1115 waiver request summary

On March 24, Washington State submitted a request to the Centers for Medicare & Medicaid Services (CMS) for Medicaid flexibility under Section 1115. This is a separate request from the 1135 waiver request we submitted on March 15.

The 1115 request includes input from multiple organizations and programs, as well as patients, health care providers, and provider associations. The request addresses the need for financial flexibility, expanded eligibility, and provider and community supports through removing certain administrative and regulatory requirements. We will continue working with CMS on this request and other related requests.

Summary of key elements of the 1115 waiver request

Disaster relief fund

Establish a novel corona virus (COVID-19) Disaster Relief Fund that:

- Helps providers invest in areas that will help them respond to COVID-19, including telehealth, medical equipment, personal protective equipment, and facility reconfiguration.
- Covers certain costs and provides certain payments to help providers weather changes in how people use care.
- Supports the health care workforce by helping with transportation and childcare costs.
- Provides temporary shelter for homeless people diagnosed with COVID-19 by opening up critically needed beds.
- Offers nutrition support to allow vulnerable Medicaid beneficiaries, including seniors, individuals with disabilities, and children to comply with social distancing and home orders.

Provider supports

- Allow some provider types (e.g., doulas, community health workers) to provide Medicaid-reimbursable services.
- Allow higher reimbursement rates for medical services related to testing and treatment of COVID-19.
- Allow payment flexibilities for providers, services, and medical facilities.
- Create additional administrative and service delivery flexibilities.

Community supports

- Temporarily expand eligibility for people to receive testing and treatment for COVID-19 who are not currently eligible for Medicaid.
- Reduce cost sharing for people covered under qualified health plans.
- Streamline Medicaid enrollment to make it easier for people to get coverage, including making coverage retroactive for COVID-19-related services.
- Increase availability of nonemergency transportation services by waiving certain requirements.
- Provide relief by not counting certain assets in Medicaid eligibility determination that people don’t have access to because of COVID-19.