

## Medicaid COVID-19 PHE Waivers & Flexibilities – 1115 Waivers

Type	Form	State	Form of Approval	COVID-19 Section 1115 Authorities Approved	Effective Date*
§1115 Demonstration	Individual Waiver	Arizona	Amendment	Expenditure authority to cover routine Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) dental services and EPSDT dental services authorized prior to a beneficiary turning age 21 for those beneficiaries who turned 21 on or after March 1, 2020, and through 60 days after the termination of the COVID-19 PHE and who remain Medicaid eligible.	03/01/2020
§1115 Demonstration	Individual Waiver	California	Technical Update to Special Terms and Conditions (STCs)	Expenditure authority to provide COVID-19 testing for children covered under Medicaid and CHIP exclusively through the fee for-service (FFS) delivery system when testing occurs in schools, effective February 1, 2021.	02/01/2021
§1115 Demonstration	Individual Waiver	California	Technical Update to Special Terms and Conditions (STCs)	Expenditure authority to reimburse for vaccine administration for all covered Medi-Cal populations exclusively through the fee-for-service (FFS) delivery system, and carved out from all managed care contracts	11/02/2020
§1115 Demonstration	Individual Waiver	California	Technical Update to Special Terms and Conditions (STCs)	STC Update - Drug Medi-Cal Organized Delivery Systems (DMC-ODS) Modifications: Modification to the settings in which services may be provided to include locations recognized by the state as temporary extensions of qualified residential settings where covered rehabilitative services may be provided; Suspend the minimal clinical service hour and disallowance requirements for intensive outpatient and residential SUD treatment, as long as care is consistent with the individual care plan.	03/01/2020
§1115 Demonstration	Individual Waiver	California	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/28/2022

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Type	Form	State	Form of Approval	COVID-19 Section 1115 Authorities Approved	Effective Date*
§1115 Demonstration	Individual Waiver	Colorado	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	02/18/2022
§1115 Demonstration	Individual Waiver	Delaware	Amendment	Expenditure authority for retainer payments to providers of personal care services and services provided in adult day health settings using the rehabilitative services benefit as defined under section 1905(a) of the Social Security Act.	03/01/2020
§1115 Demonstration	Individual Waiver	District of Columbia	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	03/21/2022
§1115 Demonstration	Individual Waiver	Georgia	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/18/2022

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§1115 Demonstration	Individual Waiver	Hawaii	New PHE Demonstration	<p>Expenditure authority for the state to make retainer payments to providers of personal care services and habilitation that include personal care as a component as defined under section 1915(i) of the Social Security Act.</p> <p>Expenditure authority to allow the state to modify the deadline for conducting initial evaluations of eligibility at 42 C.F.R. §441.715(d) and initial assessments of need to establish a care plan at 42 C.F.R. §441.720(a) for the 1915(i)-like home and community-based services (HCBS) waiver services.</p> <p>Expenditure authority to allowing the state to modify the deadline for initial and annual level of care determinations required for the 1915(c) and 1915(c)-like HCBS waiver services.</p> <p>Expenditure authority for the state to not comply with the HCBS settings requirement at 42 CFR 441.710(a)(1)(vi)(D) that individuals are able to have visitors of their choosing at any time for all HCBS in the state to minimize the spread of infection during the COVID-19 pandemic.</p>	03/01/2020
§1115 Demonstration	Individual Waiver	Hawaii	Amendment	<p>Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.</p>	12/20/2021
§1115 Demonstration	Individual Waiver	Idaho	Amendment	<p>Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.</p>	03/11/2022

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§1115 Demonstration	Individual Waiver	Illinois	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	02/04/2022
§1115 Demonstration	Individual Waiver	Indiana	Amendment	Expenditure authority to allow the state and its managed care organizations to vary reimbursement rates for physician and ancillary services in the Healthy Indiana Plan in comparison to other Medicaid managed care programs to maintain capacity during the COVID PHE. This expenditure authority is effective January 1, 2021 and applies for the full duration of rating periods that begin or end during the COVID-19 PHE and up to six months post COVID PHE but will not extend beyond December 31, 2023. The authority would exempt, when necessary, the state from compliance with the current requirements in 42 CFR 438.4(b)(1).	01/01/2021
§1115 Demonstration	Individual Waiver	Iowa	Amendment	Continuous Coverage for Individuals Aging Out of CHIP. Medicaid Expenditure authority to provide continued eligibility for CHIP enrollees who turned 19 between January 6, 2021 and July 31, 2021 (and therefore lost eligibility for CHIP due to age) and who are otherwise ineligible for Medicaid due to income above 133 percent of the federal poverty level (FPL).	01/06/2021
§1115 Demonstration	Individual Waiver	Iowa	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	02/04/2022
§1115 Demonstration	Individual Waiver	Massachusetts	New PHE Demonstration	Expenditure authority for 1905(a) long-term services and supports for individuals even if services are not timely updated in the plan of care, or are delivered in allowable alternative settings for the period of the public health emergency.  Expenditure authority for the state to make retainer payments for dates of service beginning in the month of July 2020 and ending after 30 consecutive days to providers of adult day health and day habilitation services (that include a personal care component) provided under 1905(a)(13) of the Social Security Act to maintain capacity during the emergency.	03/01/2020

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§1115 Demonstration	Individual Waiver	Massachusetts	Technical Update to Special Terms and Conditions (STCs)	Allows the state to carry forward limited Statewide Investment expenditure authority associated with Delivery System Reform Incentive Payment (DSRIP) for one additional year, and shifts authority among three Statewide Investment expenditure authority streams to reflect changes in program demand.	08/06/2020
§1115 Demonstration	Individual Waiver	Massachusetts	Technical Update to Special Terms and Conditions (STCs)	Provides state with alternate approaches for calculating the quality accountability scores in efforts to address COVID-19 pandemic impacts to quality reporting and scoring, as well as encourage continued provider participation in the Delivery System Reform Incentive Payment (DSRIP) program.	11/25/2020
§1115 Demonstration	Individual Waiver	Massachusetts	Technical Update to Special Terms and Conditions (STCs)	Technical corrections to “Attachment E” that include corrections to non-federal share amounts identified for some Safety Net Care Pool Payments for State Fiscal Years (SFY) 2020, 2021, and 2022, including the SFY 2021 and 2022 non-federal shares for the Special Population State-Owned Non-Acute Hospitals Operated by the Department of Public Health. The changes were among the revisions CMS approved on May 20, 2020, where MassHealth was permitted to change distribution of funding in order to respond to the COVID-19 pandemic with no change to the level of total funding allowed under the Safety Net Care Pool.	03/24/2021

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§1115 Demonstration	Individual Waiver	Michigan	Demonstration Amendment	<p>Expenditure authority to allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for LTSS.</p> <p>Expenditure authority for 1905(a) LTSS services for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings for the period of the public health emergency.</p> <p>Expenditure authority for the state to pay higher rates for 1915(i)-like HCBS providers for 1915(i)-like HCBS services provided in accordance with Section 1902(a)(30)(A) in order to maintain capacity to address the needs of individuals who require Medicaid services during the PHE</p> <p>Expenditure authority to allow the state to temporarily reduce or delay the need for states to conduct functional assessments to determine LOC for beneficiaries needing 1915(i)-like services</p> <p>Expenditure authority to allow payment for Personal care, Community living, behavioral and communication supports (e.g., services to promote activities of daily living and instrumental activities of daily living), not otherwise provided in that setting, to support individuals in an acute care hospital or short-term institutional setting, when MDHHS identifies that no other alternatives are available, and an institution or hospital is the only setting that service may be offered to meet an individual's health and safety needs. Services provided will not be duplicative of hospital or short-term institutional services provided in those settings.</p> <p>Expenditure authority to allow for modification of the person-centered planning process.</p>	03/01/2020
§1115 Demonstration	Individual Waiver	Michigan	Amendment	<p>Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.</p>	02/04/2022

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Type	Form	State	Form of Approval	COVID-19 Section 1115 Authorities Approved	Effective Date*
§1115 Demonstration	Individual Waiver	Mississippi	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/18/2022
§1115 Demonstration	Individual Waiver	Nebraska	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/18/2022
§1115 Demonstration	Individual Waiver	Nevada	New PHE Demonstration	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	04/14/2022
§1115 Demonstration	Individual Waiver	New Hampshire	New PHE Demonstration	Expenditure authority for the state to make retainer payments to providers of personal care services and habilitation services that include personal care as a component as defined under section 1905(a) of the Social Security Act to maintain capacity during the emergency.	03/01/2020

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§1115 Demonstration	Individual Waiver	New York	Amendment	<p>Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.</p>	01/18/2022
§1115 Demonstration	Individual Waiver	North Carolina	New PHE Demonstration	<p>Expenditure Authority to allow for self-attestation or alternative verification of individuals’ eligibility (income/assets) and level of care (LOC) to qualify for 1905(a) and 1915(b)(3) LTSS services.</p> <p>Expenditure authority for 1905(a) or 1915(b)(3) LTSS services for individuals even if services are not timely updated in the plan of care, or are delivered in allowable alternative settings for the period of the PHE.</p> <p>Expenditure authority for the state to make retainer payments to providers that provide personal care services and habilitation services that include personal care as component as defined under section 1905(a) or 1915(b)(3) of the Social Security Act to maintain capacity during the emergency.</p> <p>Expenditure authority for the state to modify eligibility criteria for LTSS that are no more restrictive than the criteria prior to March 1, 2020.</p> <p>Expenditure authority to temporarily reduce or delay the need for states to conduct functional assessments to determine LOC and Person-Centered Care Plans for beneficiaries needing 1915(c), 1905(a) or 1915(b)(3) LTSS services.</p>	03/01/2020

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Type	Form	State	Form of Approval	COVID-19 Section 1115 Authorities Approved	Effective Date*
§1115 Demonstration	Individual Waiver	North Dakota	New PHE Demonstration	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	05/19/2022
§1115 Demonstration	Individual Waiver	Oregon	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	02/04/2022
§1115 Demonstration	Individual Waiver	Pennsylvania	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/28/2022
§1115 Demonstration	Individual Waiver	Rhode Island	New PHE Demonstration	Expenditure authority for the state to make retainer payments to providers of personal care services and services provided in adult day health settings using the rehabilitative services benefit as defined under section 1905(a) of the Social Security Act to maintain capacity during the emergency.	03/01/2020

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§1115 Demonstration	Individual Waiver	Rhode Island	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/18/2022
§1115 Demonstration	Individual Waiver	Tennessee	Amendment	<p>Expenditure authority for all additional funding provided pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2), including services delivered to affected beneficiaries in excess of current cost limits, outside the scope of current services, and/or in excess of service limitations. This expenditure authority will allow for one-time increase in expenditure caps for specified benefit groups in the CHOICES and Employment and Community First (ECF) CHOICES programs, which provide LTSS (including HCBS) to older adults and people with physical or intellectual disabilities. These increases are not intended to provide for additional benefits, but rather to accommodate targeted rate increases in CHOICES and ECF CHOICES that have a direct care component as provided in Tennessee’s conditionally approved Initial HCBS Spending Plan.</p> <p>The state will also add enabling technology as a new benefit for specified benefit groups in the CHOICES and Employment and Community First (ECF) CHOICES programs. Enabling technology is equipment and/or methodologies that, alone or in combination with associated technologies, provides the means to support the individual’s increased independence in their homes, communities, and workplaces. The service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required by the person to increase, maintain or improve his/her functional capacity to perform daily tasks that would not be possible otherwise.</p>	07/01/2021
§1115 Demonstration	Individual Waiver	Tennessee	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/28/2022

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§1115 Demonstration	Individual Waiver	Texas	Amendment	<p>Expenditure authority for inpatient hospital stays related to COVID-19 to extend the 30-day spell of illness limitation described in the state plan for an additional 30 days, to allow a Medicaid beneficiary to stay up to 60 days in a hospital.</p> <p>Expenditure authority to allow Medicaid beneficiaries to exceed the \$200,000 inpatient hospital benefit limitation for COVID-19 related stays.</p>	03/01/2020
§1115 Demonstration	Individual Waiver	Utah	Conforming Technical Update to 1135 Disaster SPA	Expands coverage to certain adults who are eligible for the COVID-19 optional testing group. Provides coverage of testing to diagnose or detect SARS-CoV-2, antibodies to SARS-CoV-2, or COVID-19, consistent with the state’s Medicaid disaster SPA. These changes are retroactive to March 1, 2020 and will be in effect through the end of the current public health emergency.	03/01/2020
§1115 Demonstration	Individual Waiver	Utah	Amendment	Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state’s contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.	01/18/2022
§1115 Demonstration	Individual Waiver	Vermont	Technical Update to Special Terms and Conditions (STCs)	Temporarily halts premiums charged to enrolled families with income above 175 percent of the FPL. This approval of the revised STC attachment will began immediately until 60 days after the public health emergency concludes.	06/08/2020
§1115 Demonstration	Individual Waiver	Vermont	Amendment	<p>Modified the application of 42 CFR 438.406(b) during periods of PHEs and adding subsection (e) to STC 24 as follows:</p> <p>STC 24(e): During periods of a public health emergency (PHE), as declared by the Secretary of Health and Human Services as a result of a Presidential declaration under the Stafford Act, the non-risk PIHP (DVHA) is not required to offer in person opportunities for beneficiaries to present evidence and testimony and make legal and factual arguments as described in 42 CFR 438.406(b)(4). However, the non-risk PIHP (DVHA) must provide enrollees reasonable opportunity, in writing, telephonically, and video or virtual communication, to present evidence and testimony and make legal factual arguments.</p>	03/01/2020

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§1115 Demonstration	Individual Waiver	Washington	New PHE Demonstration	<p>Expenditure authority to allow for self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care (LOC) to qualify for 1915(k) LTSS services.</p> <p>Expenditure authority for 1915(k) LTSS services for individuals even if services are not timely updated in the plan of care, or are delivered in allowable alternative settings for the period of the public health emergency.</p> <p>Expenditure authority for the state to pay higher rates to 1915(k) HCBS providers for 1915(k) HCBS services provided in accordance with Section 1902(a)(30)(A) in order to maintain capacity to ensure an adequate pool of providers to address the needs of the individuals who require Medicaid services during the PHE.</p> <p>Expenditure authority for the state to make retainer payments to providers of personal care services and habilitation services that include personal care as a component as a component as defined under section 1915(k) of the Social Security Act to maintain capacity during the emergency.</p> <p>Expenditure authority for the state to modify eligibility criteria for LTSS that are no more restrictive than the criteria prior to March 1, 2020.</p> <p>Expenditure authority to temporarily reduce or delay the need for states to conduct functional assessments to determine LOC and Person-Centered Care Plans for beneficiaries needing 1915(c) and 1915(k) LTSS services (provided that the functional assessment otherwise complies with the regulatory requirements under 42 CFR 441.720).</p>	03/01/2020
§1115 Demonstration	Individual Waiver	West Virginia	Amendment	<p>Expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in 42 CFR § 438.6(b)(1), until the end of the PHE.</p>	02/04/2022

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§1115 Demonstration	Individual Waiver	Wisconsin	Amendment	Expenditure authority, to the extent necessary, for state payments to providers for the administration of a COVID-19 vaccine for the limited-benefit population enrolled in the Wisconsin SeniorCare section 1115 demonstration.	12/14/2020

\*Section 1115 Demonstration authority can be used by states during emergency situations. States had the option to request §1115 demonstrations early as March 1, 2020, the effective date of the national emergency declared by the President. The December 2020 State Health Official letter stipulates that the termination date for certain §1115 demonstration flexibilities will be no later than 60 days after the expiration of the PHE.