

Medicaid 1115 Coverage Restrictions: State Requests and Approval Status

Last Updated October 16, 2019

	Status in Approval Process	Work requirement	Asset Test	Cost sharing beyond statute	Family Planning Provider Restrictions	Waive EPSDT Coverage	Individual accounts ("HSA")	Lockouts for Premium Non-Payment	Lockouts for non-renewal or failure to report changes, other	Waive NEMT	Premiums	Partial expansion	Private Option	Retroactive coverage waiver	Time limits	Healthy Behavior Incentive	Federal Funding Cuts	Waive PE	Waive Managed Care Standard	Closed Drug Formularies
Alabama [†]	Pending	Pending																		
Arizona	Waiver Amendment Approved	Approved		Approved			Approved				Approved			Approved	Denied	Approved				
Arkansas	Court Rejected	Court Rejected		Approved			Approved					Denied	Approved	Approved		Approved				
Florida	Approved													Approved						
Idaho	Pending/FCP	Pending																		
Indiana**	Pending	Approved/Pending		Approved			Approved/Pending	Approved	Approved	Approved	Approved			Approved		Approved				
Iowa	Waiver Approved					Denied				Approved	Approved		State Withdrew	Approved		Approved				
Kansas [§]	Partly Approved	Denied					Denied								Denied					
Kentucky**	Court Rejected	Court Rejected		Court Rejected			Court Rejected	Court Rejected	Court Rejected	Court Rejected	Court Rejected			Court Rejected						
Maine**	Partly Approved/Withdrawn	Withdrawn	Denied	Denied				Withdrawn			Withdrawn			Withdrawn				Not Approved		
Massachusetts	Waiver Pending									Pending		Denied		Approved						Denied
Michigan	Approved	Approved		Approved			Approved		Approved		Approved		State Withdrew			Pending				
Mississippi [†]	Pending	Pending																		
Montana	Pending	Pending		Approved				Approved			Approved					Approved				
New Hampshire	Court Rejected	Court Rejected	Denied										State Withdrew	Court Rejected						
New Mexico	Partly Approved			Approved		Denied		Approved			Approved		State Withdrew	Approved		Approved				
North Carolina* ^Δ	Partly Approved	Denied									Denied									
Ohio	Approved	Approved																		
Oklahoma [†]	Pending	Pending												Approved						
South Carolina	Pending	Pending			Pending										Pending					
South Dakota	Pending	Pending																		
Texas	Pending				Pending									Pending						
Tennessee [†]	Pending/SCP	Pending			Pending	Pending			Pending								Pending		Pending	Pending
Utah**	Pending/SCP	Approved/Pending		Approved		Approved		Pending	Pending		Pending	Denied		Approved	Pending		Pending	Pending		
Virginia	Pending	Pending																		
Wisconsin*** [†]	Partly Approved	Approved		Denied				Approved			Approved				Denied	Approved				

State details:

For states noted with **, the waiver applies to adults eligible through Medicaid expansion and traditional Medicaid.

“SCP” indicates an element included in a waiver that is out for state public comment, or just completed the state public comment period and is not yet filed with CMS.

“FCP” indicates an element included in a waiver that is out for federal public comment.

[†]AL, KS, MS, OK, TN, UT and WI have not expanded Medicaid.

[‡]WI was approved to condition eligibility on completion of a questionnaire on healthy behaviors, possibly including drug use.

[§] Kansas’s KanCare waiver was approved but did not include its request for a work requirement or coverage time limits.

^Δ North Carolina’s Medicaid Reform waiver included a request for pre-approval of a work requirement if the state expanded Medicaid. The waiver was approved but that request was denied.

Waiver Request Categories Defined

Asset test: Count assets, in addition to income, in determing eligibility. The ACA removed asset tests and based eligibility on modified adjusted income, except for seniors and people with disability who also have Medicare coverage.

Cost sharing: Cost sharing that is higher than allowed under Medicaid law.

Drug testing: Drug test required for program eligibility.

EPSDT: Request to omit required Medicaid benefit of early and periodic screening, diagnosis and treatment for conditions that can affect development.

Family planning provider restrictions: Restrict Medicaid funding for providers who meet additional qualifications

Individual accounts: Medicaid sets up and largely funds individual accounts that enrollees manage.

Lockouts: Enrollees may be disenrolled and barred from re-enrollment for a period of time. Most lock-outs relate to non-payment of premiums, and some allow reenrollment if back permiums are paid, but some related to timely renewal filing and other administrative issues ((i.e., Kentucky).

NEMT: Request to omit coverage of non-emergency medical transportation, a Medicaid benefit.

Premiums: Charge monthly fee to enrollees. May only apply to enrollees with incomes above a certain level of poverty.

Partial expansion: Request to receive full expansion federal matching rate without covering the entire Medicaid expansion population.

Private option: State purchases marketplace coverage for expansion enrollees. May be optional or mandatory for enrollees. May include premiums for ESI.

Retroactive coverage: No coverage for costs incurred 3 months prior to Medicaid eligibility.

Time limits: Limit on number of months that otherwise eligible individuals can receive Medicaid.

Wellness programs: Participation in specific health related activities can reduce premiums, cost sharing.

Work requirement: Eligibility for coverage is conditioned on meeting a work requirement.

Federal funding cuts: Structures that cap federal Medicaid funding to states, such as block grants and per capita caps, that go beyond traditional Medicaid waiver budget neutrality.

Waive PE: Waiving hospitals’ ability to make presumptive eligibility determinations for uninsured patients that need care and are likely to qualify for Medicaid.

Waive managed care standards: Exempting state managed care programs from federal regulations.

Closed Drug Formularies: Limiting the number of prescription drugs covered by Medicaid.