



Aligning for Health

Addressing Social Needs during the COVID-19 Public Health Emergency

Medicaid Flexibilities

Under a disaster or emergency declaration and a public health emergency, the HHS Secretary is authorized under section 1135 of the Social Security Act to provide certain programmatic flexibility in Medicare, Medicaid and the Children's Health Insurance Program. The Secretary may issue blanket waivers or may approve state specific waivers. Waivers end no later than the termination of the emergency period. States may also request amendments to approved Home- and Community-Based Services waivers, through Appendix K. Finally, States may request 1115 waiver authority.

Below, we highlight some examples of how states are seeking to use Appendix K and section 1115 waiver requests to help address social needs for Medicaid beneficiaries.

Section 1915 (c) Appendix K

Section 1915 (c) Appendix K waivers may be utilized by states during emergency situations to request amendments to an approved waiver. These waivers include actions that state can take under existing Section 1915 (c) home and community-based waiver authority, as well as expanded benefits and program eligibility.

Examples of current waiver approvals:

- [Arizona Appendix K Waiver](#) - Provides authority to add home-delivered meals, an electronic method of service delivery for case management and personal care services that only require verbal cueing by telephone, and the ability to modify service providers for home-delivered meals to allow for additional and non-traditional providers.
- [Colorado Appendix K Waiver](#) - Provides authority to temporarily exceed service limitations to allow for increased social need services like increasing non-medical transportation services per week, increasing the number of units available for transportation services to and from day habilitation and supported employment programs, and extending the 365-day transition period cap for Home Delivered Meal services for those currently using the service.
- [New Mexico Appendix K Waiver](#) - Provides authority to temporarily allow the supporting living service, which is for individuals who are assessed to need residential habilitation to ensure health and safety, to exceed the prescribed limit of 2-4 individuals in a provider operated and controlled community residence.
- [Nevada Appendix K Waiver](#) - Provides authority to increase the \$100/month Non-Medical Transportation limitation will be temporarily increased to \$150/month to allow transportation flexibility for the provider and individual served because public transportation may not be readily available or safe for vulnerable populations.

- [North Carolina Appendix K Waiver](#) - Provides authority for modification of services for the coverage of one lunch meal for aged and disabled adults who are approved to receive meal preparation and delivery and their meal delivery stopped due to COVID-19, including covering one home delivered meal using Uber Eats, DoorDash, Grub Hub or a similar service. The waiver also requests services of in-home aide, personal care assistance and respite that can be provided in alternative settings when the waiver participant is displaced from the home because of COVID-19.
- [Washington State Appendix K Waiver](#) - Provides authority to temporarily exceed service limitations to address health and welfare issues presented by the emergency specifically for transportation, community support (goods and services), home delivered meals, adult day care, and adult day health services on a case by case basis.

Section 1115 Waivers

In addition to section 1135 Waivers, and Section 1915(c) Appendix K waivers, states may also use section 1115 authority to waive certain Medicaid provisions. CMS issued a State Medicaid Direct Letter detailing a new waiver for COVID-19. States may use the waiver to better tailor care and services to beneficiaries during the public health emergency, including by extending home- and community-based services or providing additional benefits for vulnerable populations. These COVID-19 Waivers are time-limited, and expire no later than 60 days after the public health emergency ends. Also, the waivers are not subject to normal budget neutrality requirements and do not need to go through normal notice and comment processes, given the current emergency circumstances.

Examples of current waiver requests:

- [Arizona](#) – Requests flexibility to expand the provision of home delivered meals to all eligible populations and to provided 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.
- [Arkansas](#) – Requests flexibility to provide temporary housing to Medicaid-eligible individuals who are homeless and have tested positive for COVID-19, with matching funds provided by local governments.
- [California](#) - Requests waiver authority to receive temporary, emergency housing within Whole Person Care pilots.
- [Colorado](#) - Requests authority to cover the cost necessary to house a homeless member if the state determines it is necessary to relocate or provide temporary or long-term housing to members due to COVID-19.
- [Illinois](#) - Requests flexibility to use the Medicaid program to provide coverage for COVID-19-related treatment, and also seeks to help address social determinants for at-risk populations, including temporary housing and home-delivered meals.
- [Iowa](#) - Requests waiver authority to provide home-delivered meals for non-waiver members who are home-bound and for waiver members where the waiver does not have an allowable service.
- [Missouri](#) – Requests authority to expand the provision of home delivered meals to all eligible HCBS populations.

- [North Carolina](#) – Requests waiver authority to provide temporary shelter for homeless people with a COVID-19 diagnosis, known COVID-19 exposure or who live in hotspots; to offer nutrition support to allow vulnerable Medicaid beneficiaries to comply with social distancing and home orders.
- [Washington State](#) - Requests waiver authority to establish a regional COVID-19 response initiative to allow for Medicaid match to support emerging issues and community efforts to mitigate provider burden, community distress, and misalignment across community response efforts. This includes leveraging WA’s Accountable Communities of Health to coordinate across clinical and community partners and to permit community-based care coordination to expand its role of additional activities such as Meals on Wheels, non-emergency transportation, and assistance to homeless individuals, among others. [Fact Sheet](#)