NATIONAL ASSOCIATION OF Community Health Centers

January 15, 2019

Updates on Recent State Waiver Activity

States may seek approval from CMS to waive certain federal requirements in order to test new or different models for administering or implementing their Medicaid, CHIP and Health Insurance Marketplace programs. The waivers that are most often relevant for health centers and their patients are Section 1115 (used to waive certain Medicaid requirements) and Section 1332 (used to waive certain Marketplace requirements) waivers. Both types of waivers are subject to several procedural requirements, such as the opportunity for public comment at the state and federal levels and, in the case of 1332 waivers, the enactment of enabling state legislation. See NACHC's Fact Sheet on *State Waiver Options* here.

Section 1115 Medicaid Waivers

A Section 1115 waiver is the broadest type of waiver available under Medicaid. Officially, states use these waivers to create "demonstration projects" intended to improve Medicaid and/or CHIP programs, and they must include a formal evaluation of impact. Waivers listed below are those that have a direct or indirect impact on FQHC patients and/or providers. Following the list of states is a table grouping states with specific types of waiver provisions. Please see www.medicaid.gov or each state's Medicaid website for other waivers not listed below. To submit or review federal comments for waivers see the Medicaid public comments website.

State (Green = Medicaid Expansion)	Highlights of Waiver	Status
Alabama	Alabama Medicaid Workforce Initiative – In Sep. 2018, Alabama submitted its 1115 waiver proposal to CMS seeking permission to implement within 6 mos. of approval **work requirements for the able-bodied Parent or Caretaker Relative (POCR) eligibility group, currently 74,000 individuals**. The work requirements will be similar to the state's TANF JOBS program, which requires **35 hrs/wk** of employment-related activities. Currently, to be eligible for POCR coverage, family income must be at or below 13% FPL, but a 5% disregard is applied.	Pending at CMS
Alaska	Alaska Medicaid Section 1115 Behavioral Health Demonstration – CMS has approved Alaska's 1115 waiver application to create a data-driven, **integrated behavioral health system of care**. The waiver is the result of a 2016 state Medicaid reform bill. The 3 target populations for the program are: 1) children, adolescents, and their parents or caretakers with, or who are at risk of, mental health and substance use disorders (SUD); 2) transitional age youth and adults with acute mental health needs; and 3) adolescents and adults with SUD. Better integration with primary care is an aim of the application. Several new ASAM-level SUD services and HEDIS quality measures are added under the waiver.	Approved (Nov. 2018)

State (Green = Medicaid Expansion)	Highlights of Waiver	Status
Arizona	Arizona Health Care Cost Containment System – In Nov. 2017, AHCCCS submitted a letter to CMS indicating that they would aim to submit to CMS several 1115 waiver **amendments** by Dec. 31, 2017 seeking: changes to FQHC payment methods; ***work/education/training requirements** for certain able-bodies adults **and lifetime limits**; to limit non-emergency medical transportation (**NEMT**); **limit retroactive coverage to the month of application**; to **exclude drugs** from their formulary, but still receive the Medicaid drug rebate; **relief from the access to care rule** for the fee-for-service (FFS) population, the majority of whom are American Indians; and **expedited approval for a period of 10 years of all waivers that were previously approved at least two times**. The state recently closed its comment period for technical amendments made to its AHCCCS Complete Care (ACC) **managed care** program. **Amendments pending at CMS:** • Retroactive Eligibility Demo. Amendment Request - The state seeks to limit **retroactive coverage** to the month of application. • *AZ AHCCCS Works Waiver Amendment Request – Seeks to implement **work requirements, cost sharing**, and coverage **lifetime limit** to 5 years for able-bodied adults, which will become effective on the date of CMS's approval. • Institution for Mental Disease[1] (IMD) Waiver Amendment Request - Seeks **expenditure authority** to claim as medical assistance the cost of services provided to Medicaid beneficiaries aged 21-64 who receive **inpatient services in an IMD**, regardless of delivery system.	Pending at State Pending at CMS Pending at CMS Pending at CMS
Arkansas	Arkansas Works – In Jun. 2017, Arkansas proposed an **amendment** to **cap eligibility** at 100% FPL (100-138% FPL would move to the Marketplace), establish **work requirements** (with a lockout for the rest of the calendar year for those who do not meet requirements), and **eliminate retroactive coverage**. See federal comments here. In Mar. 2018, CMS **approved the state's proposal to implement work requirements**, i.e., requiring all Arkansas Works beneficiaries aged 19 through 49, with	Approved partially. (Mar. 2018)

[1] The Medicaid "IMD" Exclusion: Under Section 1905(a)(B) of the Social Security Act, federal Medicaid funds cannot be used for payments for care or services for any individual who has not attained 65 years of age and who is a patient in an institution for mental diseases (IMD), with certain exceptions. IMDs are institutions of more than 16 beds, primarily engaged in providing care and treatment services to persons with mental diseases. The prohibition in intended to promote and ensure state responsibility for inpatient psychiatric services. For more information, see the Legal Action Center fact sheet.

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	certain exceptions, to participate in and report **80 hours per month** of work/community engagement activities. Beneficiaries aged 50+ are exempt to ensure alignment SNAP. The new requirements are being phased in for enrollees: aged 30 to 49, Jun. – Sep. 2018; aged 19 to 29 in 2019. The state's retroactive eligibility proposals were also approved. The approval is effective Mar. 5, 2018 through Dec. 31, 2021. CMS did not approve the state's proposal to reduce income eligibility for Arkansas Works beneficiaries to 100 percent of the FPL. **Implementation and Lawsuit:** The waiver program's implementation began on Jun. 1, 2018. According to state data, as of Nov. 2018, over 12,000 enrollees have lost coverage due to failure to demonstrate that they are meeting the new requirements. Those individuals could be locked out of coverage until Jan. 2019 if they are noncompliant for 3 months. In Aug. 2018, a lawsuit (Gresham v. Azar) was filed against HHS/CMS by NHeLP, Legal Aid of Arkansas and SPLC on behalf of 3 Medicaid enrollees. The lawsuit is pending before US District Court for DC's Judge James Boasberg, the same judge who presided over the Kentucky HEALTH waiver lawsuit. As was done for the Kentucky lawsuit, a group of 40 public health scholars filed an amicus brief in support of the plaintiff-Medicaid enrollees. For an on the ground look at how implementation is playing out in the state, see this PBS Newshour piece from Nov. 19, 2018.	Litigation pending
Delaware	Delaware Diamond State Health Plan (DSHP) Section 1115 Demonstration Waiver – In Jun. 2018, the state submitted an application to CMS requesting a waiver amendment **to continue, and potentially expand, the use of IMDs** for SUD residential treatment for Medicaid enrolled individuals with opioid or other SUDs.	Pending at CMS
Florida	Florida Managed Medical Assistance – **Pending Amendments:** • Behavioral Health and Supportive Housing Services Amendment– Pursuant to 2016 legislation, this amendment seeks to implement a pilot program in two regions that provides additional behavioral health services and supportive housing assistance services for persons aged 21 and older with serious mental illness (SMI), with SUD or SMI with co-occurring SUD, who are homeless, or who are at risk of homelessness due to disability. (Logged by CMS on Nov. 15, 2016.) • FL MMA 1115 PDHP Amendment – Pursuant to a 2016 legislative directive, the state seeks to reestablish a statewide Medicaid Prepaid Dental Health Program that is offered to enrollees in managed care or FFS delivery	Pending at CMS

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	system. Up to 4 dental plans will be paid a prospective per-member-per-month capitation payment for covered services. Excluded recipients are individuals who have limited Medicaid eligibility, such as: Individuals eligible for emergency services only due to immigration status and Family Planning Waiver eligibles. Coverage policies and approved billing codes for FQHCs (and others) under Florida Admin. Code will be applicable. (Logged by CMS on Apr. 26, 2018.) • FL MMA 1115 Low-Income Pool (LIP) and Retroactive Eligibility Amendment – This amendment eliminated the 90-day retroactive eligibility period for non-pregnant patients and addressed LIP issues such as an amendment seek to add Regional Perinatal Intensive Care Centers as an eligible hospital ownership subgroup and community behavioral health providers as participants.	Approved (Nov. 2018)
Georgia	Georgia Planning for Healthy Babies – The state is seeking a 10-year extension of its Sec. 1115(a) waiver demonstration program. The current demonstration permits the state to provide family planning services to eligible women ages 18-44, as well as inter-pregnancy care services including primary care case management for eligible women who deliver very low birth weight babies. The waiver period would be Apr. 2019 through Mar. 2029.	Pending at CMS
Hawaii	Hawai'i QUEST Integration – The state seeks to **extend** the current demo for 5 years, from Jan. 2019 – Dec. 2023. Public comments on the renewal application at the state level were reopened in Jul – Aug. 2018. CMS granted a temporary extension of the program in Dec. 2018. CMS **approved** the state's Aug. 2017 request to amend the program. The amendment will allow the state to implement community integration services, e.g., **supportive housing services**, for qualified beneficiaries who are chronically homeless and have a mental health need, complex physical illness or substance use disorder. The approval period is Oct. 1, 2013 – Dec. 31, 2018 (see the extension request discussed above). **Note:** In Oct. 2018, AlohaCare and Ohana Health Plan (WellCare Health Plans, Inc.) announced that they would cover basic adult dental services for Medicaid beneficiaries as early as Jan. 2019. This restores a benefit which the state had to cut approximately 10 years ago due to budget concerns.	Pending at CMS Approved (Oct. 2018)

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Indiana	Healthy Indiana Plan (HIP) 2.0 – CMS **approved** the state's request to renew and amend HIP 2.0's renewal its waiver to implement the following: establish an SUD program; waive retroactive eligibility; waive reasonable promptness requirements; add **work/community engagement requirements**; add a tobacco premium surcharge; reestablish lockouts for failure to renew on time or pay premiums; and charge copays for non-emergency use of the emergency department. Implementation of the work/community engagement requirements will begin in 2019. This waiver is effective from Feb. 1, 2018 through Dec. 31, 2020.	Approved (Feb. 2018)
Kansas	KanCare Renewal - "KanCare 2.0" State is seeking to **renew** the KanCare demonstration under Section 1115(a) five years, effective from Jan. 1, 2019 through Dec. 31, 2023. The state submitted the renewal request to CMS in Dec. of 2017. The renewal asked for **work requirements** (assessed at the point of application or redetermination) and **coverage time limits** for those subjected to work requirements. Members who are subjected to work requirements and don't meet them will have a maximum of 3 months of coverage in a 36-month period while those that do meet the work requirement will have a maximum of 36 months of coverage. The program was set to be implemented on Jan. 1, 2019 to Dec. 31, 2023. In the Dec. 2018 approval letter, **CMS did not approve the following**: pilot programs to improve services coordination, community engagement requirements, time limits for some types of Medicaid eligibility, MediKan work opportunities, and independence accounts.	Approved, partially. (Dec. 2018)
Kentucky	Kentucky HEALTH - **Approval**: The Kentucky HEALTH waiver was first approved on Jan. 12, 2018 for 5 years from Jan. 12, 2018 through Sep. 30, 2023. This is the first of the state waivers approved to implement **"community engagement" (work-related) requirements** as a condition of for Medicaid coverage. The requirement is applicable to the traditional and expansion populations. The waiver also implements premiums, cost-sharing deductions, high-deductible HSAs and lock-outs. **First approval:** NHeLP, KEJC and SPLC's Jan. 2018 filed a complaint against HHS and moved for summary judgment (Stewart v. Azar) in the US District Court for DC. Gov. Bevin unsuccessfully countersued the Plaintiffs in E. D. KY seeking declaration that the waiver is legal. HHS's motion to change the venue from DC to E. D. KY was denied in Apr. 2018. AARP and Public Health Scholars filed amici briefs on behalf of the plaintiffs. A hearing in the US District Court for DC was held on Jun. 13, 2018. On Jun. 29, the federal district court vacated the waiver's approval and remanded the waiver request back to CMS	First Approval (Vacated)

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	for review, consistent with the court's opinion. (Note: The court did permit the state to move forward with the KY HEALTH SUD program implementation, for which CMS approved an implementation protocol on Oct. 5, 2018.) **Second Approval:** In Aug. 2018, CMS opened a new federal comments period for Kentucky HEALTH resulting in the receipt of over 11,000 comments. Comments in opposition to the waiver number 20 to 1. On Nov. 20, 2018, CMS re-approved the largely unchanged Kentucky HEALTH waiver request despite overwhelming evidence and comments urging the Administration against doing so, as the program will result in hundreds of thousands of low-income residents losing coverage. Another round of litigation is expected.	Second Approval (Nov. 2018) Litigation is pending.
Maine	MaineCare – Maine submitted an 1115 waiver (new) application to CMS dated Aug. 1, 2017 seeking approval to implement the following: 80-hour per month **work requirements with certain exemptions**; **premiums**, **lockouts**, **and copayments** for non-emergency ED use and missed appointments; **asset testing**; **the end of retroactive eligibility coverage**; **coverage time limits** (up to 3 months of coverage for members that have a work requirement but do not complete them); and ending presumptive eligibility. **The proposals to implement cost-sharing for non-emergency use of the ER, time-limits and asset testing were not approved by CMS.** Populations covered by the MaineCare waiver include: adults/parents with incomes under 105% FPL; individuals receiving transitional medical assistance and individuals with certain former foster care youth; individuals with HIV and breast/cervical cancer.	Approved, partially. (Dec. 2018)
Maryland	Maryland HealthChoice – The state submitted an amendment application to CMS in Jun. 2018 seeking to: 1) implement a limited **pilot National Diabetes Prevention** Program, 2) pay for certain IMD-based services, 3) cover limited **adult dental services for dual-eligibles** 21-64 years of age, 4) **expand the cap** on Assisted Community Integration Services, and 5) remove the **family planning** program in anticipation of submitting a SPA for the same program with expanded requirements and services. In Aug. 2018, the state modified its amendment. Rather than removing its entire family planning program, the state now seeks to continue to cover Family Planning Program services to post-partum women who are no longer eligible for full benefits under the waiver.	Pending at CMS
Massachusetts	MassHealth – Massachusetts submitted requests to make technical corrections to its Section 1115 waiver. On Oct. 23, 2018, CMS approved those technical corrections and clarifications, including: 1) clarifying in the waiver's special terms and	Approved (Oct. 2018)

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	conditions (STCs) that payments to Community Health Centers are neither limited to **uncompensated care costs** incurred by Community Health Centers nor otherwise subject to the provisions of the Cost Limit Protocol, and 2) clarifying that **Accountable Care Organizations (ACOs),** not Community Partners (CPs), are responsible for providing the waiver program's "Flex Services." On Oct. 31, 2018, CMS approved changes to the state's Delivery System Reform Incentive Payment (DSRIP) waiver protocol, which sets forth guidelines for how the state will operate ACOs, in addition to other DSRIP initiatives like Statewide Investments and CPs. The Protocol also lays out how entities will be financially at risk for performance outcome measures. **Other substantive waiver amendment requests** from Massachusetts are still pending at CMS.	
Michigan	Healthy Michigan Plan (HMP) – In Dec. 2016, the state submitted an application to CMS to **extend** its HMP 1115 waiver program. HMP is the state's Medicaid expansion program and covers childless adults 19-64 years of age who make less than 138% of the FPL, or about $16,000 per year for a single person. As of Jul. 2018, over 689,000 were enrolled in the program. In Apr. 2018, the state's legislature passed Senate Bill 897 directing the submission of a waiver application to be able to require its **able-bodied adult Medicaid recipients to engage in workforce engagement requirements**. In Sep. 2018, the state submitted an "extension application amendment" to CMS.	Approved (Dec. 2018)
Mississippi	Mississippi Workforce Training Initiative – In May 2018, the state resubmitted its **amendment** application seeking to impose **work requirements** on low-income parents and caretaker relatives with incomes of less than 27% FPL per year. The cap on the income limit was not raised and Mississippi is a non-expansion state. A new comment period was opened in Jul. - Aug. 2018 to address the changes such as an extended eligibility period for transitional medical assistance. If approved, the program would be implemented on July 1, 2019 for new applicants and Jan. 1, 2020 for beneficiary annual renewals.	Pending at CMS
Missouri	Missouri Gateway to Better Health – The state has submitted to CMS a request to amend its current demonstration program to authorize the coverage of **office visits and generic prescriptions for substance use treatment**. The demonstration currently covers only tobacco cessation counseling. Drugs can continue to be dispensed by a patient's primary care home and reimbursed using the current APM for health centers. By covering generic prescriptions, beneficiaries will be able to receive treatment at health centers without any further administrative requirement and at lower cost than the sliding fee	Pending at CMS

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	scale. The state also seeks to clarify through the standard terms and conditions (STCs) that it is not required to adhere to the rebate requirements of Section 1927 of the SSA.	
New Hampshire	New Hampshire Health Protection Program Premium Assistance – CMS approved the state's amendment request to implement **community engagement activities (work requirements)**, a state legislative directive. As of Jan. 1, 2019, NHHPP Premium Assistance beneficiaries in the "new adult group" aged 19-64, with certain exemptions, will be required to participate in 100 hours/month of community engagement activities, such as employment, education, job skills training, or community service, as a condition of Medicaid eligibility. CMS notes that the state's waiver includes "beneficiary protections, such as an opportunity to maintain eligibility for beneficiaries who report that they failed to meet the community engagement hours due to circumstances that give rise to good cause." "Granite Advantage" Amendment - In Jul. 2018, the state submitted an amendment and extension request seeking to implement the Granite Advantage Health Care Program, which shifts the expansion population from the premium assistance program to **managed care**. The state sought to eliminate retroactive coverage and implement asset testing.	Approved (May 2018) Approved, partially. (Nov. 2018)
New Mexico	New Mexico Centennial Care – An amendment to New Mexico's Section 1115 waiver was submitted to CMS on Dec. 6, 2017 (deemed complete on Dec. 14, 2017) to implement the following changes: redefine coordinated care; test new **value-based purchasing arrangements**; extend coverage to **former foster youth** up to age 26; improve the **integration of behavioral and physical health services**; and expand home visiting and family planning services known as Community Benefit (CB) and long term services and supports (LTSS).	Approved (Dec. 2018)
North Carolina	North Carolina's Medicaid Reform Demonstration – The state is aiming to achieve a 2015 state legislative goal of shifting its Medicaid program to **managed care and broad Medicaid reform**. The state has not opted to expand Medicaid under the ACA. On Nov. 20, 2017, the state submitted its application to CMS seeking permission to impose **work requirements** and premiums through the Carolina Cares program, as well as permission to waive the **IMD exclusion**. Federal level comments closed on Jan. 5, 2018. In Oct. 2018, CMS approved the state's Medicaid reform demonstration project, effective Jan. 1, 2019 through Oct. 31, 2024. The state will use the waiver to transition into a managed care environment starting in November 2019 and with	Approved, partially. (Oct. 2018)

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	more significant changes and integration of behavioral health services (e.g., SMI/ intellectual / developmental disabilities services) in 2020. Through the demo, the state will contract with plans that target high-need Medicaid populations. After the receipt of comments and recognition that the state lacked legislative authority, **the work requirements proposal was not approved under the current demonstration**. The state's numerous State Medicaid Transformation RFIs, Proposals and Concepts are posted online.	
Ohio	Ohio Group VIII Work Requirement and Community Engagement 1115 Demonstration Waiver Application – In 2017, Ohio's state legislature directed the Medicaid agency to propose a work requirement for its adult Medicaid expansion population (HB 49). On Apr. 30, 2018, the state submitted its 1115 waiver proposal to CMS to require enrollees to "**work or participate in a community engagement activity** (or combination of the two) for a minimum of 20 hours per week (80 hours averaged monthly)."	Pending at CMS
Oklahoma	Oklahoma SoonerCare – In Dec. 2018 the state submitted an amendment request to CMS seeking permission to implement **work/community engagement requirements** that align with SNAP guidelines. This waiver request is the result of a Mar. 2018 directive from the state's governor and legislature. The waiver seeks to require non-exempt beneficiaries on their recertification date or new applicants' age 19 through 50 to provide verification of participation in at least an average of 80 hrs/mo. of approved community engagement activities. **Comments are open at the federal level until Jan. 18, 2019.**	Pending at CMS
Rhode Island	Rhode Island Comprehensive Demonstration – In Dec. 2018, CMS approved the state's request to **extend** its Comprehensive 1115 Waiver Demonstration program. The state's explains that the waiver allows it to "expand eligibility to individuals who are not otherwise Medicaid or CHIP eligible, offer services that are not typically covered by Medicaid, and use innovative service delivery systems that improve care, increase efficiency, and reduce costs." In addition to an extension, the state also sought to make some modifications to its program, including: collecting beneficiary liability directly from the beneficiaries rather than providers, as well as seeking an IMD exclusion and codifying its needs-based criteria for determining the service options available to adults with developmental and intellectual disabilities. The waiver is effective Jan. 1,2019 through Dec. 31, 2023.	Approved (Dec. 2018)

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South Carolina	South Carolina Transitioning to Preconception Care – South Carolina has submitted to CMS an application to waive Section 1902(a)(23) of Title XIX (42 USC 1396a(a)(23)), the section of the SSA governing **free choice of providers**. The waiver seeks to carry out the state's preconception care model, whereby the state hopes to enhance the services provided through its limited benefit family planning program. South Carolina's Proposed Medicaid Work/Community Engagement Requirements – In early Jan. 2019, SC's governor directed the state Medicaid agency to seek permission from CMS to implement work requirements for Medicaid beneficiaries. Read more about the state's plans and potential impacts here. According to the state, an anticipated 11,377 individuals will lose coverage over the course of the 5-year demonstration period.	Pending at CMS Pending at state level.
South Dakota	South Dakota Career Connector – On Aug. 10, 2018, the state submitted its 5-year waiver application to CMS seeking to impose **work requirements** on parents aged 19 – 59 who are enrolled in the parent and other caretaker-relatives eligibility group in two counties (Minnehaha and Pennington). The program intends to provide individualized employment and training plans. As South Dakota is a non-expansion state, the waiver application purports to avoid a subsidy cliff by providing Transitional Medicaid Benefits for individuals who lose eligibility due to increased earnings in a 12-month period. The waiver also provides exemptions, including for good cause. The state estimates that approximately 15% of enrollees will lose coverage due to increased income or by choosing not to participate, but also assumes that most individuals will gain employer-sponsored or Marketplace coverage.	Pending at CMS
Tennessee	TennCare II: Amendment 38 – In Sep. 2018, as per a legislative directive, the state released a waiver proposal which seeks to implement **work requirements**. The work requirement is applicable to non-exempt **TennCare-enrolled parents and caretakers**. Tennessee is a **non-expansion state**, so the waiver would affect over 53,000 non-exempt enrollees (see The Sycamore Institute issue brief). The state is not proposing to implement lockouts for non-compliance. The state is requesting approval of this new eligibility requirement through an amendment to its current waiver program. **The state is accepting comments through Oct. 26, 2018**.	Pending at CMS Pending at CMS

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	TennCare II: Amendment 36 – In Aug. 2018, the state submitted to CMS a waiver amendment proposal seeking to exclude any entity that performed, or operated or maintained a facility that performed, more than 50 abortions in the previous year, including any affiliate of such an entity See the CMS website for other pending or approved waivers.	
Texas	Healthy Texas Women - Texas submitted a **new** section 1115(a) Medicaid demonstration application seeking to address women's health care services by extending eligibility for family planning services. However, the waiver also **seeks to exclude certain types of providers**. The demonstration is proposed to be in effect Sep. 1, 2018 through Aug. 31, 2023. Texas' Proposed Rule 1R036 changes are here in the March 23, 2018 register: https://www.sos.state.tx.us/texreg/pdf/backview/0323/0323prop.pdf. The comments period closed in Apr. 2018.	Pending at CMS
Utah	Primary Care Network Demonstration Waiver - **Amendments** – New proposed amendments include: • Adult Expansion Amendment - Adult Expansion for individuals aged 19-64 up to 100% FPL using MAGI methodology (no resource test). Work/community engagement eligibility requirement with exemptions proposed (30 hrs./wk.; TANF alignment). Premium reimbursement and wrap-around Medicaid coverage for individuals with access to Employer Sponsored Insurance. Change of the income limit range for Utah's Premium Partnership (UPP) to 101-200% FPL. • Targeted Adult Medicaid/SUD Dental Benefits - Adds dental services to the benefits received by the Targeted Adult population in order to achieve increased SUD completion rates. The amendment would direct beneficiaries to specific provider for services.	Pending at CMS
Virginia	Virginia COMPASS (**Delivery System Transformation**) and **State Plan Amendment (SPA) for Expansion** – In May 2018, the Virginia legislature passed a 2-yr. budget bill to achieve Medicaid expansion. As a condition of expansion, the state also planned to submit an 1115 waiver proposal to establish requirements for **work / community engagement** and **tobacco cessation**. In late 2018, the state submitted its proposal to CMS. The work / community engagement requirements would apply to newly eligible non-disabled, non-pregnant adults aged 19-64 with incomes up to 138% FPL. The waiver proposal	Pending at CMS

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	also seeks to implement **premiums,** which would apply to individuals with incomes at 100-138% FPL. Enrollees with monthly incomes at 100-125% FPL would pay a $5/month premium, and those with monthly incomes at 126-138% FPL would pay premiums of $10/month. Virginia's SPA to achieve Medicaid expansion was reportedly approved (read more here) by CMS and enrollments started on Nov. 1, 2018. By Jan. 1, 2019, the state will sunset the Governor's Access Plan (GAP) waiver program (most GAP member will transition to the expansion group), and continue the Addiction and Recovery Treatment Services (ARTS) program.	
Wisconsin	BadgerCare Reform Demonstration Waiver – **Amendment and Extension Request** – On June 7, 2017, the state submitted amendment proposals to CMS as follows: **work requirements**, and a **2-year coverage time limit** for Medicaid-eligible adults without children (except members who are above 49 years old) who do not meet the requirements; **premiums** (for 50-100% FPL, and higher if the person is engaged in a "health risk behavior); **lockout** for 6 months unless premium arrears are paid; **drug testing** for childless adults (with disenrollment unless applicant completes SUD treatment); and **increased ED copays**. A request to extend the existing waivers for 5 years was submitted to CMS in Jan. 2018. On Oct. 31, 2018, CMS approved the all of the state's requests except for the original proposal related to drug testing. The state proposed to have enrollees undergo drug screening and testing and be required to enroll in treatment. CMS did not approve that request, but will allow the state to require their enrollees undergo a **health risk assessment that includes questions about illicit drug use**. The approval period is effective Oct. 31, 2018 through Dec. 31, 2023.	Approved, partially. (Oct. 2018)