



Comparison Chart

Medicaid Waivers and State Plan Amendments


	Waiver	State Plan Amendment (SPA)
Type of Change	Request to launch a program that waives certain federal Medicaid rules.	Request to change the Medicaid State Plan while complying with existing Medicaid rules.
Chief Characteristic	An innovative test to see if operating differently produces desired outcomes.	A permanent change to the State Plan.
Authority	Must align with specific section of the Social Security Act related to the proposed program (e.g., 1915[c] Home and Community Based Services).	Title XIX of the Social Security Act.
Process for Requesting	DHCS submits an application to CMS. Some waiver applications require high levels of state-federal collaboration.	DHCS submits a SPA proposal to CMS.
CA State Legislation Required?	No, but legislation can drive waiver development.	No, but legislation can drive SPA development.
Time Frame for Approval	Some waivers 90 days, some have no time frame.	Ninety days from submission, minus time spent clarifying proposal, with effective date retroactive to the first day of the quarter in which SPA was submitted.
Duration	Limited, often three to five years.	Permanent unless state requests end date.
Renewable?	Yes.	N/A for most SPAs. For time-limited SPAs, yes, via an additional SPA.
Budget Neutrality / Cost Effectiveness	Required.	Not required.
Comparability (requirement that Medicaid must serve all beneficiaries equally)	Can be waived. Waiver can be limited to types of beneficiaries and geographic locations.	Required. SPA must apply statewide to all beneficiaries and locations.
May Be Limited to a Specific Number of Beneficiaries?	Yes.	No.
Can State Terminate?	Yes, with CMS approval.	Yes, with CMS approval.

Notes: *DHCS* is California Department of Health Care Services. *CMS* is Centers for Medicare & Medicaid Services. *IHSS* is In-Home Supportive Services.

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Public Comment and Involvement?	Opportunity for stakeholder involvement depends on the type of waiver and applicable state law or policy.	Depends on the state — some states require public posting of proposed SPAs. California requires public notice prior to submission to CMS. CMS requires public notice only in select circumstances.
California Examples	Section 1115 waiver: Coordinated Care Initiative; Section 1915(c) waivers: Multipurpose Senior Services Program, AIDS Medi-Cal Waiver Program, Assisted Living Waiver.	Supplemental payments to physicians (Prop 56), supplemental payments for family planning (Prop 56), paid sick leave for IHSS providers, restoration of adult dental services.

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