

Medicaid Coverage Waivers

Section 1115 demonstrations permit states to waive certain Medicaid statutory requirements to advance state policy priorities and test innovations in their Medicaid programs, provided the Secretary of Health and Human Services determines that the demonstration “furthers the goals of the Medicaid program” and is budget neutral. States have used 1115 waiver authority to implement demonstrations ranging from Medicaid managed care programs to delivery system and payment reform initiatives. In recent years, states have leveraged 1115 waivers to modify features of Medicaid coverage for the expansion population under the Affordable Care Act (ACA) as well as traditional Medicaid populations.

The Trump Administration is encouraging states to pursue flexibility in administering their Medicaid programs through 1115 demonstrations that modify eligibility requirements and benefit design. In January 2018, the Centers for Medicare and Medicaid Services (CMS) released long-anticipated guidance on crafting and implementing a work and community engagement requirement as a condition of Medicaid eligibility. Following the release of the guidance, CMS approved 1115 waivers from Arkansas, Indiana, Kentucky, and New Hampshire, the first four waivers to permit such requirements in the Medicaid program, and on June 1, 2018, Arkansas became the first state to launch its work and community engagement requirement. The future of work and community engagement requirements is in question after a U.S. District Court judge issued a ruling in *Stewart v. Azar* in late June that invalidated HHS’s approval of Kentucky’s Medicaid waiver for failing to consider how the waiver furthered the goals of the Medicaid program. In August, Medicaid beneficiaries in Arkansas filed a lawsuit challenging HHS’s approval of that State’s Medicaid waiver to implement work and community engagement requirements.

The Trump Administration has also recently begun to establish some guardrails on the changes to Medicaid that it will permit through 1115 waivers. In recent months, CMS has denied Kansas’s request to impose lifetime Medicaid enrollment limits and Massachusetts’s request to waive Section 1927 to implement a closed prescription drug formulary, while continuing to receive the rebates required by federal law. Additionally, CMS has stated it will not approve Arkansas’s or Massachusetts’s request to implement partial expansion—in which it would reduce its Medicaid eligibility level to 100 percent of the federal poverty level, while continuing to receive the enhanced federal medical assistance percentage authorized under the ACA—“at this time.” The Administration’s priorities will continue to emerge as CMS issues decisions on recently submitted state waiver proposals, including requests for work and community engagement requirements in non-expansion states, drug testing as a condition of Medicaid eligibility, and asset tests, among others.

This document inventories and compares the features of state Medicaid coverage waivers.

Overview of Medicaid Coverage Waivers

	Approved Coverage Waivers											New or Amended Coverage Waiver Proposals															
	AZ	AR	IN	IA	KY	MA	MI	MT	NH	UT	WI	AL	AZ	KS	ME	MI	MS	NH	NM	NC	OH	OK	SD	UT ¹	UT ²	WI	
Premiums	●	●	●	●	●	●	●	●			●		●	●	●	●			●	●							●
Cost Sharing	●	●	●	●	●	●	●	●	●	●	●		●		●	●		●	●	●				●			●
Cost Sharing Tracking Waiver																			●								
Work-Related Provisions	●	●	●		●			●	●			●	●	●	●		●	●		●	●	●	●	●	●	●	●
Healthy Behavior Incentives	●	●	●	●	●		●		●				●			●		●	●								●
NEMT Waiver			●	●	●																						
EPSDT Waiver										●									●					●	●		
Other Benefit-Related Provisions (e.g., Requiring Parents/ Caretakers to Receive ABP, Limited Benefit Packages for Certain Populations)										●									●					●			
IMD Exclusion Waiver ³			●		●	●				●			●	●		●		●	●	●				●	●		●

● = Waiver obtained ● = Waiver continuation requested ● = Waiver requested ● = No waiver required

¹ Utah has three pending waiver amendments. This column refers to the August 2017 request.

² Utah has three pending waiver amendments. This column refers to the two June 2018 requests.

Medicaid Coverage Waivers: State Profiles

	Approved Coverage Waivers											New or Amended Coverage Waiver Proposals														
	AZ	AR	IN	IA	KY	MA	MI	MT	NH	UT	WI	AL	AZ	KS	ME	MI	MS	NH	NM	NC	OH	OK	SD	UT ¹	UT ²	WI
Retroactive Eligibility Waiver		●	●	●	●	●			● ⁴	●			●		●			●	●			●		●		
Prompt Enrollment Waiver			●		●														●							
Elimination of Presumptive Eligibility															●									●		
Asset Test															●			●								
Drug Testing																										●
Limits on Enrollment Duration													●											●		●
Partial Expansion																									●	
12-Month Continuous Eligibility								●																		
Other Eligibility-Related Provisions (e.g., Modified Open Enrollment Periods, Changes to Frequency of Redeterminations)			●		●	●							●					●	●					●		

● = Waiver obtained

● = Waiver continuation requested

● = Waiver requested

● = No waiver required

³ This chart does not provide a full list of states have obtained or are seeking a waiver of the IMD exclusion. States marked in this chart are limited to those that have an approved or pending coverage waiver. In some cases (e.g., Michigan and New Hampshire), states are seeking waivers of the IMD exclusion under a separate 1115 demonstration.

⁴ New Hampshire received a conditional waiver of retroactive eligibility.

Medicaid Coverage Waivers: State Profiles

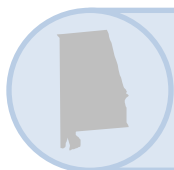
	Approved Coverage Waivers											New or Amended Coverage Waiver Proposals														
	AZ	AR	IN	IA	KY	MA	MI	MT	NH	UT	WI	AL	AZ	KS	ME	MI	MS	NH	NM	NC	OH	OK	SD	UT ¹	UT ²	WI
Health Savings-Like Accounts	●		●		●		●						●	●		●										
QHP Premium Assistance		●					●		●							●							●			
ESI Premium Assistance/HIPP				●	●	●			●	●								●					●	●	●	

● = Waiver obtained

● = Waiver continuation requested

● = Waiver requested

● = No waiver required

**ALABAMA***Waiver Request Undergoing CMS Review*

	State of Alabama Medicaid Workforce Initiative
Waiver Status	Waiver request submitted to CMS on 6/29/2018
Waiver Design Summary	FFS <ul style="list-style-type: none"> Parents and caretakers with incomes from 0-18% FPL
Premiums	No
Cost-Sharing	No
Healthy Behavior Incentives	No
Benefit-Related Provisions	No
Eligibility-Related Provisions	No
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for non-disabled adults ages 19-59 on work/CE requirements Individuals subject to work/CE requirements must participate in community engagement activities (e.g., employment, on-the-job training, job search and job-readiness activities, education, volunteering, or technical training); number of hours required varies based on the age of their dependent children: 20 hours/week for individuals with dependent children under age 6 and 35 hours/week for all other individuals subject to the requirement Proposed exempt populations include: individuals with a disability (includes individuals receiving SSI or SSDI), medically frail individuals, individuals with a medical condition that prevents them from complying with work/CE requirements, pregnant women, women who recently gave birth, individuals required to care for a disabled child or adult, individuals participating in active SUD treatment, and individuals enrolled in and compliant or exempt from TANF work requirements (includes individuals who meet a good cause exemption under TANF) Individuals who do not comply with work/CE requirements or demonstrate proof of an exemption within 90 days of becoming subject to the work requirement are dis-enrolled After initial 90-day period, individuals must comply with the work requirement each month; individuals who fail to comply with work/CE requirements in a given month are dis-enrolled after a 30-day grace period
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A



ARIZONA

Approved through 9/2021

Waiver Amendment Requests Undergoing CMS Review

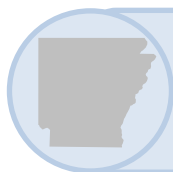
	Arizona Health Care Cost Containment System (AHCCCS)	Proposed Changes in AHCCCS Amendment Requests
Waiver Status	Waiver extension approved on 9/30/2016; effective 10/1/2016 to 9/30/2021	Waiver amendment request submitted to CMS on 12/19/2017; second amendment request for waiver of retroactive coverage submitted to CMS on 4/6/2018
Waiver Design Summary	<p>MMC</p> <ul style="list-style-type: none"> Nearly all Medicaid enrollees with limited exceptions AHCCCS CARE Accounts (similar to an HSA) funded by enrollee and/or third-party contributions <p>AHCCCS Choice Accountability Responsibility Engagement (CARE) coverage features apply to:</p> <ul style="list-style-type: none"> Expansion adults with incomes from 100-138% FPL Expansion adults and previously eligible parents/caretakers and childless adults with incomes ≤100% FPL, medically frail individuals with incomes >100% FPL, and expansion adults with incomes >100% FPL who have an SMI are exempt Exempt populations may opt-in to AHCCCS CARE coverage features to gain access to an AHCCCS CARE Account, but are not subject to premiums, penalties for failure to pay premiums, or cost-sharing 	<p>MMC</p> <ul style="list-style-type: none"> New proposed waiver features apply to expansion adults with incomes from 0-138%
Premiums	<ul style="list-style-type: none"> For individuals with incomes >100% FPL (medically frail individuals and individuals with a SMI are exempt) Lesser of 2% of income or \$25 In the form of a contribution to AHCCCS Care Account Individuals who fail to pay premiums within a two-month grace period dis-enrolled; may re-enroll at any time and do not have to pay back premiums Individuals may request a hardship exemption if a household member dies or household has qualifying expenses >10% of household income during the previous month Only individuals making timely premium payments may access AHCCCS CARE Account 	No proposed changes

	Arizona Health Care Cost Containment System (AHCCCS)	Proposed Changes in AHCCCS Amendment Requests
	funds	
Cost-Sharing	<ul style="list-style-type: none"> For expansion adults with incomes > 100% FPL (medically frail individuals and individuals with a SMI are exempt) Co-payments up to 3% of income Co-payments limited to non-emergency use of the ER, opioids, specialist services without PCP referral, and brand name drugs when a generic is available Co-payments charged on a retrospective basis Only individuals making timely co-payments may access AHCCCS CARE Account funds 	No proposed changes
Healthy Behavior Incentives	<ul style="list-style-type: none"> May eliminate premiums and cost-sharing for six months May access AHCCCS CARE Account funds (exempt individuals who opt-in to AHCCCS CARE coverage features do not have to achieve healthy behavior standards to access AHCCCS CARE Account funds) May rollover AHCCCS CARE Account funds 	No proposed changes
Benefit-Related Provisions	No	<ul style="list-style-type: none"> Requests waiver of the IMD exclusion for individuals receiving mental health and SUD services regardless of length of stay (as part of separate waiver amendment application)
Eligibility-Related Provisions	No	<ul style="list-style-type: none"> Requests waiver of retroactive coverage Requests five-year lifetime Medicaid enrollment limit for individuals subject to work/CE requirements; months that an individual complies with work requirement or is exempt do not count towards limit⁵ Proposes twice annual redeterminations for individuals subject to work/CE requirements
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Outside the demonstration, individuals may choose to participate in the AHCCCS Works program, a work search and job training program 	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for adults ages 19-54 on work/CE requirements Individuals subject to work/CE requirements must participate in ≥20 hours/week of employment or education activities (e.g.,

⁵ According to media [reports](#), Arizona's Medicaid Deputy Director has indicated that the state will no longer pursue its request to impose a lifetime limit on Medicaid enrollment as a result of CMS negotiations to date. The state had not formally withdrew the request as of 6/6/18.

	Arizona Health Care Cost Containment System (AHCCCS)	Proposed Changes in AHCCCS Amendment Requests
		<p>employment, job-search activities, education, or participation in Employment Support and Development courses); individuals transitioning from the justice system, living in areas with high-unemployment, or facing barriers to finding work may participate in community service to meet requirement</p> <ul style="list-style-type: none"> Proposed exempt populations include: American Indians, women who recently gave birth, former foster care children under age 26, individuals with SMI, individuals receiving temporary or permanent disability benefits, full time students, victims of domestic violence, homeless individuals, individuals recently impacted by a catastrophic event, parents or caregivers of a child under age 13, caregivers of a family member enrolled in the Arizona Long-Term Care System, and medically frail individuals Individuals who initially fail to comply with work/CE requirements dis-enrolled after a 6-month grace period; may re-enroll upon meeting work/CE requirements for 30 consecutive days Individuals who report a change in circumstances that results in non-compliance with work/CE requirements (e.g., job loss) or are determined non-compliant at redetermination will have 3-month grace period to comply prior to disenrollment; State proposes conducting redetermination at the end of the 3-month grace period Requests expenditure authority for federal match for costs associated with the design, development, installation, operation, and administration of systems (both Medicaid and non-Medicaid) necessary to implement work/CE requirements Requests ability to condition Medicaid eligibility on completion of Medicaid application questions on compliance with work requirements and work requirements exemption criteria
Health Savings-Like Account	Yes (AHCCCS CARE Account)	No proposed changes
ESI Premium Assistance	No	No proposed changes
Section 1927 Provisions	No	No proposed changes

	Arizona Health Care Cost Containment System (AHCCCS)	Proposed Changes in AHCCCS Amendment Requests
Reference Material	Original Waiver Application ; Demonstration Approval	Waiver Amendment Request ; IMD Exclusion Waiver Amendment Request ; Retroactive Coverage Waiver Amendment Request
Features Not Approved as Proposed or Neither Approved nor Denied	<p>Premiums and Cost-Sharing</p> <ul style="list-style-type: none"> Individuals with incomes ≤100% FPL subject to both premiums and co-payments Six-month lockout period for individuals with incomes >100% who fail to make timely premium payments Debt to the state for individuals with incomes ≤100% FPL who fail to make timely premium payments Up to \$25 co-payment for non-emergency ER visits Liability for co-payments for services that would have been rendered at a missed appointment <p>Benefit and Eligibility Variations</p> <ul style="list-style-type: none"> Waiver of NEMT for individuals with incomes >100% FPL Five-year lifetime Medicaid enrollment limit Requirement to verify income on a monthly basis One-year dis-enrollment for individuals who “knowingly” failed to report a change in income <p>Employment-Related Provisions</p> <ul style="list-style-type: none"> Requirement that individuals be employed, actively seeking employment, attending school, or participating in a job training program Requirement to verify work status on a monthly basis One-year dis-enrollment of individuals who “knowingly” misreport adherence to work/CE requirements Access to AHCCCS CARE Account funds conditioned on AHCCCS Works program participation 	N/A

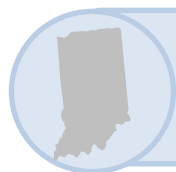


ARKANSAS

Approved through 12/2021

	Arkansas Works
Waiver Status	<ul style="list-style-type: none"> Waiver initially approved on 9/27/2013; effective 1/1/2014 to 12/31/2016 Waiver extension and amendment request approved on 12/8/2016; effective 1/1/2017 to 12/31/2021 Waiver amendment request approved on 3/5/2018
Waiver Design Summary	QHP Premium Assistance <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Medically frail individuals are excluded
Premiums	<ul style="list-style-type: none"> For individuals with incomes >100% FPL Up to 2% of income Payment is not a condition of eligibility Nonpayment results in debt to the state
Cost-Sharing	<ul style="list-style-type: none"> For individuals with incomes >100% FPL Cost-sharing subject to maximum permitted Medicaid cost-sharing levels
Healthy Behavior Incentives	<ul style="list-style-type: none"> Individuals may receive incentive benefit for engaging with a PCP if authorized via a subsequent waiver amendment Individuals with incomes >100% FPL must also make timely premium payments to be eligible for incentive benefit
Benefit-Related Provisions	<ul style="list-style-type: none"> No coverage of non-emergency use of the ER for expansion adults
Eligibility-Related Provisions	<ul style="list-style-type: none"> Limited waiver of retroactive coverage; state must provide retroactive coverage for 30 days instead of 3 months
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Conditions Medicaid eligibility for adults ages 19-49 on work/CE requirements Individuals subject to work/CE requirements must participate in ≥80 hours/month of work/CE activities (e.g., employment, job search and training activities, education, vocational training, community service or volunteering, health care-related classes, activities available through the Arkansas Department of Workforce Services, or employment activities available under SNAP or TANF); individuals must report on compliance via electronic portal Exempt populations include pregnant women, women who recently gave birth, medically frail individuals, full-time students, individuals exempt from work/CE requirements in SNAP or TANF, individuals who receive TANF benefits, individuals with a short-term incapacitation, individuals who are medically certified as physically or mentally unable to work, individuals with an acute medical condition that prevents them from complying with the work requirement, individuals caring for an incapacitated person, individuals living with a minor dependent child under age 17, individuals receiving unemployment benefits, and individuals in active SUD treatment Individuals who fail to comply with work/CE requirements for 3 consecutive or non-consecutive months within a plan year are dis-enrolled; individuals may not re-enroll until start of next plan year unless they turn age 50, qualify for another Medicaid eligibility category, or would have qualified for a good cause exemption but could not report it due to a catastrophic event/circumstances beyond their control Months in which an individual meets a good cause exemption (e.g., disability, hospitalization, hospitalization of household member, birth or death of a household member, severe inclement weather, or family emergency) do not count as a month of non-compliance State must submit eligibility and enrollment monitoring plan to CMS within 90 days of waiver

	Arkansas Works
	approval to “allow CMS to track Arkansas' compliance with the assurances described in the STCs, including several related to eligibility and application processing systems;” state may not dis-enroll any individuals for non-compliance with work requirement until CMS approves plan
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Proposal ; Waiver Extension Application ; Waiver Amendment Request ; Demonstration Approval
Features Not Approved as Proposed or Neither Approved nor Denied	<p>Partial Expansion</p> <ul style="list-style-type: none"> Reduction of eligibility level for expansion adults to 100% FPL, while continuing to receive the enhanced FMAP for expansion adults with incomes from 0-100% FPL (<i>CMS was silent on this request when it approved work and community engagement requirements</i>) <p>Benefit and Eligibility Variations</p> <ul style="list-style-type: none"> Request for waiver of requirement to provide retroactive coverage (<i>state received limited waiver requiring it provide retroactive coverage for only 30 days instead of the 3 months required by Medicaid law</i>) <p>Administrative Requirements</p> <ul style="list-style-type: none"> Request to eliminate requirements related to conducting administrative renewals in the event of a waiver phase-out



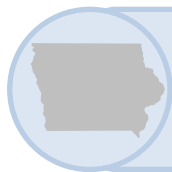
INDIANA

Approved through 12/2020

	Healthy Indiana Plan (HIP)
Waiver Status	<ul style="list-style-type: none"> Waiver approved on 1/27/2015; effective 2/1/2015 to 1/31/2018 One-month waiver extension approved on 1/22/2018; effective 1/31/2018 to 2/28/2018 Waiver extension and amendment request approved on 2/1/2018; effective 2/1/2018 to 12/31/2020
Waiver Design Summary	High-Deductible MMC Plan With Health Savings-Like Account <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Parents and caretakers Parents and caretakers eligible for TMA Pregnant women Medically frail individuals are included SUD waiver features apply to broader Medicaid population
Premiums	<ul style="list-style-type: none"> For individuals with incomes from 0-138% FPL In the form of sliding scale contributions to the POWER account (similar to an HSA) Range from \$1/month to \$20/month based on an individual's income; premiums are <2% of income, except for tobacco users 50% premium surcharge for tobacco users (i.e., premiums range from \$1.50 to \$30/month); surcharge waived in first year of enrollment and eliminated if individuals notify State that they no longer use tobacco Mandatory for individuals with incomes >100% FPL who are not medically frail or pregnant; individuals who fail to pay monthly contributions within 60-day grace period dis-enrolled and are not be permitted to re-enroll for 6 months Optional for individuals with incomes ≤100% FPL; individuals who make contributions receive an enhanced benefit package
Cost-Sharing	<ul style="list-style-type: none"> Individuals with incomes ≤100% FPL who do not contribute to POWER account subject to maximum permitted Medicaid cost-sharing Individuals with incomes >100% FPL subject to maximum permitted Medicaid cost-sharing for non-emergency use of the ER
Healthy Behavior Incentives	May reduce or eliminate POWER account contributions
Benefit- Related Provisions	<ul style="list-style-type: none"> Offers three benefit packages; access to each package subject to income, eligibility category, and contributions to POWER account Waiver of NEMT Waiver of the IMD exclusion for enrollees receiving SUD services regardless of length of stay
Eligibility-Related Provisions	<ul style="list-style-type: none"> Retroactive coverage waived No prompt enrollment requirement; coverage begins the first day of month of first POWER account contribution <u>or</u> 60 days after POWER account invoice for individuals with income ≤100% FPL who do not make a POWER account contribution; individuals may make a \$10 "fast track pre-payment" to gain coverage the first day of the month of their eligibility determination Dis-enrolls individuals who do not complete annual redetermination process (STCs establish goal of State completing at least 75% of renewals <i>ex parte</i>); dis-enrolled individuals who do not submit paperwork within 90 days subject to three-month lockout after end of 90-day period; individuals can re-enroll early if they meet a "good cause" exception (e.g.,

	Healthy Indiana Plan (HIP)
	hospitalization, disability, death or hospitalization of immediate family member, enrollment in or loss of private insurance coverage, domestic violence, relocation from another state, disaster); medically frail individuals, low-income parents and caretakers, pregnant women, and women ≤60 days post-partum exempt
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Conditions Medicaid eligibility for adults ages 19-59 on work/CE requirements (i.e., work, education, and other activities) Individuals subject to community engagement requirements must participate in up to 20 hours/week (phased in from date of implementation) of activities over 8 months of the eligibility period (e.g., subsidized or unsubsidized employment, participation in MCO employment activities, job search and training activities, education, vocational training, community service or volunteering, caregiving for a non-dependent relative or other person with chronic disabling health condition, compliance with or exemption from SNAP requirements, participation in tribal workforce program, etc.); compliance assessed annually Exempt populations include: pregnant women, medically frail individuals, primary caregivers of a dependent child under school age or who is disabled, individuals with temporary illness or incapacitation, individuals in active SUD treatment, individuals who meet or are exempt from TANF requirements, homeless individuals, and individuals who were recently incarcerated Individuals who fail to comply with requirements have their benefits suspended until their redetermination date; individuals who are not in compliance at their redetermination date have their coverage terminated Individuals may re-activate suspended coverage by meeting requirements for 1 month, meeting an exemption, becoming eligible for a Medicaid eligibility group not subject to work/CE requirements, or meeting a good cause exemption (e.g., disability, hospitalization, hospitalization of household member, domestic violence)
Health Savings-Like Account	Yes (POWER account)
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Waiver Extension Request ; Amendment to Waiver Extension Request ; One-Month Waiver Extension Approval ; Demonstration Approval
Features Not Approved as Proposed	<p><u>Features Not Approved as Proposed in 2015:</u></p> <p>Premiums</p> <ul style="list-style-type: none"> Indiana proposed somewhat higher premiums than approved <p>Benefit and Eligibility Variations</p> <ul style="list-style-type: none"> Waiver of requirement to provide EPSDT for 19- and 20-year olds Six-month lockout for individuals who do not submit annual redetermination paperwork within specified timeframes <p>Employment-Related Provisions:</p> <ul style="list-style-type: none"> Referral to state Gateway to Work job search and job training program as a condition of Medicaid eligibility for unemployed individuals and those working <20 hours/week; individuals would be required to acknowledge referral on HIP application <p><u>Features Not Approved as Proposed in 2018:</u></p> <p>Cost-Sharing</p>

	Healthy Indiana Plan (HIP)
	<ul style="list-style-type: none"> Up to \$25 co-payment for non-emergency use of the ER (<i>authority not extended in waiver amendment and extension</i>)



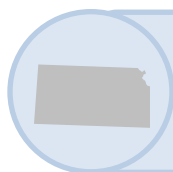
IOWA

Approved through 12/2019

	Iowa Wellness Plan
Waiver Status	<ul style="list-style-type: none"> Waiver initially approved on 12/10/2013; effective 1/1/2014 to 12/31/2016 Waiver extension request approved on 11/23/2016; effective 1/1/2017 to 12/31/2019 Waiver amendment request approved on 10/27/2017
Waiver Design Summary	<p>MMC¹</p> <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Medically frail individuals are included <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> Voluntary for expansion adults with incomes from 0-138% FPL
Premiums	<ul style="list-style-type: none"> For individuals with incomes >50% FPL beginning in second year of enrollment in demonstration (medically frail individuals exempt) Up to \$5/month for individuals with incomes from 50-100% FPL; up to \$10/month for individuals with incomes from 100-138% FPL Individuals with incomes >100% FPL may be dis-enrolled if they do not pay premiums for 90 days and do not request a hardship waiver; individuals may re-enroll at any time Payment is not a condition of eligibility for individuals with incomes from 50-100% FPL; nonpayment results in debt to state
Cost-Sharing	<ul style="list-style-type: none"> For individuals with incomes from 0-138% FPL Limited to \$8 co-payment for non-emergency use of the ER
Healthy Behavior Incentives	<ul style="list-style-type: none"> May eliminate premium obligations May receive an enhanced dental benefit package
Benefit-Related Provisions	<ul style="list-style-type: none"> Waiver of NEMT
Eligibility-Related Provisions	<ul style="list-style-type: none"> Retroactive coverage waived for all state plan Medicaid beneficiaries, regardless of whether they are covered by the demonstration (pregnant women and infants <1 year old exempt); State required to conduct public and provider education regarding applications for and receipt of Medicaid coverage
Work and Community Engagement Provisions	No
Health Savings-Like Account	No
ESI Premium Assistance	Yes
Section 1927 Provisions	No
Reference Material	Original Waiver Proposal ; Waiver Extension Request ; Waiver Amendment Request ; Demonstration Approval

¹ Iowa transitioned to a statewide MMC delivery system on April 1, 2016. Previously, newly eligible individuals with incomes between 0-100% FPL were enrolled in coverage through MMC or FFS. Individuals with incomes between 100-138% FPL had the option of receiving coverage through MMC or Medicaid FFS or [enrolling in a QHP](#) through premium assistance.

	Iowa Wellness Plan
Features Not Approved as Proposed	<p>Premiums</p> <ul style="list-style-type: none"> Dis-enrollment of individuals with incomes >50% FPL who fail to pay premiums timely and do not request a hardship waiver <p>Cost-Sharing</p> <ul style="list-style-type: none"> Calculation of cost-sharing cap on an annual versus quarterly basis <p>Benefit and Eligibility Variations</p> <ul style="list-style-type: none"> Waiver of requirement to provide EPSDT for 19- and 20-year olds Waiver of retroactive coverage so that Medicaid coverage could not begin until first day of month following the month of the eligibility determination Waiver of free choice of family planning providers Waiver to permit QHPs to exclude some FQHCs/RHCs from their networks <p>Other</p> <ul style="list-style-type: none"> Waiver of requirement to pay FQHCs/RHCs the PPS rate



KANSAS

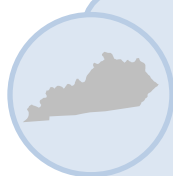
Waiver Extension Request Undergoing CMS Review

	KanCare Demonstration	KanCare 2.0 Extension Request
Waiver Status	<ul style="list-style-type: none"> Waiver initially approved on 12/29/2014; effective 12/29/2014 to 12/31/2017 Waiver extension request approved on 10/13/2017; effective 1/1/2018 to 12/31/2018 	<ul style="list-style-type: none"> Waiver extension request submitted to CMS on 12/26/2017; requests extension through 12/31/2023
Waiver Design Summary	MMC <ul style="list-style-type: none"> Nearly all Medicaid enrollees with limited exceptions² 	No proposed changes
Premiums	<ul style="list-style-type: none"> Working individuals ages 16-64 with a disability with incomes between 100-300% FPL who participate in Medicaid buy-in program Sliding scale from \$55-\$152/month for individuals in one-person household 	No proposed changes
Cost-Sharing	No	No proposed changes
Healthy Behavior Incentives	No	No proposed changes
Benefit Variations	No	<ul style="list-style-type: none"> Requests waiver of the IMD exclusion for individuals receiving behavioral health services regardless of length of stay
Eligibility Variations	No	No proposed changes
Employment-Related Provisions	No	<ul style="list-style-type: none"> Requests to condition Medicaid eligibility for non-disabled adults ages 19-64 on work/CE requirements Individuals in one-adult households who are subject to work/CE requirements must participate in 20-30 hours/week of work/CE activities (e.g., employment, job search and training activities, education, and community service); number of hours varies based on whether there is a child under age 6 in the household Individuals in two-adult households must jointly participate in 35-55 hours/week of work/CE; number of hours varies based on whether there is a child under age 6 in the household Proposed exempt populations include: individuals using long-term care, individuals with a disability who are receiving SSI,

² Kansas has not expanded Medicaid; the state covers parents/caretakers with incomes up to 38% FPL

	KanCare Demonstration	KanCare 2.0 Extension Request
		<p>individuals enrolled in or on the waiting list for a HCBS waiver, pregnant women, individuals receiving SSI, caretakers for dependent children under age 6 or a household member with disabilities, individuals only receiving retroactive coverage, individuals only presumptively eligible for Medicaid, individuals covered under the Medicare Savings Program, PACE participants, and individuals with HIV or a TBI, and Breast and Cervical Cancer enrollees</p> <ul style="list-style-type: none"> State to offer voluntary work opportunities to populations with disabilities
Health Savings-Like Account	No	Yes (Independence Accounts) for TMA enrollees
ESI Premium Assistance	No	No proposed changes
Section 1927 Provisions	No	No proposed changes
Reference Material	Demonstration Approval ; One-Year Waiver Extension Approval	Waiver Extension Request ; CMS Rejection of Lifetime Enrollment Limit
Features Not Approved as Proposed or Neither Approved nor Denied	N/A	<p>Lifetime Enrollment Limit</p> <ul style="list-style-type: none"> 36-month lifetime enrollment limit³

³ While CMS has not yet responded to other components of Kansas's waiver application, it issued a [letter](#) to the State in May 2018 indicating that it will not approve the lifetime limit request.



KENTUCKY

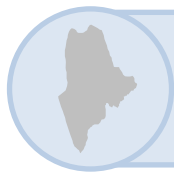
Approved through 9/2023

*Approval Vacated by the D.C. District Court on 6/29/2018;
Waiver Completed Additional Public Comment on 8/18/2018*

	Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Waiver Status	<ul style="list-style-type: none"> Waiver approved on 1/12/2018; effective 1/12/2018 to 9/30/2023 Implementation on hold after a U.S. District Court invalidated CMS's approval of Kentucky's waiver for failing to consider how the waiver furthered the objectives of the Medicaid program; waiver application, amendment application, and STCs undergoing additional public comment period until 8/18/2018
Waiver Design Summary	<p>High-Deductible MMC Plan with Health Savings-Like Account</p> <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Parents and caretakers Individuals eligible for TMA Pregnant women with incomes from 0-195% FPL Former foster care youth up to age 26 Medically frail individuals are included My Rewards Account (similar to an HSA) funded by Medicaid; individuals may earn funds by avoiding non-emergency ED visits, completing healthy behaviors, or exceeding work/CE requirements; may be used for additional benefits (e.g., vision or dental services, over-the-counter medications, gym memberships) Deductible Account funded \$1000 annually by Medicaid Limited number of waiver features apply to broader Medicaid population
Premiums	<ul style="list-style-type: none"> Premiums charged at the household level instead of on a per-person basis if all household members subject to premiums are enrolled in the same MMC plan For households with incomes from 0-138% FPL (medically frail individuals, former foster care youth, and pregnant women exempt) Range from \$1/month to 4% of household income if all household members are enrolled in the same MMC plan; premiums may exceed 4% of household income if charged on a per-person basis (i.e. household members are not enrolled in the same plan) Premium amounts may vary based on income or Medicaid enrollment duration Premiums are mandatory for households with incomes >100% FPL; households that fail to pay premiums within 60-day grace period will be dis-enrolled and will not be permitted to re-enroll for six months unless they pay up to two months of back premiums plus the next month's premium (i.e. up to three months premium in total) <u>and</u> complete a health or financial literacy course, or meet a "good cause" exception (e.g., hospitalization, disability, death of immediate family member, eviction or homelessness, national disaster) Premiums are optional for households with incomes ≤100% FPL; households that fail to pay premiums subject to state plan-level co-payments and lose access to My Rewards Account for six months unless they pay up to two months of back premiums plus the next month's premium (i.e. up to three months premium in total) <u>and</u> complete a health or financial literacy course, or meet a "good cause" exception (e.g., hospitalization, disability, death of immediate family member, eviction or homelessness, national disaster)
Cost-Sharing	<ul style="list-style-type: none"> Individuals with incomes ≤100% FPL that do not pay premiums are subject to state plan cost-sharing (medically frail individuals, former foster care youth, and pregnant women exempt) Households that reach the 5% quarterly cap on cost-sharing are required to pay \$1/month premiums until end of quarter

	Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Healthy Behavior Incentives	<ul style="list-style-type: none"> Enrollees may accumulate My Rewards Account funds for completing healthy behaviors
Benefit-Related Provisions	<ul style="list-style-type: none"> Waiver of NEMT for expansion adults Waiver of NEMT for all Medicaid enrollees traveling to methadone treatment (medically frail individuals, former foster care youth, pregnant women, and individuals subject to EPSDT exempt) Waiver of the IMD exclusion for all Medicaid enrollees receiving SUD services regardless of length of stay
Eligibility-Related Provisions	<ul style="list-style-type: none"> Waiver of retroactive coverage (former foster care youth and pregnant women exempt) Waiver of prompt enrollment; coverage begins the first day of month of first premium payment <u>or</u> 60 days after premium invoice for individuals with income $\leq 100\%$ FPL who do not make a premium payment (medically frail individuals, former foster care youth, pregnant women, and individuals found presumptively eligible exempt) Individuals may pre-pay initial premium amount at application to expedite the start of coverage Dis-enrolls individuals who do not complete annual redetermination process (State required to complete at least 75% of renewals <i>ex parte</i>); dis-enrolled individuals who do not submit paperwork within 90 days subject to six-month lockout; individuals can re-enroll early if they pay one month's premium <u>and</u> complete a financial or health literacy course, or meet a "good cause" exception (e.g., hospitalization, disability, death of immediate family member, enrollment in or loss of private insurance coverage during determination reporting period, eviction or homelessness, national disaster); medically frail individuals, former foster care youth, and pregnant women exempt Individuals who fail to report a change in circumstance that would lead to loss of Medicaid eligibility are dis-enrolled and will not be permitted to re-enroll for six months; individuals can re-enroll early if they pay one month's premium <u>and</u> complete a financial or health literacy course, or meet a "good cause" exception (e.g., hospitalization, disability, death of immediate family member, enrollment in or loss of private insurance coverage during determination reporting period, eviction or homelessness, national disaster); medically frail individuals, former foster care youth, and pregnant women exempt
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Conditions Medicaid eligibility for adults ages 19-64 on work/CE requirements (i.e., work, education, and other activities) Individuals subject to community engagement requirements must participate in ≥ 80 hours/month of work/CE activities (e.g., employment, job search and training activities, education, community service, compliance with SNAP and TANF work requirements, and SUD treatment) Exempt populations include: pregnant women, medically frail individuals, primary caregivers of a dependent including a disabled adult dependent (limited to one exemption per household), individuals with an acute medical conditions, and full-time students Individuals who fail to comply with requirements have their benefits suspended after 1-month grace period; coverage will not be suspended for individuals who meet a "good cause" exception (e.g., disability, birth or death of a household member, severe inclement weather, family emergency) at least 10 days prior to the end of the 1-month grace period Individuals may re-activate their suspended coverage by meeting requirements for 1 month, completing a health or financial literacy course, meeting an exemption, or becoming eligible for a Medicaid eligibility group not subject to work/CE requirements
Health Savings-Like Account	<ul style="list-style-type: none"> Yes (My Rewards Account) State has authority to deduct from My Rewards Account for each non-emergency ER visit
ESI Premium Assistance	<ul style="list-style-type: none"> Yes Aligns individuals' Medicaid annual renewal dates with their open enrollment date for ESI

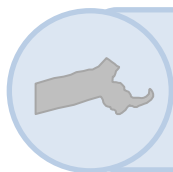
	Kentucky Helping to Engage and Achieve Long Term Health (KY HEALTH)
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Amendment to Waiver Application ; Demonstration Approval ; U.S. District Court Decision in Stewart v. Azar
Features Not Approved as Proposed or Neither Approved nor Denied	<p>Benefit Variations</p> <ul style="list-style-type: none"> ▪ Waiver of the IMD exclusion for individuals receiving mental health services (<i>waiver of the IMD exclusion for individuals receiving SUD services approved</i>) <p>Health Savings-Like Account</p> <ul style="list-style-type: none"> ▪ Request to deduct up to \$75 from My Rewards Account for each non-emergency ER visit (<i>STCs do not specify amount of deduction</i>)

**MAINE***Waiver Request Undergoing CMS Review*

	MaineCare Demonstration
Waiver Status	Waiver request submitted to CMS on 8/1/2017
Waiver Design Summary	FFS <ul style="list-style-type: none"> Parents and caretakers with incomes from 0-105% FPL Individuals eligible for TMA with incomes from 0-185% FPL Individuals eligible for family planning services with incomes from 0-209% FPL Reasonable classifications of individuals under age 21 with incomes from 0-156% FPL Medically needy individuals ages 18-20 with incomes from 0-156% FPL Medically needy parents and caretakers with incomes from 0-100% FPL Special benefits waiver (HIV) population with incomes from 0-250% FPL Former foster care children up to age 26
Premiums	<ul style="list-style-type: none"> For individuals with incomes from $\geq 51\%$ FPL \$10/month for individuals with incomes from 51-100% FPL; \$20/month for individuals with incomes from 101-150% FPL; \$30/month for individuals with incomes from 151-200% FPL; \$40/month for individuals with incomes $\geq 201\%$ FPL (HIV waiver enrollees exempt; other exemptions same as work/CE requirements) Individuals who fail to pay premiums dis-enrolled with no grace period and are not permitted to re-enroll for 90-days unless they pay all past due premiums
Cost-Sharing	<ul style="list-style-type: none"> State plan cost-sharing \$10 co-pay for non-emergency ER visits
Healthy Behavior Incentives	No
Benefit-Related Provisions	No
Eligibility-Related Provisions	<ul style="list-style-type: none"> Requests waiver of retroactive coverage with the exception of individuals applying for coverage of long-term care Requests waiver to eliminate hospital presumptive eligibility (pregnant women exempt) Requests waiver to implement \$5,000 asset test for MAGI-eligible individuals
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for adults ages 19+ on participation in work/CE activities Individuals subject to work/CE requirements must participate in ≥ 20 hours/week of work/CE activities (e.g., employment, education, and community service) Proposed exempt populations include: pregnant women, individuals receiving disability benefits, or individuals physically or mentally unable to work ≥ 20 hours per week, among others¹ Individuals who fail to comply with work/CE requirements for 3 months within 36-month time period dis-enrolled; may re-enroll upon meeting work/CE requirements
Health Savings-Like Account	No

¹ Full list of exempt populations includes: pregnant women, individuals receiving disability benefits, individuals who are physically or mentally unable to work 20 hours or more per week, individuals participating in a SUD rehabilitation program, individuals residing in an institutional residential facility, or individuals caring for a young child or incapacitated adult

	MaineCare Demonstration
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A



MASSACHUSETTS

Approved through 6/2022

	MassHealth
Waiver Status	<ul style="list-style-type: none"> Waiver extension and amendment request approved on 11/4/2016; effective 7/1/2017 to 6/30/2022 Amendment request approved on 6/27/2018 to permit expenditure authority to exempt veteran annuities from income calculations for Medicaid eligibility
Waiver Design Summary	<p>FFS, MMC and/or ACO</p> <ul style="list-style-type: none"> Nearly all Medicaid enrollees with limited exceptions Current mandatory MMC enrollees may choose to enroll in ACO and/or current MMC options <p>ESI and Student Health Insurance Premium Assistance</p> <p>Mandatory for all Medicaid enrollees with access to cost-effective ESI or student health insurance</p>
Premiums	<ul style="list-style-type: none"> For disabled adults and children with incomes >150% FPL Sliding scale based on income
Cost-Sharing	<ul style="list-style-type: none"> Adults subject to state plan cost-sharing Cost-sharing subject to maximum permitted Medicaid cost-sharing levels
Healthy Behavior Incentives	No
Benefit-Related Provisions	<ul style="list-style-type: none"> IMD exclusion waived for individuals receiving diversionary behavioral health services (e.g., and SUD services)
Eligibility-Related Provisions	<ul style="list-style-type: none"> 90-day retroactive coverage waived; most enrollees eligible for 10-day retroactive coverage If state is unable to verify eligibility through electronic data sources and applicant information not reasonably compatible with electronic data, individuals eligible for 90-day provisional eligibility while state verifies applicant information
Work and Community Engagement Provisions	No
Health Savings-Like Account	No
ESI Premium Assistance	Yes
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Original Waiver Amendment Request ; Second Waiver Amendment Request ; Demonstration Approval
Features Not Approved as Proposed or Neither Approved nor Denied	<p>Partial Expansion</p> <ul style="list-style-type: none"> Reduction of eligibility level for expansion adults and non-disabled parents and caretaker relatives to 100% FPL, while continuing to receive the enhanced FMAP for expansion adults with incomes from 0-100% FPL (<i>Neither approved nor denied.</i>) <p>Section 1927</p> <ul style="list-style-type: none"> Request to waive Section 1927 to obtain additional flexibility to exclude drugs from its formulary while continuing to receive rebates required by Medicaid law (<i>CMS noted it would</i>

	MassHealth
	<p><i>consider requests to waive Section 1927 if a state eliminated drug coverage under its State Plan and proposed to cover drugs through expenditure authority. In this scenario, a state would negotiate directly with drug companies and did not receive the rebates required by federal law)</i></p> <p>Changes to Waiver of the IMD Exclusion</p> <ul style="list-style-type: none"> ▪ Request to waive “all restrictions on payments to IMDs” for individuals receiving mental health and SUD services <i>(State can continue its waiver of the IMD exclusion for individuals receiving diversionary behavioral health services)</i>



MICHIGAN

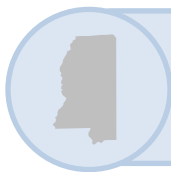
Approved through 12/2018

Waiver Extension Request Undergoing CMS Review

	Healthy Michigan Plan
Waiver Status	<ul style="list-style-type: none"> Waiver approved on 12/30/2013; effective 4/1/2014 to 12/31/2018 Waiver amendment request approved on 12/17/2015 to permit a choice of delivery systems for expansion adults with incomes >100% FPL beginning on 4/1/2018 Waiver extension request submitted to CMS on 12/6/2017; requests extension through 12/31/2021 (no programmatic changes requested)
Waiver Design Summary	<p>MMC</p> <ul style="list-style-type: none"> Expansion adults with incomes ≤100% FPL Medically frail individuals are included <p>QHP Premium Assistance or MMC</p> <ul style="list-style-type: none"> Expansion adults with incomes from 100-138% FPL will have the option of QHP premium assistance or MMC Only individuals who have completed a healthy behavior may enroll in MMC Medically frail individuals are excluded
Premiums	<ul style="list-style-type: none"> For individuals with incomes >100% FPL >100% enrolled in QHP: 2% of income >100% enrolled in MMC: Up to 2% of income (subject to CMS approval of MI Health Account operational protocol) Payment is not a condition of eligibility; nonpayment results in debt that can be collected by QHP, MMC plan, or the state
Cost-Sharing	<ul style="list-style-type: none"> Individuals with incomes from 0-138% FPL >100% enrolled in QHP: consistent with state plan; cost-sharing subject to maximum permitted Medicaid cost-sharing levels ≤100% FPL enrolled in MMC: annually, up to 2% of income (subject to CMS approval of MI Health Account operational protocol) >100% enrolled in MMC: annually, up to 3% of income (subject to CMS approval of MI Health Account operational protocol)
Healthy Behavior Incentives	<ul style="list-style-type: none"> Individuals with incomes ≤100% FPL: may reduce co-payments once co-payments reach 2% of income (subject to CMS approval of MI Health Account operational protocol) Individuals with incomes >100% enrolled in QHP: may shift to MMC with completion of a healthy behavior Individuals with incomes >100% enrolled in MMC: only individuals who have completed a healthy behavior may enroll in MMC; may reduce co-payments once co-payments reach 3% of income (subject to CMS approval of MI Health Account operational protocol)
Benefit-Related Provisions²	No
Eligibility-Related Provisions	No

² Michigan is seeking an IMD exclusion waiver for individuals receiving SUD services under a separate [demonstration](#).

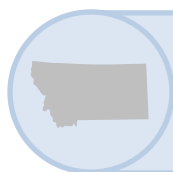
	Healthy Michigan Plan
Work and Community Engagement Provisions	No
Health Savings-Like Account	Yes (MI Health Account)
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Waiver Amendment Request ; Demonstration Approval ; Draft Operational Protocol for MI Health Accounts Submitted to CMS ; Waiver Extension Request
Features Not Approved as Proposed or Neither Approved nor Denied	Premiums and Cost-Sharing <ul style="list-style-type: none"> ▪ Premiums of up to 3.5% of income for individuals >100% FPL enrolled in MMC ▪ Cost-sharing cap of 7% of income for individuals >100% FPL enrolled in MMC



MISSISSIPPI

Waiver Request Undergoing CMS Review

	Medicaid Workforce Training Initiative
Waiver Status	Initial waiver request submitted to CMS on 1/16/2018; amendment to original application submitted to CMS on 5/29/2018 and completed federal public comment period on 8/18/2018
Waiver Design Summary	MMC <ul style="list-style-type: none"> Parents and caretakers with incomes from 0-23% FPL Individuals eligible for TMA
Premiums	No
Cost-Sharing	No
Healthy Behavior Incentives	No
Benefit-Related Provisions	No
Eligibility-Related Provisions	<ul style="list-style-type: none"> Additional 12 months of TMA eligibility available to individuals who continue to fulfill the work/CE requirement once the initial 12 months of TMA coverage are exhausted
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for non-disabled adults ages 19-64 on work/CE requirements Individuals subject to work/CE requirements must participate in paid employment or self-employment ≥20 hours/week, participate in Office of Employment Security activities, volunteer with an approved agency, participate in drug or alcohol treatment, or comply with SNAP and TANF work requirements Proposed exempt populations include: individuals diagnosed with mental illness, individuals receiving disability benefits, primary caregivers of for a person who cannot care for him/herself, individuals physically or mentally unable to work, individuals who applied for or are receiving unemployment insurance, individuals participating in drug or alcohol treatment, individuals receiving cancer treatment, and some students exempt; pregnant women not subject to work/CE requirements Individuals who fail to comply with work/CE requirements dis-enrolled; may re-enroll upon meeting work/CE requirements Requests expenditure authority to obtain 90% enhanced matching rate for costs not otherwise matchable associated with work/CE requirements
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Amendment to Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A



MONTANA

Approved through 12/2020

	Health and Economic Livelihood Partnership (HELP) Program
Waiver Status	<ul style="list-style-type: none"> Waiver approved on 11/2/2015; effective 1/1/2016 to 12/31/2020 Waiver amendment request approved on 12/20/2017
Waiver Design Summary	FFS Program <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Medically frail individuals excluded
Premiums	<ul style="list-style-type: none"> For individuals with incomes from 50-138% FPL 2% of income Nonpayment results in debt to the state collected through state tax returns Individuals with incomes from 100-138% FPL who fail to pay premiums are dis-enrolled from after a 90-day grace period and may re-enroll upon payment of past due premiums or Department of Revenue quarterly debt assessment
Cost-Sharing	<ul style="list-style-type: none"> For all individuals with incomes from 50-138% FPL Cost-sharing subject to maximum permitted Medicaid cost-sharing levels Co-payment exemptions for primary, secondary, and tertiary preventive health services; immunizations; and medically necessary health screenings
Healthy Behavior Incentives	No
Benefit-Related Provisions	No
Eligibility-Related Provisions	12-month continuous eligibility for expansion adults
Work and Community Engagement Provisions	Outside the demonstration, state will: identify workforce development opportunities; gather information from state agencies on existing workforce development programs; and establish a workforce development program
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Demonstration Approval ; Waiver Amendment Request ; Waiver Amendment Approval
Features Not Approved as Proposed or Neither Approved nor Denied	Premiums and Cost-Sharing 90-day grace period added as a condition prior to dis-enrollment for failure to pay premiums



NEW HAMPSHIRE

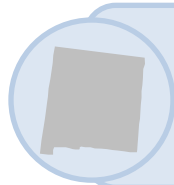
Approved through 12/2018

Waiver Extension and Amendment Request Undergoing CMS Review

	New Hampshire Health Protection Program (NHHPP) Premium Assistance	Proposed Changes in Granite Advantage Extension and Amendment Request
Waiver Status	<ul style="list-style-type: none"> Waiver approved on 3/4/2015; effective 1/1/2016 to 12/31/2018 Most recent waiver amendment approved 5/7/2018 	Waiver extension and amendment request submitted to CMS on 7/23/2018
Waiver Design Summary	<p>QHP Premium Assistance</p> <ul style="list-style-type: none"> Mandatory for expansion adults with incomes from 0-138% FPL Medically frail individuals are excluded <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> Voluntary for expansion adults with incomes from 0-138% FPL 	<p>MMC</p> <ul style="list-style-type: none"> Seeks to transition individuals enrolled in QHP premium assistance to MMC; enrollment will be mandatory Medically frail individuals are included <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> Voluntary for expansion adults with incomes from 0-138% FPL
Premiums	No	No proposed changes
Cost-Sharing	<ul style="list-style-type: none"> For individuals with incomes >100% FPL Cost-sharing subject to maximum permitted Medicaid cost-sharing levels 	<ul style="list-style-type: none"> Co-payments limited to pharmaceuticals Cost-sharing subject to maximum permitted Medicaid cost-sharing levels
Healthy Behavior Incentives	<ul style="list-style-type: none"> Legislation requires “personal responsibility” provisions, to greatest extent practicable 	<ul style="list-style-type: none"> MCO contracts will include provisions to incentivize healthy behaviors
Benefit-Related Provisions	No	No proposed changes
Eligibility-Related Provisions	<ul style="list-style-type: none"> Retroactive coverage conditionally waived pending submission of sufficient data showing that the state is providing “seamless coverage” 	<ul style="list-style-type: none"> Seeks to remove conditions associated with implementing waiver of retroactive coverage Requests waiver to permit state and county correctional facilities to conduct presumptive eligibility determinations for inmates Requests waiver to require applicants to submit additional proof of citizenship and state residency as a condition of obtaining an eligibility determination Requests waiver to implement asset test

	New Hampshire Health Protection Program (NHHPP) Premium Assistance	Proposed Changes in Granite Advantage Extension and Amendment Request
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Conditions Medicaid eligibility for adults ages 19-64 on work/CE requirements Individuals subject to work/CE requirements must participate ≥100 hours of work/CE activities per month (e.g., employment, job search and training activities, education) Exempt populations include individuals who: are temporarily incapacitated; are participating in a state-certified drug court program; are parent/caretaker of a child under age 6 (can only apply to one parent/caretaker per household) or a child with disabilities; are pregnant or 60 days post-partum; are medically frail; are disabled and cannot comply because of disability related reasons; have a family member with a disability and cannot comply because of that disability; experience a hospitalization or serious illness or have a family member with a hospitalization or serious illness; and are exempt from SNAP/TANF work/CE requirements Individuals who fail to comply with work/CE requirements have their benefits suspended after 1-month grace period; coverage will not be suspended for individuals who meet a “good cause” exception (e.g., disability, birth or death of a household member, severe inclement weather, family emergency) prior to the end of the 1-month grace period Individuals may re-activate suspended coverage by completing missed hours, meeting an exemption, becoming eligible for a Medicaid eligibility group not subject to work/CE requirements, or meeting a good cause exemption Individuals who are not in compliance at their redetermination date have their coverage terminated 	<p>Same as current waiver with the following additions:</p> <ul style="list-style-type: none"> Plans to implement Granite Workforce pilot program to subsidize employers in certain regions of the state and reduce barriers to employment
Health Savings-Like Account	No	No proposed changes
ESI Premium Assistance	Yes	No proposed changes
Section 1927 Provisions	No	No proposed changes
Reference Material	Original Waiver Application ; Demonstration Approval ; Waiver Amendment Request ; CMS Waiver Amendment Response ; Waiver Amendment Request	Waiver Amendment Request

	New Hampshire Health Protection Program (NHHPP) Premium Assistance	Proposed Changes in Granite Advantage Extension and Amendment Request
Features Not Approved as Proposed or Neither Approved nor Denied	<p><u>Features Not Approved as Proposed in 2016:</u></p> <p>Cost-Sharing</p> <ul style="list-style-type: none"> Up to \$25 co-payment for non-emergency use of the ER <p>Benefit and Eligibility Variations:</p> <ul style="list-style-type: none"> New requirements to verify citizenship and NH residency as a condition of eligibility Permission for all veterans who are NH residents to receive medical and medical-related services from any NH hospital currently providing services to the NHHPP population <p><u>Features Not Approved as Proposed in 2018:</u></p> <p>Work/CE Provisions</p> <ul style="list-style-type: none"> Completion of up to 30 hours/week of work/CE activities to meet work/CE requirement 	N/A



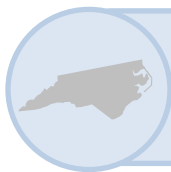
NEW MEXICO

Waiver Approved through 12/2018

Waiver Extension Request Undergoing CMS Review

	Centennial Care	Centennial Care 2.0
Waiver Status	Waiver approved on 11/18/2014; effective 1/1/2014 to 12/31/2018	Waiver extension request submitted to CMS on 12/6/2017; requests extension through 12/31/2023
Waiver Design Summary	MMC <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL Parents and caretakers Individuals eligible for TMA Pregnant women with incomes from 138-235% FPL Children ages 0-18 in families with incomes from 0-185% FPL (including CHIP enrollees) Former foster care children up to age 26 Women needing treatment for breast or cervical cancer Adults who are aged, blind, or disabled, including working disabled individuals Individuals eligible for Refugee Medical Assistance 	Same as current waiver with the following changes: <ul style="list-style-type: none"> Include individuals ages ≤50 eligible for family planning eligibility category in waiver; outside of waiver, eliminate family planning eligibility for individuals ages 51+ with limited exceptions
Premiums	No	<ul style="list-style-type: none"> For expansion adults with incomes >100% FPL In first year of waiver: \$10/month; in subsequent years of waiver: \$20/month Individuals who fail to pay premiums disenrolled after 3-month grace period; individuals are and not permitted to re-enroll for 3 months and cannot re-enroll until making a premium payment State to develop hardship waiver process
Cost-Sharing	<ul style="list-style-type: none"> State plan cost-sharing for children enrolled in CHIP and working disabled individuals 	<ul style="list-style-type: none"> \$25 co-pay for non-emergency ER visits (individuals receiving hospice exempt) \$10 co-pay for non-preferred prescription drugs (psychotropic and family planning drugs exempt) \$5 charge for third missed appointment Requests waiver of requirement to track cost-sharing against 5% cap
Healthy Behavior Incentives	<ul style="list-style-type: none"> May receive credits to be used for health and wellness-related items in a Centennial Rewards catalog 	Same as current waiver with the following changes: <ul style="list-style-type: none"> May reduce or eliminate premium obligations Requests waiver to disregard any money obtained through healthy rewards from countable income when determining Medicaid eligibility

	Centennial Care	Centennial Care 2.0
Benefit-Related Provisions	No	<ul style="list-style-type: none"> ▪ Requests that parents/caretakers be required to receive the ABP (medically frail individuals exempt) ▪ Requests waiver of EPSDT for 19- and 20-year old expansion adults and parents/caretakers (medically frail individuals exempt) ▪ Requests waiver of the IMD exclusion for individuals receiving SUD and psychiatric services with stays of up to 30 days
Eligibility-Related Provisions	No	<ul style="list-style-type: none"> ▪ Requests waiver of retroactive coverage; proposes to reduce retroactive coverage to 1 month in 2019 and eliminate retroactive coverage in 2020 (Native American enrollees and nursing facility enrollees exempt) ▪ Requests waiver of prompt enrollment; coverage begins the first day of month following month of first premium payment ▪ Requests eliminating TMA for parents/caretakers ▪ Requests limiting eligibility for family planning eligibility category to individuals ages ≤50
Work and Community Engagement Provisions	No	No
Health Savings-Like Account	No	No
ESI Premium Assistance	No	No
Section 1927 Provisions	No	No proposed changes
Reference Material	Current Demonstration	Waiver Extension Request
Features Not Approved as Proposed or Neither Approved nor Denied	N/A	N/A

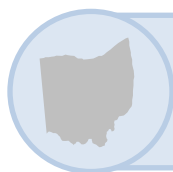


NORTH CAROLINA

Waiver Request Undergoing CMS Review

	North Carolina's Medicaid Reform Demonstration
Waiver Status	Waiver request submitted to CMS on 6/1/2016; amendment to waiver request submitted to CMS on 11/20/2017
Waiver Design Summary	MMC <ul style="list-style-type: none"> Nearly all Medicaid enrollees with limited exceptions¹ Expansion adults with incomes from 0-138% FPL, pending State legislative authority to implement expansion
Premiums	<ul style="list-style-type: none"> Premiums at 2% of income applied for expansion adults with incomes from 50-138% FPL (individuals with medical or financial hardship, members of a federally recognized tribe, and veterans in transition seeking employment exempt) Individuals who fail to pay premiums are dis-enrolled after a 60-day grace period and may re-enroll upon payment of past due premiums
Cost-Sharing	State plan cost-sharing
Healthy Behavior Incentives	No
Benefit-Related Provisions	<ul style="list-style-type: none"> Requests waiver of the IMD exclusion for individuals receiving behavioral health and SUD services regardless of length of stay
Eligibility-Related Provisions	No
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for expansion adults with incomes from 0-138% FPL on participation in employment activities (e.g., employment, education, and job training) Proposed exempt populations include: individuals caring for a dependent child, adult disabled child or disabled parent, individuals receiving SUD treatment, and medically frail
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No
Reference Material	Original Waiver Application ; Amendment to Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A

¹ North Carolina is seeking state legislative authority to expand Medicaid; absent legislative authority, the state covers parents/caretakers with incomes up to 43% FPL

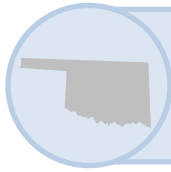


OHIO

Waiver Request Undergoing CMS Review

	Ohio Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver
Waiver Status	Waiver request submitted to CMS on 4/30/2018
Waiver Design Summary	MMC <ul style="list-style-type: none"> Expansion adults with incomes from 0-138% FPL
Premiums	No
Cost-Sharing	No
Healthy Behavior Incentives	No
Benefit-Related Provisions	No
Eligibility-Related Provisions	No
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for non-disabled adults ages 19-49 on work/CE requirements Individuals subject to requirements must participate in ≥80 hours/month of work/CE activities (e.g., employment, job search and training (no more than 30 days), education and training activities, compliance with SNAP work requirement) Proposed exempt populations include: pregnant women, individuals physically or mentally unable to work, individuals caring for a household member who is disabled or incapacitated, individuals residing in the same house as a minor child, individuals who applied for or are receiving unemployment benefits, students in school at least half time, individuals in SUD treatment, individuals subject to and complying with TANF work requirement, individuals who applied for or are receiving SSI, individuals exempt from SNAP work requirement, individuals participating in Specialized Recovery Services Program (i.e., some individuals with a serious and persistent mental illness, a diagnosed chronic condition, or actively on the organ or soft tissue transplant waiting list), and eligible incarcerated individuals State may suspend requirements for individuals residing in counties with an average unemployment rate over 24 months that was >120% of the national unemployment rate or that do not have a sufficient number of available jobs State conducts “appraisal” interviews to determine if individuals meet an exemption or are in compliance with the requirement; individuals who are not exempt or compliant are connected to beneficiary supports (state may offer reasonable modifications to the requirement for individuals without access to sufficient beneficiary supports) Individuals who report that they are not meeting work/CE requirements due to a change in circumstances will undergo re-appraisal to identify if they were not meeting work requirement due to a good cause exemption or other exemption; individuals who fail to meet work requirement going forward are dis-enrolled Requests expenditure authority for federal match for beneficiary supports
Health Savings-Like Account	No
ESI Premium Assistance	No
Section 1927 Provisions	No

	Ohio Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver
Reference Material	Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A



OKLAHOMA

Waiver Request Undergoing Public Comment Period

	SoonerCare	
Waiver Status	<ul style="list-style-type: none"> Waiver extension approved on 12/29/2017; effective 1/1/2018 to 12/31/2018 	Waiver extension request submitted to CMS on 12/29/2017; waiver amendment request undergoing public comment until 9/3/2018
Waiver Design Summary	<p>MMC</p> <ul style="list-style-type: none"> Nearly all Medicaid enrollees² <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> Available to individuals with incomes ≤200% FPL who work for a qualifying employer that offers ESI, including: <ul style="list-style-type: none"> Non-disabled individuals ages 19–64 who work for an employer with ≤250 employees and their non-working spouses Disabled individuals ages 19–64 who are otherwise ineligible for Medicaid because of their income Up to 3,000 full-time college students ages 19–22 with no access to other creditable health insurance options Foster parents ages 19–64 (either full-time or part-time) and their non-working spouses Individuals ages 19–64 working for not-for-profit organizations with ≤500 employees and their non-working spouses <i>Individuals eligible for ESI premium assistance are not otherwise eligible under the State Plan</i> <p>Limited Coverage Option Administered by Oklahoma Health Care Authority that Covers EHBs (Insure Oklahoma Individual Plan)</p> <ul style="list-style-type: none"> Available to individuals with incomes ≤100% FPL who are: <ul style="list-style-type: none"> Non-disabled individuals ages 19–64 who are self-employed or unemployed and their non-working spouses Working disabled individuals ages 19–64 who are otherwise ineligible for Medicaid because of their income Up to 3,000 full-time college students ages 19–22 with no access to other creditable health insurance options 	No proposed changes

²Oklahoma has not expanded Medicaid; the state covers parents/caretakers with incomes up to 43% FPL

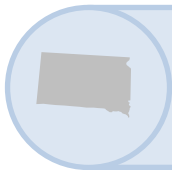
	SoonerCare	
	<ul style="list-style-type: none"> Working foster parents ages 19–64 (either full-time or part-time) and their non-working spouses Individuals ages 19–64 working for not-for-profit organizations with ≤500 employee and their non-working spouses <i>Individuals eligible for the Individual Plan are not otherwise eligible under the State Plan</i> 	
Premiums	<ul style="list-style-type: none"> Premiums charged on a household basis for premium assistance enrollees For individuals enrolled in ESI premium assistance program: Up to 15% of total premium (employer plus employee share), not to exceed 3% of household income For individuals enrolled in the Insure Oklahoma Individual Plan: 20% of age- and gender-based premium band established by state annually, not to exceed 4% of household income; individuals who fail to pay monthly premium within 60-day grace period and do not have a hardship waiver terminated 	No proposed changes
Cost-Sharing	<ul style="list-style-type: none"> State Plan cost sharing for populations that would otherwise be eligible under the State Plan For individuals enrolled in ESI premium assistance program, copayments are as specified by the ESI plan with following limitations: <ul style="list-style-type: none"> Up to \$50 for office visits Up to \$500 deductible for pharmacy Up to \$3,000 out of pocket maximum for each individual, excluding pharmacy \$30 copay for ED visits that do not result in hospitalization Subject to cap of 5% of household income For individuals enrolled in Insure Oklahoma Individual Plan: Cost-sharing subject to maximum permitted Medicaid cost-sharing levels, with exception of \$30 ED copay 	No proposed changes
Healthy Behavior Incentives	No	No proposed changes
Benefit-Related Provisions	<ul style="list-style-type: none"> EPSDT waived for working full-time college students age 19-22 who are enrolled in ESI premium assistance or Insure Oklahoma Individual Plan NEMT waived for individuals enrolled in Insure Oklahoma Individual Plan 	No proposed changes
Eligibility-Related Provisions	<ul style="list-style-type: none"> Retroactive coverage waived (ABD and Tax Equity and Fiscal Responsibility Act populations exempt) 	No proposed changes

	SoonerCare	
Work and Community Engagement Provisions	No	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for non-disabled adults ages 19-50 on work/CE requirements Individuals subject to requirements must participate in ≥20 hours/week of work/CE activities (e.g., subsidized or unsubsidized employment, participation in state workforce development and training programs, participation in SNAP Employment and Training program (no more than 10 hours/week) compliance with SNAP work requirement, community service) Proposed exempt populations include: pregnant women, women ≤60 days post-partum, individuals physically or mentally unable to work, parents/caretakers caring for a dependent child <age 6, parents or caretakers personally responsible for the care of an incapacitated person, individuals compliant with TANF work requirements, individuals participating in SUD treatment, students in school at least half time, individuals receiving unemployment benefits, individuals who work ≥30 hours/week or receive weekly earnings equivalent to 30 hours/week at the minimum wage, individuals who are disabled, individuals enrolled only in the Medicaid family planning program, individuals enrolled in the Breast and Cervical Cancer Program, foster care parents, former foster care members, American Indians and Alaska natives, and individuals who were incarcerated within the last 6 months Individuals who fail to comply with work/CE requirements (following 90-day grace period at initial enrollment) dis-enrolled; may re-enroll upon meeting work/CE requirements for >80 hours within a 30 day period
Health Savings-Like Account	No	No proposed changes
ESI Premium Assistance	Yes <ul style="list-style-type: none"> Enrollees receive ESI plan's benefit package 	No proposed changes
Section 1927 Provisions	No	No proposed changes
Reference Material	Current Demonstration	Waiver Extension Request ; Waiver Amendment Request
Features Not Approved as Proposed or Neither Approved	N/A	N/A

Medicaid Coverage Waivers: State Profiles

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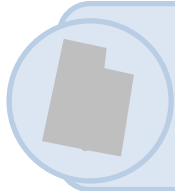


SOUTH DAKOTA

Waiver Request Undergoing CMS Review

	Career Connector
Waiver Status	Waiver request submitted to CMS on 8/10/2018
Waiver Design Summary	<p>FFS</p> <ul style="list-style-type: none"> Parents and caretakers with incomes from 0-57% FPL Waiver request limited to Minnehaha and Pennington counties <p>QHP or ESI premium assistance</p> <ul style="list-style-type: none"> Individuals with incomes ≤100% FPL whose TMA coverage has expired, who continue to comply with work/CE requirements, and who meet healthy behavior standards Premium assistance amount would be equal to PMPM cost of TMA coverage; State proposes no cost-sharing wrap Limited to one-year
Premiums	No
Cost-Sharing	No
Healthy Behavior Incentives	Yes
Benefit-Related Provisions	No
Eligibility-Related Provisions	No
Work and Community Engagement Provisions	<ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for non-disabled adults ages 19-59 and who reside in targeted counties on work/CE requirements Individuals subject to requirements must participate in ≥80 hours/month of work or work-related activities in their individualized employment and training plan (e.g., health insurance or financial literacy courses, disease management courses, treatment for chronic conditions, BH treatment, education, volunteering, job search, or job training) Proposed exempt populations include: individuals working >80 hours/month, full-time students, pregnant women, individuals determined disabled by the SSA, medically frail individuals, individuals participating in a state workforce program (e.g., SNAP, TANF, or unemployment program), parents of dependent children < age 1, non-parent caretaker relatives, and primary caregivers of elderly or disabled individuals living in the same household Individuals who do not comply with work/CE requirements for 3 months during the coverage year will be disenrolled unless they meet a “good cause” exemption (e.g., hospitalization, serious illness, death of family member, etc.); after disenrollment, they have 30 days to take “corrective action” and reactive their coverage. If they do not take corrective action within the 30-day window, they will be locked out for 90 days State’s Department of Labor and Regulations (DLR) will conduct an individual employment assessment for each individual subject to the work/CE requirements, identify an “integrated resource team,” develop an individualized employment and training plan, and track/verify compliance with the work requirements; case managers will also support individuals Individuals may continue to work with a case manager/DLR on implementing individualized employment and training plan until individual works >120 hours per month or has income ≥150% FPL as long as individual continues to meet work/CE requirements

	Career Connector
Health Savings-Like Account	No
ESI Premium Assistance	Yes
Section 1927 Provisions	No
Reference Material	Original Waiver Application
Features Not Approved as Proposed or Neither Approved nor Denied	N/A



UTAH

*Waiver Approved through 6/2022;
Waiver Amendment Requests Undergoing CMS Review*

	Primary Care Network (PCN) Demonstration	Proposed Changes in PCN Demonstration Amendment Request
Waiver Status	Waiver extension approved on 10/31/2017; effective 11/1/2017 to 6/30/2022	<ul style="list-style-type: none"> ▪ Waiver amendment request submitted to CMS on 8/15/2017 ▪ Second waiver amendment request submitted to CMS on 6/22/2018 ▪ Third waiver amendment request submitted to CMS on 6/29/2018
Waiver Design Summary	<p>MMC or FFS (varies by county)</p> <ul style="list-style-type: none"> ▪ Parents and caretakers with incomes from 0-60% FPL receive full benefits ▪ Individuals eligible for TMA receive full benefits ▪ Up to 25,000 parents and caretakers with incomes between 60-100% FPL and childless adults with incomes from 0-100% FPL receive limited benefits (e.g., primary care visits, 4 prescriptions/month, immunizations, routine lab services, etc.) <p>FFS</p> <ul style="list-style-type: none"> ▪ Childless adults ages 19-64 with incomes <5% FPL who are chronically homeless or in need of SUD or mental health treatment (including justice-involved populations) receive State Plan benefits <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> ▪ Individuals ages 19-64 with incomes from 0-200% FPL with access to cost-effective ESI that would cost more than 5% of their household income, their spouse, and their children up to age 26 (<i>most individuals eligible for ESI premium assistance are not be otherwise eligible for Medicaid</i>) <p>COBRA Premium Assistance</p> <ul style="list-style-type: none"> ▪ Individuals ages 19-64 with incomes from 0-200% FPL with access to cost-effective COBRA coverage, their spouses, and children up to age 19; premium assistance amount varies 	<p>August 2017 Waiver Amendment</p> <ul style="list-style-type: none"> ▪ No proposed changes <p>June 22, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> ▪ Requests ability to expand parent/caretaker and childless adult income eligibility to 100% FPL (after 5% disregard) while obtaining ACA's enhanced match rate ▪ Requests waiver to cap enrollment for partial expansion group ▪ Partial expansion would end demonstration program providing limited benefit package to up to 25,000 parents and caretakers with incomes between 60-100% FPL and childless adults with incomes from 0-100% FPL; instead partial expansion group would obtain full benefits <p>MMC</p> <ul style="list-style-type: none"> ▪ Parents and caretakers with incomes from 0-60% FPL ▪ Individuals eligible for TMA <p>FFS</p> <ul style="list-style-type: none"> ▪ Parents and caretakers with incomes from 60-100% FPL ▪ Childless adults with incomes from 0-100% FPL, including childless adults ages 19-64 with incomes <5% FPL who are chronically homeless or in need of SUD or mental health treatment (including justice-involved populations) <p>ESI Premium Assistance</p> <ul style="list-style-type: none"> ▪ Mandatory for individuals with incomes from 0-100% with access to ESI ▪ No proposed changes for individuals with incomes from 100-200% FPL

	Primary Care Network (PCN) Demonstration	Proposed Changes in PCN Demonstration Amendment Request
		COBRA Premium Assistance <ul style="list-style-type: none"> No proposed changes
Premiums	No	No proposed changes
Cost-Sharing	<ul style="list-style-type: none"> State plan cost-sharing 	August 2017 Waiver Amendment <ul style="list-style-type: none"> Requests ability to impose \$25 co-payment for non-emergency use of the ER for parents and caretaker relatives with incomes from 0-60% FPL who are receiving full benefits June 22, 2018 and June 29, 2018 Waiver Amendments <ul style="list-style-type: none"> No proposed changes from August 2017 amendment
Healthy Behavior Incentives	No	No proposed changes
Benefit-Related Provisions	<ul style="list-style-type: none"> Full benefit package for parents/caretakers with incomes from 0-60% FPL is somewhat different than State Plan (e.g., does not cover long-term care but covers case management) Individuals with incomes from 0-100% FPL receiving limited benefit package have coverage for: primary care visits, 4 prescriptions/month, routine dental care, immunizations, eye exam, routine lab services and x-rays, emergency use of the ER, emergency medical transportation, birth control, and diabetes management services EPSDT waived for adults ages 19- or 20-years old IMD exclusion waived for individuals with “short-term residential stays” receiving SUD services 	August 2017 Waiver Amendment <ul style="list-style-type: none"> No proposed changes June 22, 2018 Waiver Amendment <ul style="list-style-type: none"> Partial expansion group would receive full benefits; parents/caretakers with incomes from 60-100% FPL would receive same benefit package as parents/caretakers with incomes from 0-60% FPL (e.g., would not cover long-term care but would cover case management) and childless adults with incomes from 0-100% FPL would receive State Plan benefit package Seeks waiver of EPSDT for adults ages 19- or 20-years old who would enroll through partial expansion
Eligibility-Related Provisions	<ul style="list-style-type: none"> Retroactive coverage waived for parents and caretakers receiving limited benefits; childless adults receiving limited benefits; and individuals enrolled in the ESI premium assistance program 	August 2017 Waiver Amendment <p>Same as current waiver with the following additions:</p> <ul style="list-style-type: none"> Requests ability to implement 60-month lifetime enrollment limit for individuals with incomes from 0%-100% FPL receiving limited benefits and childless adults receiving full benefits who are chronically homeless or in need of SUD or mental health treatment (any month an individual meets job search and training requirement do not count toward enrollment limit) Requests ability to eliminate presumptive eligibility for parents and caretakers with incomes from 0-60% FPL; would not implement presumptive eligibility for childless adults who are chronically homeless or in need

	Primary Care Network (PCN) Demonstration	Proposed Changes in PCN Demonstration Amendment Request
		<p>of SUD or mental health treatment</p> <ul style="list-style-type: none"> Requests authority to implement future eligibility changes to the demonstration via state administrative rules instead of waiver amendment submissions <p>June 22, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> Retroactive coverage would resume and presumptive eligibility would continue No other proposed changes from August 2017 amendment <p>June 29, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> No proposed changes
Work and Community Engagement Provisions	No	<p>August 2017 and June 22, 2018 Waiver Amendments</p> <ul style="list-style-type: none"> Requests ability to condition Medicaid eligibility for adults ages 19-59 with incomes from 0-100% FPL on participation in online job search and training program within first three months of coverage year; individuals only required to participate once per year to maintain eligibility Proposed exempt populations include individuals who are: determined mentally or physically unable to work; primary caregivers of a child under age 6 or incapacitated person; in active SUD treatment; half-time students; receiving TANF, SNAP, or unemployment benefits; working >30 hours per week; and pregnant Individuals who fail to comply with work/CE requirements dis-enrolled unless they meet a good cause exemption (e.g., has a disability preventing them from complying, has a hospitalization or serious illness, birth or death of household member, etc.);¹ may re-enroll upon completing online job search and training program or meeting an exemption <p>June 29, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> No proposed changes
Health Savings-Like Account	No	No proposed changes
ESI Premium Assistance	Yes <ul style="list-style-type: none"> 12-months guaranteed coverage 	<p>August 2017 Waiver Amendment</p> <ul style="list-style-type: none"> No proposed changes

¹ Provisions related to good cause exemptions are only in the May 2018 waiver amendment application.

	Primary Care Network (PCN) Demonstration	Proposed Changes in PCN Demonstration Amendment Request
	<ul style="list-style-type: none"> Provides subsidies of up to \$150/month for adults and up to \$140/month for CHIP-eligible children with access to ESI 	<p>June 22, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> For adults with incomes 0-100%, premium assistance would cover full ESI premium amount and would wrap cost sharing and benefits not provided by ESI No proposed changes for individuals with incomes from 100-200% FPL <p>June 29, 2018 Waiver Amendment</p> <ul style="list-style-type: none"> No proposed changes
Section 1927 Provisions	No	No proposed changes
Reference Material	Current Demonstration	August 2017 Waiver Amendment Request ; June 22, 2018 Waiver Amendment Request ; June 29, 2018 Waiver Amendment Request
Features Not Approved as Proposed or Neither Approved nor Denied	N/A	N/A



WISCONSIN

*Waiver Approved through 12/2018;
Waiver Amendment and Extension Requests Undergoing CMS Review*

	BadgerCare Reform	Proposed Changes in BadgerCare Reform Amendment Request
Waiver Status	Waiver approved on 12/30/2013; effective 1/1/2014 to 12/31/2018	<ul style="list-style-type: none"> Waiver amendment request submitted to CMS on 6/7/2017 Waiver extension request submitted to CMS on 1/19/2018; requests extension through 12/31/2023 (no programmatic changes requested other than those included in amendment application)
Waiver Design Summary	MMC <ul style="list-style-type: none"> Childless adults with incomes from 0-100% FPL Individuals eligible for TMA 	No proposed changes
Premiums	<ul style="list-style-type: none"> For individuals with incomes >100% FPL eligible for TMA Sliding scale based on income TMA enrollees with incomes from 100-133% FPL subject to premiums starting 6 months after enrollment; those with incomes >133% FPL subject to premiums from date of enrollment TMA enrollees who fail to pay premiums dis-enrolled after a 30-day grace period and are not be permitted to re-enroll for 3 months, unless they pay all past due premiums 	Same as current waiver with the following additions: <ul style="list-style-type: none"> \$8/month for households with incomes from 51-100% FPL (premiums charged at the household level instead of on a per-person basis) Individuals who fail to make timely premium payments dis-enrolled and are not be permitted to re-enroll for 6 months, unless they pay all past due premiums
Cost-Sharing	<ul style="list-style-type: none"> State plan cost-sharing 	Same as current waiver with the following addition: <ul style="list-style-type: none"> \$8 co-pay for ER visits (emergency or non-emergency)
Healthy Behavior Incentives	No	<ul style="list-style-type: none"> Individuals required to complete health risk assessment annually 51-100% FPL: may reduce premiums if they attest that they do not exhibit a "health risk behavior" (e.g., tobacco use, being overweight, etc.); have a "health risk behavior," but are taking action to reduce their risk; or have a "condition beyond their control"
Benefit-Related Provisions	No	<ul style="list-style-type: none"> Requests waiver of the IMD exclusion for stays of up to 90 days for individuals receiving SUD services
Eligibility-Related Provisions	No	<ul style="list-style-type: none"> Requests ability to require as a condition of eligibility that: individuals complete annual drug use screening; individuals with a positive screening who do not indicate a willingness to enter SUD treatment complete a drug test; and

	BadgerCare Reform	Proposed Changes in BadgerCare Reform Amendment Request
		<p>individuals with positive drug test complete SUD treatment. Failure to complete drug screening, drug test, or SUD treatment would result in dis-enrollment; individuals required to consent to drug treatment before re-enrolling. Individuals who indicate willingness to obtain SUD treatment not required to complete drug screening as a condition of eligibility</p> <ul style="list-style-type: none"> Requests ability to limit enrollment to 48 months for individuals ages 19-49; after 48 months, individuals dis-enrolled and not permitted to re-enroll for 6 months unless eligible for a different Medicaid eligibility category (populations exempt from work requirement not subject to enrollment limit)
Work and Community Engagement Provisions	No	<ul style="list-style-type: none"> Proposes that any month an individual participates in ≥80 hours/month employment or job training activities does not count toward 48-month enrollment limit (populations that may have difficulty meeting requirement would be exempt)² Requests expenditure authority to obtain matching funds for employment training
Health Savings-Like Account	No	No proposed changes
ESI Premium Assistance	No	No proposed changes
Section 1927 Provisions	No	No proposed changes
Reference Material	Current Demonstration	Waiver Amendment Request ; Waiver Extension Request
Features Not Approved as Proposed or Neither Approved nor Denied	N/A	N/A

² Exempt populations include individuals with mental illness, individuals who are obtaining higher education on at least a half-time basis, or individuals who are caregivers for an individual who cannot care for him/herself, individuals receiving SSDI, individuals unable to work for physical or mental reasons, individuals who are receiving or have applied for unemployment insurance, individuals who are participating in an alcohol or drug treatment program, or individuals attending high school on at least a half-time basis.

Abbreviations

ABD = Aged, Blind, and Disabled	IMD = Institution for mental diseases
ACA = Affordable Care Act	MAGI = Modified adjusted gross income
ACO = Accountable care organization	MMC = Medicaid managed care
ABP = Alternative benefit plan	N/A = Not applicable
CMS = Centers for Medicare & Medicaid Services	NEMT = Non-emergency medical transportation
CHIP = Children's Health Insurance Program	PMPM = Per member per month
CE = Community engagement	PACE = Programs of All-Inclusive Care for the Elderly
COBRA = Consolidated Omnibus Budget Reconciliation Act	PCP = Primary care provider
EHB = Essential Health Benefits	PPS = Prospective payment system
EPSDT = Early and Periodic Screening, Diagnostic, and Treatment	QHP = Qualified health plan
ER = Emergency room	RHC = Rural health center
ESI = Employer-sponsored insurance	SMI = Serious mental illness
FPL = Federal poverty level	SPA = State Plan Amendment
FFS = Fee-for-service	SSA = Social Security Administration
FMAP = Federal Medical Assistance Percentage	SSDI = Social Security Disability Insurance
FQHC = Federally-qualified health center	SSI = Supplemental Security Income
HCBS = Home- and community-based services	STCs = Special terms and conditions
HIPP = Health Insurance Premium Payment program	SUD = Substance use disorder
HSA = Health savings account	TANF = Temporary Assistance for Needy Families
	TMA = Transitional Medical Assistance
	TPA = Third-party administrator

About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is a fully integrated, multidisciplinary legal, regulatory, advocacy and strategic business advisory healthcare practice. Manatt Health’s extensive experience spans the major issues re-inventing healthcare, including payment and delivery system transformation; health IT strategy; health reform implementation; Medicaid re-design and innovation; healthcare mergers and acquisitions; regulatory compliance; privacy and security; corporate governance and restructuring; pharmaceutical market access, coverage and reimbursement; and game-changing litigation shaping emerging law. With almost 90 professionals dedicated to healthcare—including attorneys, consultants, analysts and policy advisors—Manatt Health has offices on both coasts and projects in more than 30 states.