

Summary of Pending and Approved Section 1115 Demonstration Waivers for States to Assist with COVID-19 Public Health Emergency and Other Disasters April 2020

During these unprecedented times, the Centers for Medicare & Medicaid Services (CMS) constantly updates its guidance regarding Section 1115 demonstration and other waiver and State Plan authorities. Our summary reflects the most current CMS 1115 waiver guidance and state submissions as of April 9, 2020.

The Section 1115 demonstration opportunity under Title XIX (Medicaid) of the Social Security Act (Act) has been issued by CMS to assist states with addressing the COVID-19 public health emergency:¹

- Declared by Health and Human Services on Jan. 31, 2020.
- Presidential Declaration under 501(b) of the Robert T. Stafford Act on March 13, 2020.
- Allows states to select from a variety of options to deliver care to Medicaid beneficiaries.
- Available for a limited time and will expire no later than 60 days after the end of the public health emergency.
- Demonstration authority is retroactive to March 1, 2020.²

The COVID-19 Section 1115 waiver is a disaster relief opportunity that makes authorities and flexibilities available to states to assist with enrolling and serving Medicaid beneficiaries such as:³

- Extending home- and community-based services (HCBS) flexibilities to beneficiaries receiving long-term supports and services (LTSS) under Medicaid state plan authorities described in Section 1915(i) and 1915(k) of the Act.⁴
- Accepting self-attestation of applicant resources to streamline eligibility determinations for vulnerable populations.
- Cost-sharing flexibility.
- Delivery system flexibility.
- The ability to make retainer payments to certain habilitation and personal care providers (pending further CMS discussions).
- Ability to pay higher rates for HCBS providers.

¹ Lynch, C, "SMDL #20-002 RE: COVID-19 Public Health Emergency Section 1115(a) Opportunity for States" to State Medicaid Directors, 3/22/20. CMS Center for Medicaid & CHIP Services. Available online <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>

² The March 1, 2020, retroactive date indicated in SMDL #20-002 differs from a Jan. 27, 2020, retroactive date provided in the CMS COVID-19 Frequently Asked Questions document, updated on April 2, 2020. Available online <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>. We are awaiting official CMS clarification.

³ Lynch, C, "SMDL #20-002 RE: COVID-19 Public Health Emergency Section 1115(a) Opportunity for States." Available online <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>

⁴ These flexibilities are available under the Disaster Relief Appendix K for 1915(c) to beneficiaries receiving 1915(c)-like services under Section 1115 demonstrations.



CMS will expedite its review and approval process and will waive certain requirements:^{5, 6}

- States are not required to submit budget neutrality calculations.
- States are not required to conduct a public notice input process.

The state will be required to track 1115 waiver expenditures and its response to the public health emergency in its evaluations of approved demonstrations. A final report will be required one year following the end of the public health emergency that includes the following:⁷

- Data on demonstration implementation,
- Lessons learned,
- Best practices for similar situations.

CMS published a template for states to use when requesting 1115 waivers to combat the public health emergency; states' requests will be reviewed on a state-by-state basis. States can submit 1115 waivers via CMS template to expedite the approval of all elements outlined by CMS.⁸ At this time CMS has not committed to approving any advanced payment constructs without reconciliation under 1115 waivers, indicating that some options are available under the State Plan authority via amendments to the interim payment methodology and subject to final reconciliation.⁹

Note on 1135 vs. 1115 emergency waivers: CMS adopted an expedited template approval process for 1135 waivers on March 22, 2020. We have observed that CMS omitted certain 1135 waiver requests because these requests were outside the scope of the 1135 template. Therefore, we anticipate that states with omitted 1135 waiver elements would submit these requests as part of their 1115 waiver requests or as supplemental 1135 requests (e.g., West Virginia supplemental 1135 waiver dated March 31, 2020).

⁵ Lynch, C, "SMDL #20-002 RE: COVID-19 Public Health Emergency Section 1115(a) Opportunity for States." Available online <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>

⁶ Despite CMS' waiver of these requirements, states may still need to conduct budget projections for other planning purposes and engage stakeholders as needed.

⁷ Lynch, C, "SMDL #20-002 RE: COVID-19 Public Health Emergency Section 1115(a) Opportunity for States." Available online <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>

⁸ Lynch, C, "SMDL #20-002 RE: COVID-19 Public Health Emergency Section 1115(a) Opportunity for States." Available online <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>

⁹ COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies, p.16, Q13. Available online <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

Disaster Response: 1115 Waiver Final Rule

1115 Waiver Final Rule¹⁰

Disaster Exemptions	CMS Guidance
Overview of Disaster Response Waiver	<ul style="list-style-type: none"> • In most cases of disaster in a state, such as a natural disaster, public health emergency, or other sudden emergency that directly threatens human lives, CMS will grant authorities to states allowing them to expedite processes to ensure coverage to populations impacted by the disaster. • The option for providing a good cause exception to bypass, in whole or in part, the federal and state notice and comment processes is included to expedite a decision on a proposed demonstration application or renewal. This ensures that states and the federal government respond quickly to emergencies and unanticipated disasters. • CMS added a new administrative record element for the 1115 Demonstration Waiver to include the state’s disaster exception request, the CMS response letter, and revised public notice timeline, if applicable.
Expedited Process	<ul style="list-style-type: none"> • Providing an exception to public notice during a disaster enables the state to move nimbly during the response period. In most disaster cases, CMS grants authorities to states allowing them to expedite processes to ensure coverage to populations impacted by the disaster. States are expected to maintain or expand affordable coverage for affected populations. • CMS may waive, in whole or in part, federal and state public notice procedures to expedite a decision on a proposed demonstration or demonstration extension request that addresses a natural disaster, public health emergency, or other sudden emergency threats to human lives. • The state must demonstrate the existence of unforeseen circumstances resulting from a natural disaster, public health emergency, or other sudden emergency that directly threatens human lives that warrant an exception to the normal public notice process. The state must meet the following criteria to obtain such an exemption from the normal public notice process requirements: <ul style="list-style-type: none"> ➤ The state acted in good faith, and in a diligent, timely, and prudent manner. ➤ The circumstances constitute an emergency and could not have been reasonably foreseen. ➤ Delay would undermine or compromise the purpose of the demonstration and be contrary to the interests of beneficiaries.
Disaster Exemption Determinations	<ul style="list-style-type: none"> • Approval of a state’s disaster exemption request will be posted on the CMS website within 15 days of approval. This will include the revised timeline for public comment, if applicable.

¹⁰ CMS Commentary on Federal Register/Vol. 77, No. 38/Monday, Feb. 27, 2012/Rules and Regulations.

Disaster Response:1115 Waiver Examples

Note: The following examples are not an exhaustive list of disaster waivers submitted under Section 1115 Demonstration and consist of public information available as of April 9, 2020.

Event Title: Colorado COVID-19 Section 1115(a) Demonstration^{11, 12}

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Colorado

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Colorado	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 13, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <p>Member Eligibility Operations Requirements</p> <ul style="list-style-type: none"> • Continue Medicaid and CHIP eligibility without a redetermination or additional documentation for these individuals within the affected area. • Continue benefits for the entirety of the month and disenroll individuals at the beginning of the following month of the effective period. • Consider members evacuated from or unable to return to Colorado temporarily absent and maintain enrollment. • Cover non-residents, such as individuals living in Colorado temporarily due to a disaster circumstance in their home state. • Cover individuals who are residents of Colorado and currently only qualify for Emergency Medical Services (EMS) as an “uninsured individual” eligible for Medicaid benefits under this demonstration project for related COVID-19 testing, treatment and care for complications associated with COVID-19. • Adopt presumptive eligibility for eligible and uninsured populations, such that all information may be self-declared, and all eligibility documentation requirements are removed during the effective period. • Suspend reasonable compatibility standard for inconsistencies in income when the self-attested income is at or below, and the income obtained electronically is above the applicable income standard during the effective period and require documentation within ninety (90) days following the end of the effective period for those individuals who remain eligible following the conclusion of the demonstration project. • Allow for self-attestation of resources for members. 	Pending	Pending

¹¹ Colorado 1115 Emergency Response Request to CMS. Available online <https://www.colorado.gov/pacific/sites/default/files/Colorado%201115%20Waiver%2003-13-2020%20Submission.pdf>

¹² Colorado’s COVID-19 Emergency Waiver Overview. Available online <https://www.colorado.gov/pacific/sites/default/files/COVID%20Emergency%20Waiver%20Overview%20-%2003-30-2020.pdf>

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
		<ul style="list-style-type: none"> • Allow for long-term care determinations and assessments to occur telephonically or other technology-based solution. • Allow for self-attestation of disability and extend disability determination through contractor to ninety (90) days following the end of the effective period. • Suspend all work requirements for the Department’s Buy-In Program for Working Adults with Disabilities. • Suspend adverse actions for individuals for whom the state has completed a determination but not yet sent notice (e.g., due to inability to deliver mail) or who state believes likely did not receive notice (e.g., evacuation). • Reinstate eligibility if eligibility is discontinued because the member’s whereabouts were unknown due to evacuation, after whereabouts become known (if beneficiary is still eligible). • Extend application processing times and renewal processing for members in affected area to ninety (90) days following the end of the effective period. • Extend acting on all changes in circumstances affecting Medicaid and CHIP eligibility during the effective period to ninety (90) days following the end of the effective period. <p>Medicaid Eligibility for Uninsured Individuals</p> <ul style="list-style-type: none"> • Uninsured individual covered under Medicaid during this demonstration project will be placed in Colorado’s Modified Adjusted Gross Income (MAGI) Expansion Adult eligibility category for the effective period of the demonstration project. <ul style="list-style-type: none"> ➢ The Department will continue Medicaid eligibility without a redetermination in the event that counties cannot maintain adequate application processing turnaround time, which would otherwise cause unintended or inappropriate coverage interruption. <p>Facility, Program, Benefit and Provider Enrollment Requirements</p> <ul style="list-style-type: none"> • The Department is requesting that all applicable coverage benefits be continued for all existing Medicaid beneficiaries for the effective period of the demonstration project, including the following options that the Department may choose to implement as determined necessary: <ul style="list-style-type: none"> ➢ Preadmission Screening and Resident Review (PASRR) ➢ Resident Assessments ➢ Intermediate Care Facilities for the Individuals with an Intellectual Disability (ICF/IID) Assessments ➢ Facilities ➢ PETI ➢ Nursing Facilities ➢ Enhanced or Additional Provider Payments 		

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
		<ul style="list-style-type: none"> ➤ Fee-For-Service Enhanced or Additional Payments ➤ Long-Term Care Case Management ➤ Alternative Facility Payments ➤ Facilities Transfer ➤ Homeless Housing ➤ Copayments ➤ PARs ➤ Benefit Appeals ➤ Pharmacy Refill-too-Soon Requirements ➤ Telemedicine ➤ Supplies and Equipment ➤ Provider Revalidation ➤ Site Visits ➤ Clean Claims ➤ Corrective Action Plans and Request for Additional Information ➤ Managed Care Entities ➤ Programs of All-Inclusive Care for the Elderly (PACE) <p>Benefits</p> <ul style="list-style-type: none"> • The Department is seeking approval to provide the appropriate level of benefits for individuals who are receiving Medicaid and CHIP and for individuals whose redetermination may have been delayed during the effective period. <p>Medicaid Cost Neutrality</p> <ul style="list-style-type: none"> • The Department is requesting that federal financial participation (FFP) be available under this demonstration project throughout effective period. <ul style="list-style-type: none"> ➤ The Department is requesting that FFP be based on the member's current eligibility category for current members. ➤ The Department is requesting 100% FFP for uninsured individuals covered for related COVID-19 testing, treatment and care for complications associated with COVID-19 under Medicaid during this demonstration project who were placed in the MAGI Expansion Adult eligibility category for the effective period of the demonstration project. ➤ The Department is requesting 100% FFP related to the following services covered under the demonstration project: 		

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
		<ul style="list-style-type: none"> • Homeless Housing. • Copayments: • Nursing Facilities. • Alternative Facility Payments • Facilities Transfer • Enhanced or Additional Provider Payments • Managed Care Entities • Programs of All-Inclusive Care for the Elderly (PACE) • Telemedicine • Supplies and Equipment • Project Management 		

Event Title: Rhode Island COVID-19 Section 1115(a) Demonstration¹³

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Rhode Island

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Rhode Island	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 16, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> • Person-Centered Planning Process <ul style="list-style-type: none"> ➢ 42 CFR 441.725(a)(3) – To the extent necessary to permit the planning process to take place in writing, by telephone, and/or by video conference rather than in person. • Person-Centered Plan Review <ul style="list-style-type: none"> ➢ 42 CFR 441.725(c) – To postpone for six months any service plan reviews for which the twelve (12) month review period occurs during the novel coronavirus emergency. • Telephone-only telehealth <ul style="list-style-type: none"> ➢ 42 CFR 410.78 – To permit reimbursement of telephone-only primary and behavioral health care for the duration of the novel coronavirus emergency. • Non-HIPAA compliant telehealth <ul style="list-style-type: none"> ➢ 45 CFR 164.308(b) – To permit the reimbursement of non-HIPAA compliant telehealth for primary and behavioral health care for the duration of the novel coronavirus emergency. • Limitation of NEMT <ul style="list-style-type: none"> ➢ 42 CFR 431.53 – To permit EOHHS to limit transportation of Medicaid members in a way that ensures essential visits are maintained if a shortage of transportation providers occur. • Level of Care Authorizations <ul style="list-style-type: none"> ➢ Special Terms and Conditions for the State’s current 1115 waiver, Project No. 11-W-00242/1 – To conduct at least annually reevaluations of level of care or as specified in the approved waiver. See Appendix K: Emergency Preparedness and Response. • Level of Care Determinations <ul style="list-style-type: none"> ➢ 42 CFR 441.365 – To conduct in-person level of care determinations for applicants or members that need institutional, home-and community-based services, and Katie Beckett. See Appendix K: Emergency Preparedness and Response. 	Pending	Pending

¹³ Rhode Island 1115 Emergency Response Request to CMS. Available online http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/1115Waiver/COVID_2020/FN_COVID_1115Waiver_031620.pdf

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
		<ul style="list-style-type: none"> • Telephonic Triage: <ul style="list-style-type: none"> ➢ Section 1115(a)(2) of the Social Security Act (the Act) - That expenditures made by EOHHS for telephonic triage for COVID-19, which are not otherwise included as matchable expenditures under section 1903 of the Act shall, for the period of the State of Emergency, be regarded as expenditures under the state’s title XIX plan. • Public Notice and Tribal Consultation Process <ul style="list-style-type: none"> ➢ 42 CFR 431.416(g) – State seeks exemption from the public notice process. However, the State does intend to seek input from the public as well as various stakeholders in concert with the submission of this request, which will notify them of this proposal. ➢ The State also requests modification of the tribal consultation process. The State is submitting a letter to the Tribal Chairs and Health Directors in concert with the submission of this request, which will notify them of this proposal. 		

Event Title: **Arizona COVID-19 Section 1115(a) Demonstration**¹⁴

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Arizona

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Arizona	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 17, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> • Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year) • Permit payment for home and community based services (HCBS) rendered by family caregivers or legally responsible individuals; • Expand the provision of home delivered meals to all eligible populations; and • Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19. 	Pending	Pending

¹⁴ Arizona 1115 Emergency Response Request to CMS. Available online https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ_RequestForCOVID_19_EmergencyAuthorities_03172020.pdf

Event Title: Iowa COVID-19 Section 1115(a) Demonstration¹⁵

Event Description: Pandemic

Event Timeframe: March 13, 2020 through current

Affected Areas: Iowa

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Iowa	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 13, 2020 Application Submission Date: March 17, 2020 CMS Approval Date: Pending 	<p>State 1115 and 1915(c) Waiver Request Items</p> <ul style="list-style-type: none"> Waive co-pays and premiums for Iowa Health and Wellness Plan (IHAWP), Medicaid for Employed People with Disabilities (MEPD), Children’s Health Insurance Program (CHIP), Hawki, and Dental Wellness Plan members; Pause all disenrollments for Iowa medical assistance programs; <ul style="list-style-type: none"> ➤ Continuous eligibility for adults ➤ CHIP kids who age out will be enrolled in IHAWP Equip hospitals to determine presumptive eligibility for categorically eligible members; Provide home delivered meals for non-waiver members who are home-bound; Provide home delivered meals for waiver members where the waiver does not have meals as an allowable service; Allow additional flexibility for home- and community-based services (HCBS) providers to continue to meet member’s needs throughout the duration of the disaster proclamation. 	Pending	Pending

¹⁵ Iowa 1115 Emergency Response Request to CMS. Available online https://dhs.iowa.gov/sites/default/files/DHS_COVID19_MedicaidResponse.pdf?040820202132

Event Title: New Mexico COVID-19 Section 1115(a) Demonstration¹⁶

Event Description: Pandemic

Event Timeframe: January 27, 2020 through current

Affected Areas: New Mexico

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
New Mexico	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 19, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> • Care Coordination - Allow telephonic visits in lieu of face-to-face requirements <ul style="list-style-type: none"> ➢ Request to waive the in-person, face-to-face requirements for all care coordination home visits related to 2019 Novel Coronavirus Disease (COVID-19) and allow for telephonic visits • Nursing Facility Level of Care (NFLOC) Redeterminations - Allow suspension of NFLOC redeterminations under 1115 for NFLOC for members whose recertifications are due <ul style="list-style-type: none"> ➢ Request to suspend the Nursing Facility Level of Care (NFLOC) redeterminations for impacted members • Waive State Public Notice Process <ul style="list-style-type: none"> ➢ Request to waive the state public notice process for Section 1115 waivers, under 42 CFR 431.412 	Pending	Pending

¹⁶ New Mexico 1115 Emergency Response Request to CMS. Available online <https://nmmedicaid.portal.conduent.com/static/PDFs/NM%201115%20Waiver%20Request.pdf>

Event Title: **Missouri COVID-19 Section 1115(a) Demonstration**¹⁷

Event Description: Pandemic

Event Timeframe: March 1, 2020 through current

Affected Areas: Missouri

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Missouri	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 20, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> • Home Delivered Meals <ul style="list-style-type: none"> ➢ Expand the provision of home delivered meals to all eligible HCBS populations. ➢ Allow nutritional requirements to be waived and allow home delivered meals to be delivered by a restaurant in good standing with the local public health authority. • Freedom of Choice <ul style="list-style-type: none"> ➢ Allow for restricting freedom of provider choice in situations where it is necessary to quickly find or assign a new provider to HCBS waiver participants. • Signatures <ul style="list-style-type: none"> ➢ Allow required signatures to be documented via telephone. • Other Administrative Flexibilities <ul style="list-style-type: none"> ➢ Draw federal financing match for payments, such as hardship or supplemental payments, to stabilize and retain providers of Behavioral Health and/or HCBS waiver settings who suffer extreme disruptions to their standard business model and/or revenue streams as a result of the public health emergency. 	Pending	Pending

¹⁷ Missouri 1115 Emergency Response Request to CMS. Available online <https://www.mhanet.com/mhaimages/COVID-19/MO1135WaiverRequest.pdf>

Event Title: Washington COVID-19 Section 1115(a) Demonstration

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Washington

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Washington ¹⁸	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 13, 2020 Application Submission Date: March 24, 2020, and March 31, 2020 CMS Approval Date: Pending 	<p>State 1115 Waiver Goals:¹⁹</p> <p>Washington seeks CMS approval to establish a COVID-19 Disaster Relief Fund to help stabilize providers and:</p> <ul style="list-style-type: none"> Transform healthcare delivery to include telemedicine platforms, bed reconfiguration, off-site screening venues, sites for quarantine and post-acute care, and additional respirators, ventilators, and personal protective equipment. Preserve access to care that supports hardship or supplemental payments to stabilize crucial providers, including behavioral health, rural, school-based, and HCBS long-term care. Ensure an adequate healthcare workforce by allowing flexibility to help providers directly or in coordination with local school districts; establish childcare, financial resources to find or reconfigure childcare space, pay childcare workers, and ensure their access to transportation. Ensure access to COVID-19 testing and treatment. Slow the spread of COVID-19 by developing a statewide scheduling, testing, and reporting system. Mitigate the surge in healthcare needs, to include tools for people who can be cared for outside of institutional settings, temporary shelter for homeless people awaiting discharge from institutional care, and nutritional support The state projects that the total aggregate expenditures under this Section 1115 demonstration is \$670 million total computable. <p>WA State 1115 Waiver Elements:</p> <ul style="list-style-type: none"> Temporary eligibility group created under this demonstration for individuals with incomes at or below 200% Federal Poverty Level. Reduce cost-sharing. Target services geographically. Retroactive coverage for COVID-19-related services. To allow effective use of healthcare providers, who are not ordinarily licensed in the state, 	Pending	Pending

¹⁸ Washington 1115 Emergency Response Request to CMS. Available online <https://www.hca.wa.gov/assets/1115-emergency-response-request.pdf>

¹⁹ Washington 1115 Emergency Response Request to CMS. Available online <https://www.hca.wa.gov/assets/Medicaid-Transformation-Project-CMS-request.pdf>

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
		<p>to furnish Medicaid-reimbursable preventive, counseling, and case management services.</p> <ul style="list-style-type: none"> • Self-attestation for long-term care eligibility. • Self-attestation or alternative verification of all elements needed to determine an individual’s eligibility. • Ability to pay higher rates for HCBS providers in order to maintain capacity. • Ability to deviate from established payment methodologies for HCBS providers. • The ability and flexibility to make retainer payments to certain habilitation and personal care providers. • Allow alternate settings to receive intermediate care facilities for individuals with an intellectual disability (ICF/IID) or skilled nursing facility/nursing facility (SNF/NF) payments if a client is moved to a specialty facility for a reason related to the COVID-19 outbreak. • Fast-tracking eligibility process. • Expand presumptive eligibility. • Hold the state harmless for any overpayments to Personal Care Providers. • Increase the availability of non-emergency medical transportation (NEMT). • Allow the state to make managed care directed payments based on the parameters set forth in 42 CFR 438.6(c) in advance of CMS approval. • Establish a COVID-19 Disaster Relief Fund. <p>March 31, 2020, Request:²⁰</p> <p>To aid in addressing the COVID-19 pandemic, the state requests flexibilities to be held harmless with respect to the following:</p> <ul style="list-style-type: none"> • Statewide performance and operational accountability. • Value-based payment (VBP) roadmap requirements. • Quarterly operational reports. • Delivery System Reform Incentive Payment (DSRIP) performance and reporting requirements. • Temporary amendments to LTSS for transportation, personal care, and retainer payments. • Presumptive eligibility. • Foundational community supports. • Substance Use Disorder (SUD) and Institutions for Mental Disease (IMD) purchases for remote access and retainer payments. 		

²⁰ State of Washington, Health Care Authority, March 31, 2020. Available online <https://www.hca.wa.gov/assets/Medicaid-Transformation-Project-CMS-request.pdf>

Event Title: Illinois COVID-19 Section 1115(a) Demonstration²¹

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Illinois

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Illinois	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020: • <i>Application Submission</i> Date: March 26, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <p>Provide federal regulatory flexibilities and federal expenditure authority to address the public health emergency as follows:</p> <ul style="list-style-type: none"> • Mitigate the impact and community spread of COVID-19 by: <ul style="list-style-type: none"> ➢ Removing financial barriers to treatment. ➢ Covering housing during the quarantine period for individuals experiencing homelessness. ➢ Waiving inmate exclusion. ➢ Covering home-delivered meals for families in need during social distancing. • Streamline the Medicaid application process by: <ul style="list-style-type: none"> ➢ Allowing presumptive eligibility. ➢ Suspending transfer of assets rule. ➢ Allowing self-attestation of immigration and citizenship status. ➢ Allowing diversified staff in additional locations. ➢ Allowing direct enrollments. • Preserve access to Medicaid coverage during the public health emergency by extending renewal dates for 12 months. 	Pending	Pending

²¹ Illinois 1115 Emergency Response Request to CMS. Available online <https://www.illinois.gov/hfs/SiteCollectionDocuments/03262020IllinoisCOVID19Section1115DemonstrationProposalFinal.pdf>

Event Title: Arkansas COVID-19 Section 1115(a) Demonstration²²

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Arkansas

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Arkansas	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 1, 2020 Application Submission Date: March 26, 2020 CMS Approval Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Care Continuity Payments: For environmental modifications, workforce support, LTSS direct care workers, and in-home caregivers: <ul style="list-style-type: none"> Environmental Modification Payment: A fixed, time-limited payment for environmental modification for hospitals having 65 beds or fewer. Workforce Support and Training Payment: A fixed-rate, time-limited payment for workforce support, safety, and training. Care Continuity Payment: A per-employee additional monthly payment for LTSS direct care workers in institutional and noninstitutional residential settings. COVID-Specific In-Home Caregiver Payment Benefit for Children in Foster Care: An additional monthly payment made to all foster caregivers. COVID-19 Cluster Payment for Nursing Facilities: Offer a time-limited, one-time payment for emergency and ongoing expenditures for nursing facilities. Screening and testing all-inclusive payment for COVID-19 for individuals who are uninsured as well as Qualified Medicare Beneficiaries (QMBs). Community Connection Payments, which include expansion of telemedicine for licensed professionals and a Home Delivery Benefit for NEMT services. Temporary Housing Assistance for High-Risk Homeless Population. 	Pending	Pending

²² Arkansas 1115 Emergency Response Request to CMS. Available online https://humanservices.arkansas.gov/images/uploads/resources/AR_1115_COVID_Waiver_Application-3.26.20-FINAL_.pdf

Event Title: South Carolina COVID-19 Section 1115(a) Demonstration²³

Event Description: Pandemic

Event Timeframe: March 1, 2020 through current

Affected Areas: South Carolina

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
South Carolina	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 13, 2020 Application Submission Date: March 27, 2020 CMS Approval Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Section 1115(a)(l) Waivers and Provisions Not Otherwise Applicable under 1115(a)(2) <ul style="list-style-type: none"> Waive 42 CFR 435.1009 through 42 CFR 435.1010: Allow an excluded facility under the control of a state correctional agency as clarified by sub regulatory guidance S&C 16-21-ALL, and that would meet the definition of a "Medical Institution" qualifying for federal financial participation, except that it is controlled by a state correctional agency, may be considered a "Medical Institution" for the purpose of receiving federal financial participation for inpatient services provided during the COVID-19 public health emergency. Expenditure Authority <ul style="list-style-type: none"> Federal financial participation for inpatient services delivered to an otherwise qualified beneficiary who is an inmate and receiving care in a medical institution under control of a state correctional agency. 	Pending	Pending

²³ South Carolina 1115 Emergency Response Request to CMS. Available online <https://msp.scdhhs.gov/covid19/sites/default/files/%282020-03-27%29%20SC%201115%20Inpatient%20COVID19.pdf>

Event Title: Georgia COVID-19 Section 1115(a) Demonstration²⁴

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: Georgia

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Georgia	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 13, 2020 Application Submission Date: March 28, 2020 CMS Approval Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Demonstration authority to operate Medicaid program without regard to statutory or regulatory provisions to protect the health, safety, and welfare for affected Medicaid, Children’s Health Insurance Program (CHIP), and other eligible or enrolled beneficiaries. Target services on a geographic basis. Vary the amount, duration, and scope based on population needs. Expand hospital presumptive eligibility. Allow self-attestation. Ability to make interim and/or retainer payments. Add family caregiver service. Expedite approval for supplemental payments. 	Pending	Pending

²⁴ Georgia 1115 Emergency Response Request to CMS. Available online <https://dch.georgia.gov/document/document/section-1115a-waiver-covid-19/download>

Event Title: **Tennessee COVID-19 Section 1115(a) Demonstration**²⁵

Event Description: Pandemic

Event Timeframe: March 30, 2020 through current

Affected Areas: Tennessee

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Tennessee	<ul style="list-style-type: none"> • <i>Public Health Emergency Declaration</i> Date: March 13, 2020 • <i>Application Submission</i> Date: March 30, 2020 • <i>CMS Approval</i> Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> • Make payments for uncompensated care costs incurred by healthcare providers for services related to COVID-19 for the uninsured during the period of the COVID-19 national emergency. 	Pending	Pending

²⁵ Tennessee 1115 Emergency Response Request to CMS. Available online <https://www.tn.gov/content/dam/tn/tenncare/documents/TennesseeCOVID19SafetyNetFundWaiver.pdf>

Event Title: California COVID-19 Section 1115(a) Demonstration²⁶

Event Description: Pandemic

Event Timeframe: March 1, 2020, through current

Affected Areas: California

COVID-19 – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
California	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: March 13, 2020: Application Submission Date: April 3, 2020 CMS Approval Date: Pending 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Reimbursement for COVID-19 testing and treatment inside jails and prisons for Medi-Cal eligible inmates. Waiver of the 16-bed limitation applicable to certain Institutions for Mental Disease. Section 1902(a)(10)(A)(ii)(XXIII): Extend coverage of COVID-19 treatment to the optional uninsured category under at the 100 percent FMAP rate. Deem any COVID-19 testing and treatment provided to Medi-Cal beneficiaries in appropriate care settings outside of hospital emergency rooms as “emergency services” or services necessary to treat an “emergency medical condition.” Reimbursement for temporary, emergency housing within Whole Person Care (WPC) pilots approved pursuant to the Medi-Cal 2020 Demonstration, and flexibility for WPC pilots to modify their budgets for the current Performance Year in response to COVID-19. Waiver of certain utilization limits applicable to the residential treatment benefit provided in approved Drug Medi-Cal-Organized Delivery System (DMC-ODS) pilots. Reimbursement for retainer payments in specified Home and Community-Based Services (HCBS) programs. Waiver of the interim rate setting methodology for DMC-ODS pilots approved under the Medi-Cal 2020 Demonstration. Allow incentive payments on a pay-for-reporting basis for January 1, 2020, to June 30, 2020. 	Pending	Pending

²⁶ California 1115 Emergency Response Request to CMS. Available online: <https://www.dhcs.ca.gov/Documents/COVID-19/CMS-Ltr-and-CA-COVID-19-1115-Waiver-040320.pdf>.

Event Title: Flint, Michigan, Section 1115 Demonstration

Event Description: Lead exposure related to the Flint water system

Event Timeframe: Feb. 14, 2016, through Feb. 28, 2021

Affected Areas: Flint, Michigan

Flint Water Crisis – Public Health Emergency – Individual Waiver Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Michigan ²⁷	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: Jan. 16, 2016 Application Submission Date: Feb. 14, 2016 CMS Approval Date: March 3, 2016, for Feb. 14, 2016, through Feb. 28, 2021 	<p>State 1115 Waiver Request Items²⁸</p> <ul style="list-style-type: none"> To expand Medicaid and CHIP eligibility. To coordinate comprehensive benefits and resources through the provision of Targeted Case Management services. To provide a mechanism for expanded lead abatement activities in the impacted area. 	<p>CMS Response Date:²⁹ March 3, 2016</p> <ul style="list-style-type: none"> Application approved for a five-year Medicaid demonstration entitled, “Flint Michigan Section 1115 Demonstration,” in response to the public health emergency of lead exposure related to the Flint water system. <ul style="list-style-type: none"> Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered by the plan. Access to Targeted Case Management services that include assistance with access to medical, social, education, and other needed services. Evaluation of potential sources of lead exposure in the home. Expansion of coverage does not involve federal Medicaid funds. CMS denies request for lead abatement through 1115 waiver but will work with the state to identify an alternative option. 	<ul style="list-style-type: none"> Expansion of Medicaid and Children’s Insurance Waived federal and state public notice processes and time restraints Waived cost-sharing and premiums Waived requirement to submit Title XIX state plan amendments

²⁷ Michigan Medical Services Administration, letter of approval from Centers for Medicare & Medicaid Services, March 3, 2016. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mi/health-impacts-potential-lead-exposure/mi-health-impacts-potential-lead-exposure-demo-appvl-stcs-03032016.pdf>

²⁸ State of Michigan, letter from the governor, to Children’s Health Insurance Program, February 13, 2016. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mi/mi-health-impacts-potential-lead-exposure-demo-app.pdf>

²⁹ Michigan Medical Services Administration, letter of approval from Centers for Medicare & Medicaid Services, March 3, 2016. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/mi/health-impacts-potential-lead-exposure/mi-health-impacts-potential-lead-exposure-demo-appvl-stcs-03032016.pdf>

Event Title: Puerto Rico Disaster Relief

Event Description: Aftermath of Hurricanes Maria and Irma

Event Timeframe: Nov. 13, 2017, through Jan. 27, 2018

Affected Areas: Puerto Rico

Hurricanes Maria and Irma – Public Health Emergency – Individual Waivers Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Puerto Rico	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: Sept. 5, 2017 Application Submission Date: Nov. 10, 2017 CMS Approval Date: Nov. 28, 2017 	<p>State 1115 Waiver Request Items³⁰</p> <ul style="list-style-type: none"> Expenditure authority to cover individuals eligible for the Federal Emergency Management Agency (FEMA) Transitional Sheltering Assistance (TSA) Program who will be temporarily relocated to Florida or New York. Allow off-island medical coverage to existing or newly eligible beneficiaries of Puerto Rico’s Medicaid benefits. 	<p>CMS Response Date:³¹ Nov. 28, 2017</p> <ul style="list-style-type: none"> Authorize off-island medical coverage for Puerto Rico Medicaid beneficiaries who are eligible for the FEMA TSA program and who are temporarily relocated to the states of New York or Florida. The demonstration supports the objective of the Medicaid program by improving access to high-quality, person-centered services that produce positive health outcomes. The demonstration will be budget-neutral. The managed care plans will contract with providers in the host states to cover off-island medical care. The additional benefits are only available to Puerto Rico evacuees in the TSA program. Additional benefits are not available to individuals who moved from Puerto Rico voluntarily. 	<ul style="list-style-type: none"> Expenditure authority for Puerto Rico’s Medicaid plan for medical coverage of existing or newly eligible beneficiaries who were evacuated to Florida or New York. TSA program is authorized for 75 days and may be extended for the period of the disaster declaration.

³⁰ Secretary of Health, Government of Puerto Rico, letter to Division of Medicaid and Children’s Health Operations, February 10, 2017. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/pr/disaster-relief/pr-disaster-relief-demo-app-11102017.pdf>

³¹ Centers for Medicare & Medicaid Services, approval letter to Puerto Rico Secretary of Health, November 28, 2017. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/pr/pr-disaster-relief-ca.pdf>

Event Title: Texas Healthcare Transformation and Quality Improvement Program

Event Description: Hurricane Harvey

Event Timeframe: Aug. 25, 2017, through Sept. 15, 2017³²

Affected Areas: Texas and Louisiana

Texas – Public Health Emergency – Individual Waivers Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Texas ³³	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: Aug. 25, 2017³⁴ Application Submission Date: Aug. 25, 2017³⁵ CMS Approval Date: Dec. 21, 2017³⁶ 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Continue eligibility for additional two months for individuals from a disaster county. Waive cost-sharing. Allow extension for payment of enrollment fee. 	<p>CMS Response Date: Dec. 21, 2017³⁷</p> <ul style="list-style-type: none"> One-year extension in transitional uncompensated care (UC) pool funding due to the impact of Hurricane Harvey on Texas healthcare providers' operations and financial stability. The state should work with providers seeking to participate in the UC pool for accurate reporting. 	<ul style="list-style-type: none"> Extension of existing waiver granting a pool for reimbursement of UC for healthcare providers.

³²Texas Hurricane Harvey (DR-4332), major disaster declaration, August 25, 2017. Available online <https://www.fema.gov/disaster/4332>

³³ Texas Health and Human Services Commission, August 25, 2017. Available online https://dnnsymkuj.blob.core.windows.net/portals/0/Issues/Emergency%20Readiness/Texas_HHSC-Title%20XVIII_Title%20XIX_and_Title%20XXIRequirements.pdf?sr=b&si=DNNFileManagerPolicy&sig=REJMOnlyuHeC9%2BYJHalpDtcxMyMYisuJ2X2CHwjP2eU%3D

³⁴ Texas Hurricane Harvey (DR-4332), major disaster declaration, August 25, 2017. Available online <https://www.fema.gov/disaster/4332>

³⁵ Texas Health and Human Services Commission, August 25, 2017. Available online https://dnnsymkuj.blob.core.windows.net/portals/0/Issues/Emergency%20Readiness/Texas_HHSC-Title%20XVIII_Title%20XIX_and_Title%20XXIRequirements.pdf?sr=b&si=DNNFileManagerPolicy&sig=REJMOnlyuHeC9%2BYJHalpDtcxMyMYisuJ2X2CHwjP2eU%3D

³⁶ Centers for Medicare & Medicaid Services, letter of approval to Texas Health & Human Services Commissioner. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tx/Healthcare-Transformation-and-Quality-Improvement-Program/tx-healthcare-transformation-demo-ext-12212017.pdf>.

³⁷ Centers for Medicare & Medicaid Services, letter of approval to Texas Health & Human Services Commissioner. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/tx/Healthcare-Transformation-and-Quality-Improvement-Program/tx-healthcare-transformation-demo-ext-12212017.pdf>.

Event Title: Iowa Disaster Relief Demonstration

Event Description: Flooding

Event Timeframe: June 16, 2008, through Aug. 31, 2009

Affected Areas: Iowa counties Butler, Bremer, Black Hawk, Linn, and Johnson

Flooding – Public Health Emergency – Individual Waivers Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
Iowa ³⁸	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: June 16, 2008 Application Submission Date: June 16, June 18, and June 19, 2008 CMS Approval Date: July 23, 2008 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Relieve the state of certain administrative and operational requirements associated with operating its Medicaid and CHIP programs, as a result of flooding in designated counties. 	<p>CMS Response Date: July 23, 2008</p> <ul style="list-style-type: none"> The state may continue Medicaid and CHIP eligibility without a redetermination for affected individuals in the Iowa counties of Butler, Bremer, Black Hawk, Linn, and Johnson. Eligibility may continue until the next scheduled redetermination, or until information is received that warrants a redetermination. Individuals whose eligibility is pending or redetermination is delayed are eligible to receive benefits from programs in which they are enrolled. 	<ul style="list-style-type: none"> Redetermination of eligibility for affected individuals in designated counties is waived during the specified time period.

³⁸ Iowa Disaster Relief Demonstration Fact Sheet, June 16, 2008. Available online <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/downloads/IowaDisasterReliefFactSheet.pdf>

Event Title: Hurricane Katrina Disaster Relief Demonstration

Event Description: Hurricanes Katrina and Rita

Event Timeframe: Aug. 24, 2005, through Jan. 31, 2006

Affected Areas: Louisiana, Mississippi, Alabama, Arizona, Arkansas, California, Delaware, the District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Maryland, Massachusetts, Minnesota, Montana, Nevada, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming³⁹

Hurricanes Katrina and Rita – Public Health Emergency Timeline and Blanket Waiver Information		
Affected States and Territories	Timeline	1115 Waiver Demonstration Process
Alabama, Arizona, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Montana, Nevada, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming	<ul style="list-style-type: none"> <i>Hurricane Katrina Public Health Emergency Declaration</i> Dates:^{40, 41} Aug. 31, 2005 (retroactive to Aug. 24, 2005) <i>Hurricane Rita Public Health Emergency Declaration</i> Dates:⁴² Sept. 23, 2005 (retroactive to Sept. 20, 2005) 	<p>CMS Response:⁴³</p> <ul style="list-style-type: none"> CMS adopted a series of emergency policy changes to accommodate urgent medical needs of displaced Medicaid and State Children’s Health Insurance Program (SCHIP) beneficiaries who fled Hurricane Katrina. CMS worked with 32 affected states to apply for emergency 1115 demonstration waivers to provide temporary eligibility for all eligibility groups. “Special evacuee status” was granted to individuals impacted by Hurricane Katrina. Evacuees could apply for federal programs, including Medicaid or SCHIP, through a simplified application and could self-attest if documentation was not available. Host states (the state to which evacuees relocated) could offer Medicaid and SCHIP to children, parents, pregnant women, individuals with disabilities, low-income Medicare recipients, and low-income individuals in need of long-term services and supports. Thirty-two states were approved for hurricane-related demonstration programs, eight of which were approved provisions for uncompensated care pools that allowed providers to be paid for providing necessary services to evacuees without insurance coverage. Waiver of the normal document requirements verifying their Medicaid or SCHIP status in their home states or any information relating to household income or employment. Provision of temporary eligibility to applicants who are already enrollees in their home state. During the period of presumptive eligibility, the host state is required to verify circumstances of eligibility to the extent possible. Evacuees may apply using a simplified application in the host state. Affected states were exempt from the non-federal share of certain healthcare-related expenses. Allowed states to provide temporary Medicaid and SCHIP coverage to evacuees for up to five months. Allowed evacuees without documentation to receive coverage via self-attestation.

³⁹ MACPAC, “Medicaid’s Role in Disasters and Public Health Emergencies,” March 2018. Available online <https://www.macpac.gov/wp-content/uploads/2018/03/Medicaid%E2%80%99s-Role-in-Disasters-and-Public-Health-Emergencies.pdf>

⁴⁰ Kaiser Commission on Medicaid Facts, “A Comparison of the Seventeen Approved Katrina Waivers,” January 2006. Available online <https://www.kff.org/wp-content/uploads/2013/01/7420.pdf>

⁴¹ Public Health Emergency Declarations. Available online <https://www.phe.gov/emergency/news/healthactions/lists/public%20health%20emergency%20declarations/allitems.aspx>

⁴² FEMA, Louisiana Hurricane Rita Declaration (DR-1607). Available online <https://www.fema.gov/disaster/1607>

⁴³ MACPAC, “Medicaid’s Role in Disasters and Public Health Emergencies.” Available online <https://www.macpac.gov/wp-content/uploads/2018/03/Medicaid%E2%80%99s-Role-in-Disasters-and-Public-Health-Emergencies.pdf>

Event Title: Disaster Relief Medicaid/Family Health Plus (DRM)

Event Description: Terror attacks

Event Timeframe: Sept. 11, 2001, through Jan. 31, 2002

Affected Areas: New York City

September 11 Terror Attacks – Public Health Emergency – Individual Waivers Submitted				
Submitting State or Territory	Timeline	Requests Submitted by the State or Territory	Summary of CMS Response	Final Determination: Waivers Granted by CMS
New York ⁴⁴	<ul style="list-style-type: none"> Public Health Emergency Declaration Date: Sept. 11, 2001 Application Submission Date: Request submitted for disaster assistance between 9/11/01 and 9/16/01 CMS Approval Date: Sept. 16, 2001. 	<p>State 1115 Waiver Request Items</p> <ul style="list-style-type: none"> Extend the coverage of Medicaid and CHIP for beneficiaries. Avoid gaps in healthcare due to the inability to conduct business as usual. Streamline the application process with simplified, one-page application. Allow applicants to self-attest to information provided. 	<p>CMS Response Date:⁴⁵ Sept. 16, 2001</p> <ul style="list-style-type: none"> Created temporary public health insurance program, DRM, for simplifying and expediting the application process during the disaster. Increased the income eligibility and immigrant eligibility rules. Existing beneficiaries and new applicants for Medicaid and CHIP were granted extensions or temporary approval of four months' coverage. 	<ul style="list-style-type: none"> Temporarily waived requirements for enrollment or recertification for Medicaid or CHIP. Allowed self-attestation. Accelerated approval process for Medicaid and CHIP.

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⁴⁴ Disaster Relief Medicaid Evaluation Report, December 2005. Available online https://www.health.ny.gov/health_care/medicaid/related/docs/drm_report.pdf

⁴⁵ Kaiser Commission on Medicaid and the Uninsured in Collaboration with the United Hospital Fund, "New York's Disaster Relief Medicaid: Insights and Implications for Covering Low-Income People," August 2002. Available online <http://files.kff.org/attachment/new-yorks-disaster-relief-medicaid-insights-and-implications-for-covering-low-income-people>