

Medicaid Disaster Relief Authorities				
Authority	Types of Changes Allowable	Requires Public Health Emergency ¹	Requires Presidential Emergency ²	Effective Dates
1135 Waivers	<p>Targeted to policies that ensure sufficient health care items and services are available to eligible individuals during a crisis. Applies across entire Medicaid and CHIP program. CMS also issues waivers for Medicare requirements. Does not apply to conditions of payment. CMS-developed Medicaid template includes items such as:</p> <ul style="list-style-type: none"> • Waivers of prior authorization requirements and extension of existing authorizations; • Timeline flexibility for PASRR and Nursing Home MDS; • Extending fair hearing timelines; • Variety of options for expanding the pool of available providers and expediting enrollment; and • Adjust performance deadlines and timelines for certain reporting requirements. 	X	X	Available at the beginning of the public health emergency and terminate at the end of the public health emergency. There is no phasedown period after the public health emergency declaration expires.
Appendix K for 1915(c) Waivers	<p>Only applies to services delivered under 1915(c) waivers or certain LTSS services within pre-existing 1115 waivers. CMS COVID-focused template includes options such as:</p> <ul style="list-style-type: none"> • Temporary nonapplication of requirement to allow visitors at any time; • Electronic/distance option for service delivery; • Temporarily adding new services, such as meals, medical supplies, and assistive technology; • Allow case management entities to provide direct services in some instances; • Modify provider qualifications in order to recruit new providers; • Expand to include family members as providers; 			State proposed, CMS approved start and end date. Can begin on or after the beginning of the public health emergency. COVID Appendix Ks may be extended to no more than 6 months after the public health emergency ends.

¹ Declared by Secretary Azar on January 31, 2020 retroactive to January 27th. Subsequently renewed multiple times. See: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

² Declared by President Trump on March 13, 2020 retroactive to March 1st. See: <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/>

Medicaid Disaster Relief Authorities				
Authority	Types of Changes Allowable	Requires Public Health Emergency ¹	Requires Presidential Emergency ²	Effective Dates
Appendix K for 1915(c) Waivers	<ul style="list-style-type: none"> Allows retainer payments to providers of personal care or habilitation services for the lesser of 30 consecutive days or the length of the state's institutional bed hold policy; Additional flexibility around some timelines and processes for some operations. 			
State Plan Amendments	<p>Broad options allowable within the existing State Plan. Not applicable to pre-existing 1915(c) or 1115. Options in the CMS pre-print include:</p> <ul style="list-style-type: none"> Eligibility: adopt new groups, increase income limits, loosen nonfinancial requirements; Enrollment: expand presumptive eligibility, extend redetermination periods; Cost Sharing: suspend out of pocket costs, allow hardship waivers; Benefits: add new benefits, modify current benefits, expand telehealth; Payment: increase rates for certain services. Prescription Drugs: increasing limits on the number of drugs dispensed, expanding prior authorization, and adding exceptions to state preferred drug lists. 	X	X	Duration of both the Presidential emergency declaration and the Secretarial public health emergency declaration or a shorter period if the state chooses. Ends when the public health emergency expires.
1115 Waivers	<p>States can implement changes to state-plan services as well as to HCBS not delivered via a 1915(c) waiver, such as 1915(i); 1915(k); 1905(a) state plan benefits. CMS Template includes items such as:</p> <ul style="list-style-type: none"> Changes to benefits; Waiver of statewideness; Ability to provide services in a different amount, duration, or scope for certain individuals; Adjust payment rates; Waiver of premiums, cost-sharing, or other participant costs. 			State proposed, CMS approved, but must end no later than 60 days after the end of the public health emergency. States may request effective dates retroactive to any time after March 1, 2020.