

Approved and Pending Work Requirement Waivers – Covered Populations, Age Exemptions, and Hours Required, as of September 28, 2018

State	Expansion Adults [^]	Traditional Adults*	Age Exemptions	Hours Required
AL		X (parents 0-13% FPL)	60+	35/week (or 20/week for parents/caretakers with a child under age 6)
AR - approved	X		50+	80/month
AZ	X		55+	20/week
IN - approved	X	X	60+	Up to 20/week
KS		X (parents 0-38% FPL)	65+	20-30/week
KY – invalidated by court**	X	X	65+	80/month
ME		X (parents 0-105% FPL)	65+	20/week
MI	X		63+	80/month
MS[†]		X (parents 0- 27% FPL)	65+	20/week
NH - approved	X		65+	100/month
OH	X		50+	80/month
SD^φ		X (parents 0- 50% FPL, residing in Minnehaha or Pennington County)	60+	80/month or achieve monthly milestones in individualized plan
UT	X [‡]		60+	No “hour” requirement; specified job search/training activities required unless working 30/wk ^δ
WI		X (childless adults 0-100% FPL)	50+	80/month

Populations, exemptions, penalties or consequences, and other details vary significantly by waiver.

*Other groups such as Transitional Medical Assistance, family planning only, or former foster care youth, may be included in some states.

[^] NC’s amended Section 1115 application, submitted on November 20, 2017, includes provisions (premiums and work requirements) that would affect newly eligible adults *only if proposed state legislation (“Carolina Cares”) is enacted*. These provisions are not reflected in the table, as the state has not yet added this population to its Medicaid program.

**On June 29, 2018, the DC federal district court issued a [decision](#) in *Stewart v. Azar*. The court [invalidated the waiver approval](#) and sent it back to HHS to reconsider the following provisions: the work requirement, monthly premiums up to 4% of income, coverage lockouts for failure to timely renew eligibility or timely report a change in circumstances, heightened cost-sharing for non-emergency ER use, and elimination of retroactive eligibility and non-emergency medical transportation. The separate “institution for mental disease” substance use disorder payment waiver continues.

[†] For non-exempt parents or caretakers whose incomes exceed the eligibility threshold as a result of meeting the work requirement, but who continue to fulfill the requirement, Mississippi would extend Medicaid coverage for a 12-month transitional medical assistance period. These beneficiaries would then qualify for an additional 12 months of coverage contingent upon continued work/community engagement participation.

^φ For non-exempt parents or caretakers whose incomes exceed the eligibility threshold as a result of meeting the work requirement, but who continue to fulfill the requirement, South Dakota would extend Medicaid coverage for a 12-month transitional medical benefits (TMB) period. These beneficiaries would then qualify for an additional 12 months of premium assistance (limited to no more than the previous year’s TMB per member per month amount) to pay for employer-sponsored insurance or qualified health plan premiums. Beneficiaries would be responsible for cost sharing and any premium costs exceeding the TMB amount during the premium assistance period.

[‡] Utah’s expansion will consist of an enhanced federal match for childless adults up to 100% FPL and adults with dependents between 60-100% FPL.

^δ Individuals subject to this provision would be required to complete participation requirements within three months of the demonstration’s approval in order to maintain eligibility for the remainder of their 12-month eligibility period. They must continue to meet such requirements every 12 months to continue to receive Medicaid benefits.

Approved and Pending Eligibility and Enrollment Restrictions, as of September 28, 2018

Waiver Provision	Expansion Population Approved: 7 states Pending: 5 states	Non-Expansion Populations* Approved: 3 states Pending: 6 states
Premiums & Premium Assistance		
Premiums/Monthly Contributions ^o	Approved: AR, AZ, IA ⁱ , IN, MI, MT Pending: MI, NM Invalidated by court: KY ^c	Approved: IN Pending: ME, WI Invalidated by court: KY ^c
Disenrollment and Lock-Out for Non-Payment of Premiums	Approved: IN, MT Pending: NM Invalidated by court: KY	Pending: ME, WI*
Disenrollment (Without Lock-Out) for Non-Payment of Premiums	Approved: AZ, IA Pending: MI	N/A
QHP Premium Assistance	Approved: AR, MI, NH ⁱⁱ	N/A
Tobacco Premium Surcharge	Approved: IN	Approved: IN
Coverage Effective Date & Time Limits on Coverage		
Waive Retroactive Eligibility [^]	Approved: AR ⁱⁱⁱ , IA, IN, NH ^{iv} Pending: AZ, NM Invalidated by court: KY	Approved: IA, UT ^{iv} Pending: AZ, FL, ME, NM Invalidated by court: KY
Waive Reasonable Promptness ⁺	Approved: IN Pending: NM Invalidated by court: KY	Approved: IN Invalidated by court: KY
Time Limit on Coverage [‡]	N/A ^{vi}	Pending: ME, WI*
Eliminate Hospital Presumptive Eligibility	N/A	Pending: ME
Eligibility Determinations and Redeterminations		
Lock-out for Failure to Timely Renew Eligibility	Approved: IN Invalidated by court: KY	Invalidated by court: KY
Lock-out for Failure to Timely Report Changes Affecting Eligibility	Invalidated by court: KY	Invalidated by court: KY
More Frequent Eligibility Redeterminations	Pending: AZ ^{vii}	N/A
Drug Screening and Testing	N/A	Pending: WI*
Asset Test for Poverty-Related Eligibility Pathways	Pending: NH	Pending: ME
Waive MAGI Financial Methodology	N/A	Pending: TX*
Additional Citizenship and Residency Documentation Requirements	Pending: NH	
Eligibility Groups[™]		
Eliminate TMA Coverage Pathway for Parents/Caretakers		Pending: NM
Limit expansion eligibility to 100% FPL with enhanced match	Pending: UT*	
Authority to cap expansion enrollment	Pending: UT*	

*"Non-expansion" populations include traditional Medicaid populations (low-income parents, Transitional Medical Assistance, former foster care youth, medically needy, etc.) but may also refer to narrow/limited populations that gained coverage through the demonstration waiver. For example, *WI's waiver covers childless adults ages 19 to 64 with income up to 100% FPL (without enhanced ACA matching funds). *UT's waiver expanded eligibility and provided a limited benefit package to certain nonelderly adults up to 100% FPL (the "PCN group"), and recently extended coverage to a limited group of childless adults who are homeless and have behavioral health needs up to 5% FPL. The pending waiver would apply differential benefit packages to parents up to 100% FPL and for childless adults up to 100% FPL (although benefits within each group would be the same). *TX's pending waiver refers to its "Healthy Women" family planning waiver.

^cOn June 29, 2018, the DC federal [district court](#) issued a decision in *Stewart v. Azar*. The court [invalidated the waiver](#) approval and sent it back to HHS to reconsider the following provisions: the work requirement, monthly premiums up to 4% of income, coverage lockouts for failure to timely renew eligibility or timely report a change in circumstances, heightened cost-sharing for non-emergency ER use, and elimination of retroactive eligibility and non-emergency medical transportation. The separate "institution for mental disease" substance use disorder payment waiver continues.

◊ NC's amended Section 1115 application, submitted on November 20, 2017, includes provisions (premiums and work requirements) that would affect newly eligible adults *only if proposed state legislation ("Carolina Cares") is enacted*. These provisions are not reflected in table as legislation has not been enacted.

^ Six other states (DE, MA, MD, RI, TN, and UT) have retroactive coverage waivers that pre-date the ACA and may have been associated with achieving the budgetary savings necessary to expand coverage before federal law authorized the use of Medicaid funds for childless adults. Some of these waivers apply to limited populations, and most have exceptions for seniors and people with disabilities.

* Reasonable promptness waivers allow states to delay the start of coverage until after the 1st premium is paid or after the 60-day payment period expires.

‡ In a [CMS administrator letter to KS](#) on May 7, 2018, CMS rejected KS' proposal to impose a lifetime limit on Medicaid benefits for eligible beneficiaries.

‡ Requests to limit expansion eligibility to 100% FPL with the enhanced match in AR and MA were denied by CMS.

ⁱIA: Premiums are waived for the 1st year of enrollment. In later years, premiums are waived if beneficiaries complete specified healthy behavior activities.

ⁱⁱNH: A pending NH waiver extension request would end QHP premium assistance effective January 1, 2019.

ⁱⁱⁱAR: State waives retroactive eligibility except for the 30 days prior to the date of application for coverage.

^{iv}NH: A pending NH waiver extension request seeks to extend its waiver limiting retroactive coverage to the date of application while removing the approved waiver's conditions, which included CMS determination that retroactive coverage is unnecessary based on state data.

^vUT: This provision applies to only the PCN group. The pending waiver would permit retroactive coverage for those individuals eligible under the demonstration beginning no earlier than the demonstration implementation date.

^{vi}AZ: Pending waiver request initially proposed adding a five-year maximum lifetime limit on Medicaid coverage for some beneficiaries, but an April 2018 [letter from the AZ Medicaid director to the Governor](#) announced the state's decision to remove the time limit request from ongoing waiver discussions.

^{vii}AZ: Proposes to redetermine eligibility every 6 months for all expansion enrollees and every 3 months for individuals who have a change in circumstance that results in non-compliance with waiver requirements.

Approved and Pending Benefit, Copay, and Healthy Behavior Provisions, as of September 28, 2018		
Waiver Provision	Expansion Populations Approved: 5 states Pending: 4 states	Non-Expansion Populations* Approved: 4 states Pending: 6 states
Healthy Behavior Incentives	Approved: AZ, IA, IN, MI, NM Pending: NH, MI Invalidated by court: KY ^c	Approved: FL, IN, NM Pending: WI* Invalidated by court: KY ^c
Waive Required Benefits (NEMT) ⁱ	Approved: IA, IN Invalidated by court: KY ^{ii,iii}	Invalidated by court: KY ⁱⁱⁱ
Copays above statutory limits ^{iv}	Pending: NM Invalidated by court: KY ^v	Pending: ME, NM, WI* Invalidated by court: KY ^v
Fees for Missed Appointments	Pending: NM Invalidated by court: KY ^v	Pending: NM Invalidated by court: KY ^v
Waive EPSDT for 19 and 20 year olds ^{vi}	Pending: NM, UT ^{vii}	Approved: UT ^{vii} Pending: NM
Restriction on Free Choice of Family Planning Provider		Pending: SC ^{viii} , TN, TX*

**"Non-expansion" populations include traditional Medicaid populations (low-income parents, Transitional Medical Assistance for those moving from welfare to work, former foster care youth, medically needy etc.) but may also refer to narrow/limited populations that gained coverage through the demonstration waiver. For example, *WI's waiver covers childless adults ages 19 to 64 with income up to 100% FPL (without enhanced ACA matching funds). *UT's waiver expanded eligibility and provided a limited benefit package to certain nonelderly adults up to 100% FPL (the "PCN group"), and recently extended coverage to a limited group of childless adults who are homeless and have behavioral health needs up to 5% FPL. The pending waiver would apply differential benefit packages to parents up to 100% FPL and for childless adults up to 100% FPL (although benefits within each group would be the same).

*TX's pending waiver refers to its "Healthy Women" family planning waiver.

^cOn June 29, 2018, the DC federal district court issued a [decision](#) in *Stewart v. Azar*. The court [invalidated the waiver approval](#) and sent it back to HHS to reconsider the following provisions: the work requirement, monthly premiums up to 4% of income, coverage lockouts for failure to timely renew eligibility or timely report a change in circumstances, heightened cost-sharing for non-emergency ER use, and elimination of retroactive eligibility and non-emergency medical transportation. The separate "institution for mental disease" substance use disorder payment waiver continues.

ⁱ The NEMT waiver in AR applies to ESI premium assistance enrollees only and is not included in this table.

ⁱⁱKY: All NEMT services are waived for the expansion population.

ⁱⁱⁱKY: In addition to a blanket NEMT waiver for the expansion population, NEMT for methadone services only is waived for both expansion and non-expansion populations.

^{iv}Copays exceeding statutory limits are for non-emergent emergency room (ER) use in all pending and approved waivers noted except WI, which instead would apply a copay at the statutory limit for all ER visits and ME, which would charge copays above statutory limits for certain diagnosis codes. NM also would apply a copay above statutory limits non-preferred prescription drugs.

^vKY: Charge for missed appointment assessed as a deduction from enrollee's healthy behavior incentive account rather than as a direct fee/copayment.

^{vi}OR has an EPSDT waiver as part of its demonstration testing an alternative delivery system model that allows the state to cover treatment services according to a priority list; the OR waiver is not included in this table.

^{vii}UT: The approved provision applies to both the PCN and limited childless adult groups, while the pending waiver would apply to 19 and 20 year olds under the demonstration. ^{viii}SC: South Carolina's pending waiver proposes to add additional specifications and qualification requirements for family planning providers.

Approved and Pending Behavioral Health Provisions, as of September 28, 2018

Waiver Provision	# of States with Approved Waiver	# of States with Pending Waiver
IMD Payment Exclusion	Approved for SUD: 15 States (CA, IL, IN, KY, LA, MA, MD, NH, NJ, PA, UT, VA, VT, WA, WV) Approved for MH: 1 State (VT ⁱ)	Pending for SUD: 12 States (AK, AZ, DE, KS, MD, MI, MN, NC, NM, RI, TN, WI) Pending for MH: 4 States (KS, NC, NM, RI)
Community-Based Benefit Expansions	Approved: 11 States (DE, HI, IL, KS, MA, MD, NJ, NY, RI, VT, WV)	Pending: 10 States (AK, FL, HI, MI, MN, NC, NM, NY, RI, UT)
Eligibility Expansions	Approved: 6 States (AZ, MT, NJ, UT, VA, VT)	Pending: 2 States (NJ, NY ⁱⁱ)
Delivery System Reforms	Approved: 4 States (AZ, CA, MA, NH) ⁱⁱⁱ	Pending: 4 States (MI ^{iv} , MN, NC, NM)

ⁱVermont is required to submit a phase-down schedule for their IMD expenditures for individuals residing in an IMD who are there only to receive mental health (MH) treatment. [In June 2018, CMS denied Vermont's request](#) for an extension of expenditure authority for IMD MH services, noting that it is CMS' policy not to authorize federal financial participation for services for individuals residing in an IMD who are in an IMD only to receive MH treatment.

ⁱⁱNew York's pending waiver amendment also would move its existing financial eligibility expansion for children with behavioral health and HCBS needs who currently meet an institutional level of care from Section 1915 (c) to Section 1115 authority.

ⁱⁱⁱWhile no specific waiver authority is granted, Maryland's waiver commits the state to developing and implementing a physical/behavioral health integration model for individuals with substance use disorders by January 1, 2019 as part of its IMD payment waiver.

^{iv}Michigan's integration model currently exists under Section 1915 (b)/(c) authority that the state is seeking to convert to Section 1115.