a representative from the fiscal intermediary at any time during their eligibility period as falling into 1 of the following categories:

- Having a chronic SUD;
- Having a "serious and complex medical condition"; or
- Having a physical, behavioral, intellectual, or developmental "disorder."

No matter when a present enrollee self-identifies as medically frail, they will be provided with a form to complete to facilitate their disenrollment from the ABP. All requests to disenroll from the ABP are required to be submitted in writing.

**Differences in Coverage for Medically Frail**

The ABP SPAs and the 2025 "Your Guide to Medicaid" document provide different information about the differences between ABP coverage and state plan coverage. The most recent ABP discussing the difference is from 2021, so it is possible that the state has made changes to coverage limitations between 2021 and 2025 and just not submitted an updated SPA. Both sets of information will be included here for the sake of comprehensiveness.

Per the 2025 "Your Guide to Medicaid," all services provided through the expansion ABP are the same as state plan services, except for the following differences:

- Chiropractic services
  - State plan: 20 visits per year; PA required for more (limit combines chiropractic, PT, and OT)
  - ABP: 24 visits per year
    - **NOTE:** The West Virginia Medicaid policy manual provides that enrollees can get up to 6 more visits with PA
- Nursing facility services
  - State plan: Covered
  - ABP: Not covered
- PT/OT:
  - State plan: 20 visits per year (combined PT and OT); PA required for more
  - ABP: 20 visits per year (combined habilitative/rehabilitative and combined PT and OT)
    - **NOTE:** The West Virginia Medicaid policy manual provides that enrollees can get up to 10 more visits with PA
- Speech therapy
  - State plan: Covered without limitation
  - ABP: 20 visits per year (combined habilitative/rehabilitative)
- Home health
  - State plan: 60 visits per year; PA required for more
  - ABP: 100 visits per year

- Personal care
    - State plan: Covered without limitation
    - ABP: Not covered

Per the 2021 SPA (WV-21-0008-A), the ABP closely tracks with state plan coverage, with a few key differences in amount, scope, and duration of coverage:

- PT/OT
    - State plan: Limit of 20 combined visits per year; PA required for more
    - ABP: Limit of 30 combined visits per year; PA required for more
- Home health:
    - State plan: Limit of 60 visits per year; PA required for more
    - ABP: Limit of 100 visits per year; PA required for more
- Personal care and institutionally-based LTSS (*i.e.*, services furnished in an NF or an ICF)
    - State plan: Covered
    - ABP: Not covered

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| WV-24-0006 | October 30, 2024 | Most recent ABP update; amends dental coverage limits. |
| WV-13-0009 | March 27, 2014 | Original expansion ABP SPA. |

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## Wisconsin

**Medicaid Expansion Status**
Wisconsin operates a "look-alike" or "partial" Medicaid expansion.

**§ 1115 Waiver Status**
Wisconsin serves its "expansion" population, consisting of "non-pregnant, non-disabled, non-elderly childless adults" (including non-custodial parents and parents who have children age 19 or older living with them) with income up to 100% FPL (95% plus disregards), through the BadgerCare Reform 2.0 Section 1115 Demonstration. Separately, the BadgerCare Reform 2.0 demonstration also serves Former Foster Care Youth from outside of Wisconsin, and individuals with a SUD diagnosis in need of residential or inpatient treatment.

**ABPs and Populations Served**
Wisconsin has 1 ABP, which serves children with Title IV-E adoption assistance, foster care, or guardianship care, and children with non-IV-E adoption assistance (the "Care4Kids" program). Care4Kids/the ABP is limited to 6 counties in southeastern Wisconsin (primarily within the Milwaukee metro area). Because the ABP only serves children, all ABP enrollees are entitled to EPSDT services.

**"Medically Frail" Definition**
The BadgerCare 2.0 demonstration does not appear to contemplate enrollment by people who could be determined medically frail. Neither the 1115 documents nor relevant provisions of Wisconsin law discuss this population at all, with a single exception.[55] For the Care4Kids program, Wisconsin does not promulgate a definition of "medically frail" in the relevant SPA, nor in state law or regulation. However, the Care4Kids program ABP is aligned with the state plan.

**Exceptions for Medically Frail**
The BadgerCare 2.0 demonstration does not appear to contemplate enrollment by people who could be determined medically frail, so no exceptions/exemptions other than from the requirement to maintain a health savings account are promulgated.

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[55] *See, e.g.*, WIS. STAT. ANN. §§ 49.45(23), (23b) (no exemptions for 1115 demonstration population from community engagement requirements and other eligibility restrictions), *but see* WIS. STAT. ANN. § 49.45(60) (exempts "elderly" people, blind people, people with disabilities, and children from requirement to maintain a health savings account).

**Medically Frail Identification Process**

The BadgerCare 2.0 demonstration does not appear to contemplate enrollment by people who could be determined medically frail and therefore does not maintain any process for identifying these individuals.

Care4Kids does not include procedures for opting out of the ABP and into the state plan on the basis of medical frailty. However, since the ABP provides all EPSDT services plus additional care coordination services, it is technically aligned with the state plan, so no voluntary opt-out procedure or associated identification procedures are necessary.

Parents are advised of their right not to have their child in the Care4Kids program at the time the child is removed from the home, and at regular intervals thereafter. However, this is not the same as voluntary enrollment in the ABP/opting into the state plan for people determined medically frail. Instead, should a parent choose to disenroll their child from the ABP, the child just will not be in the Care4Kids program. It does not appear that disenrolling from the Care4Kids program would affect the child's possible eligibility for Medicaid/CHIP as part of another enrollment group.

Even though parents have the right to disenroll their child from Care4Kids, the state notes that the Wisconsin Department of Children and Families (DCF) may seek a court order permitting enrollment of the child into the Care4Kids program.

**Relevant State Plan Amendments**

| SPA ID Number | Approval Date | Brief Summary |
|---|---|---|
| WI-24-0029 | March 14, 2025 | Most recent ABP update; added coverage non-routine ACIP-recommended vaccinations to "Care4Kids" ABP. |
| WI-13-0034 | April 18, 2014 | Original ABP SPA for "Care4Kids" Program. |

**Relevant § 1115 Documents**

- June 25 Monitoring Redesign Overlay Letter (June 25, 2025)
- BadgerCare Reform 2.0 1115 Demonstration Extension Approval (October 29, 2024)

**Other Relevant Documents**

- Wisc. Dep't of Health Servs., Care4Kids Program Landing Page (rev. October 15, 2025)

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## Wyoming

Wyoming has not expanded Medicaid and does not operate any ABPs. The state's currently operational § 1115 waivers do not base eligibility and enrollment, access to services, or exemption from practices restricting eligibility for Medicaid and/or access to care on a medical frailty determination.

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## Quick Reference

**Expansion States/Territories with a Single Aligned ABP**

- Alaska
- Arizona
- California
- Colorado
- Connecticut
- Delaware
- D.C.
- Hawaii
- Illinois
- Louisiana
- Maine
- Maryland
- Michigan
- Minnesota
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New York
- North Carolina
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Dakota
- Vermont
- U.S. Virgin Islands
- Washington

**Expansion States/Territories with No Aligned ABPs**

| State | Number of ABPs | Populations Served | Aligned? | Medically Frail Definition | Medically Frail ID Method |
|---|---|---|---|---|---|
| Arkansas | 1 | Expansion. | No. | No definition. The determination is based on whether the applicant / enrollee identifies themselves as "blind, disabled, or need[ing] help with daily activities." | Self-attestation. |
| Guam | 1 | Expansion. | No. | CFR definition. | Completion of "Medically Frail Certification" form with provider certification. |

| | | | | | |
|---|---|---|---|---|---|
| Iowa | 1 | Expansion. | No. | CFR definition. | Self-attestation and referrals from providers or "other entities with a relationship" with the applicant / enrollee. |
| New Mexico | 1 | Expansion. | No. | CFR definition plus 1 from a list of diagnoses. | Self-attestation and MCO reports. |
| West Virginia | 1 | Expansion. | No. | Similar definition to CFR, but broader and simpler. | Self-attestation, but must be submitted in writing. |
| Indiana | 2 | Both ABPs serve different segments of the expansion population. | Neither ABP is aligned. | Detailed rubric and point system. | • SSA determination;<br>• Self-attestation at application;<br>• Request to be screened during enrollment period; or<br>• Review of claims data. |
| Idaho | 3 | Two of Idaho's ABPs serve the expansion population, in addition to others. | No ABPs are aligned. | CFR definition. | Self-attestation. |

**Expansion States/Territories with Aligned and Un-Aligned ABPs**

| State | Number of ABPs | Populations Served | Aligned? | Medically Frail Definition | Medically Frail ID Method |
|---|---|---|---|---|---|
| Massachusetts | 2 | Aligned ABP: Serves all expansion enrollees ages 19-20 and medically frail expansion enrollees ages 21 and up.<br><br>Non-aligned ABP: Serves all non-medically frail expansion enrollees between ages 21 and up. | 1 aligned, 1 not. | State regulation tracking the CFR definition. | Self-attestation. |
| North Dakota | 2 | Aligned ABP: Serves all expansion enrollees ages 19-20 and medically frail expansion enrollees | 1 aligned, 1 not. | State regulation closely reflecting the CFR definition. | Self-attestation, then state reviews to see if a specific threshold has been met. If it has, then the individual must provide additional documentation from a medical provider. Claims |

| | | | | | |
|---|---|---|---|---|---|
| | | ages 21 and up.<br><br>Non-aligned ABP: Serves all non-medically frail expansion enrollees between ages 21 and up. | | | data is also reviewed in "questionable" cases. |

**Expansion States/Territories with Multiple Aligned ABPs**

| State | Number of ABPs | Populations Served | Aligned? | Medically Frail Definition | Medically Frail ID Method |
|---|---|---|---|---|---|
| Kentucky | 2 | One serves the expansion population; the other serves groups that were categorically Medicaid-eligible prior to expansion. | Both ABPs are aligned. | N/A | N/A |
| Virginia | 2 | One serves the expansion population, the other serves the Medicaid | Both ABPs are aligned. | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| | | Buy-In population. | | | |

**Non-Expansion States/Territories with ABPs**

| State | Number of ABPs | Populations Served | Aligned? | Medically Frail Definition | Medically Frail ID Method |
|---|---|---|---|---|---|
| Kansas | 2 | People with disabilities who are interested in employment and need LTSS. | No. | N/A | N/A |
| Wisconsin | 1 | Milwaukee-area children in out-of-home care. | No. | N/A | N/A |

**States with Pending 1115 Demonstration Requests for Work Requirements**

| State | Date Submitted | Target Population | Current Status | Who is Exempt? | How Are Exemptions Identified? |
|---|---|---|---|---|---|
| Arizona | March 2025 | Expansion population. | Pending | No definition yet. | Individuals can self-attest or the state can identify exempt individuals using claims data. |
| Arkansas | March 2025 | Expansion population. | Pending | No one. | N/A |
| Georgia | April 2025 | Expansion population. | A temporary extension request was approved in | Georgia Pathways only offers short-term | N/A |

| | | | | | |
|---|---|---|---|---|---|
| | | | September 2025. | exemptions for "good cause." | |
| Iowa | June 2025 | Expansion population. | Pending | CFR definition. | No clear process has been outlined yet. |
| Kentucky | June 2025 | Expansion population. | Pending | Specific categories of individuals with disabilities or other health care needs. | Individuals can self-attest, but the state will use claims data to verify. |
| Ohio | February 2025 | Expansion population. | Pending | Specific categories of individuals with disabilities or other health care needs. | Review of claims data / other data matching. |
| Oklahoma | December 2018 (pre-expansion) | Certain non-exempt enrollees between the ages of 19 and 50. | Pending | Specific categories of individuals with disabilities or other health care needs. | Individuals must submit a specific form to request an exemption. |
| Montana | September 2025 | Expansion population. | Pending | CFR definition. | Review of claims data / other data matching. |
| South Carolina | June 2025 | Parents and caretaker relatives. | Pending | No one. | N/A |

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