

Approved Section 1115 Medicaid Waivers, as of September 28, 2018

	Waiver Name	Waiver Expiration Date	Delivery System Reform	BH	MLTSS ⁱ	Other Targeted Populations	Medicaid Expansion	Work Requirements	Eligibility and Enrollment Restrictions	Benefit Restrictions, Copays, Healthy Behaviors
	Total active, approved waivers: 45 (across 37 states)		16	23	12	15	7	3	7	6
AL	Alabama Medicaid Transformation ⁱⁱ	3/31/2022	X							
AR	Arkansas Works	12/31/2021					X	X	X	
AR	Arkansas' Tax Equity and Fiscal Responsibility Act (TEFRA-like)	12/31/2022				expands eligibility for children with disabilities				
AZ	Arizona Health Care Cost Containment System	9/30/2021	X	X	X		X		X	X
CA	California Medi-Cal 2020	12/31/2020	X	X	X					
DE	Delaware Diamond State Health Plan	12/31/2018		X	X					
FL	Florida Managed Medical Assistance	6/30/2022	X			expands eligibility for seniors and people with disabilities				X
HI	Hawaii QUEST Integration	12/31/2018		X	X					
IA	Iowa Wellness Plan	12/31/2019					X		X	X
IL	Illinois Behavioral Health Transformation	6/30/2023		X						
IN	Healthy Indiana Plan (HIP) 2.0	12/31/2020		X			X	X	X	X
IN	Indiana End Stage Renal Disease (ESRD)	12/31/2020				expands eligibility for Medicare-enrolled people with ESRD				
KS	KanCare	12/31/2018	X	X	X ⁱⁱⁱ					
KY	Kentucky HEALTH ^{iv}	9/30/2023		X			iv	iv	iv	iv
LA	Healthy Louisiana Substance Use Disorder	12/31/2022		X						
MA	MassHealth	6/30/2022	X	X						
MD	Maryland HealthChoice	12/31/2021		X						
ME	Maine Section 1115 Demonstration for Individuals with HIV/AIDS	12/31/2018				expands eligibility and provides limited benefit package for people with HIV/AIDS				
MI	Healthy Michigan	12/31/2018					X		X	X
MI	Flint MI	2/28/2021				expands eligibility and provides additional services to pregnant women & children				
MN	Minnesota Reform 2020: Pathways to Independence	7/31/2018				expands eligibility for HCBS				
MN	Minnesota Prepaid Medical Assistance Project Plus	12/31/2020				expands eligibility for one-year-old children				
MO	Missouri Gateway to Better Health	12/31/2022				expands eligibility and provides limited benefits to nonelderly adults in St. Louis area				
MS	Healthier Mississippi	9/30/2018				expands eligibility and offers limited benefit package to capped number of seniors and people with disabilities				
MT	Montana Health Economic Livelihood Partnership (HELP)	12/31/2020					X		X	

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MT	Montana Additional Services and Populations	12/31/2022		X						
NH	New Hampshire Health Protection Program	12/31/2018					X	X	X	
NH	Building Capacity for Transformation	12/31/2020	X	X						
NH	New Hampshire SUD Treatment and Recovery Access	6/30/2023		X						
NJ	New Jersey Comprehensive Waiver	6/30/2022	X	X	X	provides HCBS to targeted groups of people with I/DD				
NM	Centennial Care	12/31/2018	X		X					X
NY	New York Medicaid Redesign Team	3/31/2021	X	X	X					
OK	Oklahoma SoonerCare	12/31/2018				expands eligibility to certain populations (working people with disabilities, college students, working foster parents, nonprofit employees), varies benefits and cost-sharing, and authorizes federal funds for primary care case management				
OR	Oregon Health Plan	6/30/2022	X							
PA	Pennsylvania Medicaid Coverage for Former Foster Care Youth from a Different State and Substance Use Disorder Demonstration ^v	9/30/2022		X						
RI	Rhode Island Comprehensive Demonstration	12/31/2018	X	X	X					
TN	TennCare II	6/30/2021	X		X					
TX	Texas Healthcare Transformation and Quality Improvement Program	9/30/2022	X		X					
UT	Primary Care Network	6/30/2022		X		expands eligibility and provides limited benefit package to nonelderly adults				
VA	Virginia Governor's Access Plan (GAP) and Addiction and Recovery Treatment Services (ARTS) Demonstration	12/31/2019		X						
VT	Vermont Global Commitment to Health	12/31/2021	X	X	X					
WA	Washington Medicaid Transformation Project	12/31/2021	X	X		expands eligibility and offers limited HCBS benefit package targeted to seniors with unpaid family caregivers				
WI	Badger Care Reform	12/31/2018				expands eligibility and establishes sliding scale premiums for nonelderly adults				
WI	Wisconsin SeniorCare	12/31/2018				authorizes pharmacy benefits and cost-sharing for seniors				
WV	West Virginia Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorder	12/31/2022		X						

NOTES: "MLTSS" = Managed long-term services and supports, "BH" = Behavioral health. This table does NOT include family planning or CHIP-only waivers. ¹Four states (CA, NY, RI & TX) have concurrent Section 1115A authority for financial alignment demonstrations that integrate Medicare and Medicaid benefits for dual eligible beneficiaries in a single health plan. ²Alabama is no longer moving forward with this demonstration and is in the process of standing down the demonstration. ³Kansas administers MLTSS through concurrent Section 1115/1915 (c) waivers. ⁴On 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. ⁵Pennsylvania was granted authority to use Medicaid funds to provide services to adults residing in institutions for mental diseases (IMDs) for short-term acute substance use disorder (SUD) treatment. The state received this authority through an amendment to the state's only active Section 1115 waiver that specifically targets former foster care youth (FFY) who aged out of foster care while residing in a different state (FFY were previously covered under state plan and due to a change in CMS policy, they have been shifted to coverage under waiver authority). (This waiver tracker does not include/track FFY coverage waivers.) The IMD authority applies to all Medicaid-eligible individuals with SUD (not just former foster care youth).

General Notes: Some states have multiple waivers, and many waivers are comprehensive and may fall into a few different areas. This table does NOT include/capture states mandating managed care through Section 1115 (since waiver authority is not generally required for these initiatives) and does not capture delivery system reform, behavioral health, or LTSS initiatives that do not require Section 1115 expenditure authority/federal funds. For additional details on what is included in each category, see category specific notes below.

Delivery System Reform: These states are using Section 1115 waiver authority to use federal Medicaid funding on delivery system reforms that otherwise would not be available under current law. This includes states using Section 1115 waivers to: implement Delivery System Reform Incentive Payment (DSRIP) initiatives, to invest in delivery system reform initiatives other than DSRIP, and to operate Uncompensated Care Pools (also called "Low Income Pools" in some states).

Behavioral Health: These states are using Section 1115 authority to: use Medicaid funds to pay for inpatient substance use and/or mental health services for nonelderly adults in "institutions for mental disease" (IMDs); fund other behavioral health or supportive services for people with behavioral health needs (such as supportive housing, supported employment, peer supports, and/or community-based mental health or SUD treatment services); expand Medicaid eligibility to cover additional people with behavioral health needs who are otherwise uninsured; or request waiver funding for delivery system reform initiatives (such as physical/behavioral health integration, value-based purchasing, and workforce development initiatives).

CMS Guidance: In July 2015, the CMS issued a [state Medicaid director letter](#) describing new service delivery opportunities for individuals with substance use disorder under Section 1115. In November 2017, the CMS issued a [state Medicaid director letter](#) revising the 2015 guidance.

Managed Long-Term Services and Supports (MLTSS): These states are using Section 1115 waivers to authorize the delivery of Medicaid long-term services and supports through capitated managed care. These states need waiver authority to require seniors and people with disabilities to enroll in managed care, and most are choosing to use Section 1115 waivers instead of separate Section 1915 (c) waivers to authorize home and community-based services.

Other Targeted: These states operate Section 1115 waivers that affect targeted populations (e.g., persons with HIV/AIDS, seniors and people with disabilities, uninsured nonelderly adults in non-expansion states). These targeted waivers may provide limited benefit coverage and/or include cost-sharing. "Other Targeted" waivers for seniors and people with disabilities may include eligibility and/or acute care benefits and/or FFS home and community-based services (HCBS) expansions. (States implementing capitated HCBS under Section 1115 authority are captured under "MLTSS.") "Other Targeted" does NOT include family planning waivers.

Medicaid Expansion: These states are implementing the ACA Medicaid expansion through alternative models that differ from federal law. Expansion waivers typically include eligibility and enrollment restrictions for the ACA expansion population (see "Eligibility and Enrollment Restrictions").

Work Requirements: These states are implementing waivers that would require work as a condition of eligibility, for most ACA expansion adults and/or traditional populations. Note: States do not need Section 1115 waiver authority to implement voluntary work referral programs.

CMS Guidance: On March 14, 2017, the CMS sent a [letter to state governors](#) that signaled a willingness to use Section 1115 authority to "support innovative approaches to increase employment and community engagement." On January 11, 2018, CMS posted [new guidance](#) for state Section 1115 waiver proposals to condition Medicaid on meeting a work requirement. 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 [Kentucky HEALTH](#) Section 1115 waiver program.

Eligibility and Enrollment Restrictions: These states are implementing certain eligibility and enrollment restrictions as part of ACA Medicaid expansion waivers or for traditional populations. Provisions approved by CMS to date include: charging premiums beyond what is allowed under federal law (*invalidated by court in KY*); eliminating retroactive eligibility (*invalidated by court in KY*); making coverage effective on the date of the first premium payment (instead of the date of application) (*invalidated by court in KY*); disenrollment and lock-out for unpaid premiums (*invalidated by court in KY*); imposing a lock-out for failure to timely renew eligibility and/or lock-out for failure to timely report a change in circumstance that would affect eligibility (*invalidated by court in KY*); and imposing a tobacco premium surcharge. Provisions in pending waivers not approved by CMS to date include: eliminating hospital presumptive eligibility; requiring asset tests for poverty-related eligibility pathways; waiving MAGI requirements; requiring drug screening and testing; and imposing time limits on coverage. In a [CMS administrator letter to Kansas](#) on May 7, 2018, CMS rejected Kansas' 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 not approved by CMS.

Benefit Restrictions, Copays, and Healthy Behaviors: These states are implementing certain service-use related waiver provisions as part of ACA expansion waivers or for traditional populations including: eliminating non-emergency medical transportation (NEMT) (*invalidated by court in KY*), implementing healthy behavior incentives (tied to premium or cost sharing reductions) (*invalidated by court in KY*), and charging copays in excess of the federal maximum for non-emergent use of the emergency room (*invalidated by court in KY*).

SOURCE: KFF analysis of approved and pending waiver applications posted on Medicaid.gov.