



FLEXIBILITY FOR STATES: MEDICAID AND CHIP PROGRAMS

What Options for Ensuring Access and Coverage Do State Medicaid/CHIP Programs Have In a Public Health Emergency?

Section 1915(c) Home- and Community-Based Service Waiver Appendix K

The goal of this fact sheet is to provide Title V programs and allies with a summary of guidance in clear language in order to build understanding of key financing and coverage provisions during the COVID-19 emergency, support care coordination, benefits and coverage counseling, and aid in reducing the risk of family financial hardship. In disaster or other emergency situations, the Centers for Medicare and Medicaid (CMS) can offer states a number of flexible options that can help them meet the emergency needs of [Medicaid and CHIP](#) (Children's Health Insurance Program) beneficiaries.

[Section 1915\(c\)](#) of the Social Security Act allows states and territories to request a waiver of certain requirements under Medicaid in order to provide home- and community-based services (HCBS) to targeted beneficiaries with disabilities. [Appendix K](#) is a temporary standalone addition to an existing 1915(c) waiver that states can request in the event of a disaster or other emergency in order to respond to the unique needs of HCBS waiver enrollees. A separate Appendix K must be filed for each [existing waiver](#) a state wants to modify.

The following are some of the changes or additions permitted under Appendix K, subject to request by a state or territory and subsequent approval by CMS:

- **Eligibility criteria.** Examples: temporarily increasing cost limits for entry into the waiver or modifying additional targeting criteria, allowing waiver enrollees to maintain eligibility without receiving services
- **Covered service changes.** Examples: modifying service scope or coverage; increasing existing service limits or requirements for amount, duration, and prior authorization; adding services which are directly related to responding to the emergency situation; adding home delivered meals, medical supplies, equipment, or assistive technology
- **Service planning and delivery.** Examples: temporarily begin or expand services available under [self-direction](#) authority, adjusting assessment requirements
- **Settings.** Example: temporarily expanding the settings in which home and community-based services can be provided, provision of services in out-of-state settings
- **Providers.** Examples: permitting payment for services provided by family caregivers or other legally responsible individuals, temporary modification of provider qualifications, increase in payment rates
- **Oversight.** Examples: temporary modification of incident reporting requirements, medication management, or other participant safeguards

The information presented is accurate as of its publication date. Further federal agency guidance, regulations and rules are being issued rapidly and may have an impact on this content. For the most up-to-date information on Medicaid/CHIP guidance, state flexibility-related tools and checklists, waiver and amendment approvals, and clinical/technical guidance please view [Coronavirus resources for states at Medicaid.gov](#).

This project (U1TMC31757) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$500,000, with no financing by nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.