



Medi-Cal State Plan Amendments and Waivers Comparison Chart

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MEDICAID, ESTABLISHED under Title XIX of the Social Security Act (the Act), is regulated by the Centers for Medicare & Medicaid Services (CMS) within the US Department of Health and Human Services (HHS) and is jointly funded and administered by state and federal government.

Each state administers its Medicaid program according to a State Plan that complies with federal laws and CMS regulations. States can modify their programs by submitting State Plan Amendments (SPAs) for CMS approval. SPAs have no time limit and are in effect until either the state further amends the State Plan or federal changes necessitate an amendment.

Additionally, under Titles XI and XIX of the Act, the Secretary of HHS may grant waivers, allowing states to bypass certain Medicaid requirements and enable greater flexibility and innovation in program delivery. The most common types of waivers include 1915(b) waivers, primarily used for authorizing managed care delivery systems, and 1115 demonstration waivers, primarily used to demonstrate experimental projects. Waivers are time-limited and may be ended, renewed, or extended by the state at CMS's discretion.

The following chart compares the federal processes and requirements for Medicaid SPAs and common waivers. Two additional resources about Medicaid SPAs, waivers, and their use to implement Medi-Cal transformation are available on the [CHCF website](#). They include *Medi-Cal: A State-Federal Partnership* and a *CalAIM Authorities Chart*.

About the Authors

Catherine Gekas-Steeby, Liz Stein, and Kate Johnson are consultants at [Aurrera Health Group](#), a mission-driven national health policy and communications firm based in Sacramento.

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient centered health care system.



Medi-Cal Explained is an ongoing series on Medi-Cal for those who are new to the program, as well as those who need a refresher. To see other publications in this series, visit www.chcf.org/MC-explained.

	State Plan Amendment (SPA)	1915(b) Waiver	1115 Demonstration Waiver
Purpose	Allows states to request amendments to their Medicaid State Plan while complying with existing Medicaid rules.	Allows CMS to waive statutory requirements for comparability, statewideness, and freedom of choice to allow states flexibility in changing their delivery systems, including implementing managed care.	Allows CMS to waive almost any Medicaid State Plan requirement, to provide states with flexibility in carrying out a demonstration or experimental project. CMS can also permit federal funding for coverage of services and populations not included in the Medicaid State Plan.
Authority	Section 1902 of Title XIX of the Social Security Act.	Section 1915(b) of Title XIX of the Social Security Act.	Section 1115 of Title XI of the Social Security Act.
CA state legislation required	No, but legislation can drive SPA development.	No, but legislation can drive waiver development.	No, but legislation can drive waiver development.
Process for requesting	The state submits a SPA proposal to CMS with the revised page(s) and an official transmittal form (Form CMS-179).	The state submits a preprint application to CMS with an official transmittal form (Form CMS-179).	The state submits an application to CMS.
Submission time frame	Submission can occur anytime; however, the effective date can only be retroactive to the first day of the calendar quarter in which the SPA was submitted.	Submission can occur anytime; however, the effective date is prospective and determined by CMS with input from the state.	Submission can occur anytime; however, the effective date is prospective and determined by CMS with input from the state.
Time frame for approval	CMS has 90 calendar days to make a decision; otherwise, the SPA automatically goes into effect. CMS can “stop the clock” to request additional information once per SPA.	CMS has 90 calendar days to make a decision; otherwise, the waiver automatically goes into effect. CMS can “stop the clock” to request additional information once per waiver.	There is no required time frame. Some demonstration waivers require high levels of state-federal negotiation and can take months or years to complete.
Duration	Permanent unless state requests end date.	Initially approved for three years, with renewals of five years.	Initially approved for five years, with renewals of three to five years, depending on the populations served.
Renewable	Generally not subject to periodic renewal. Time-limited SPAs are renewable via an additional SPA.	Yes	Yes
Renewal submission time frame	Generally not subject to periodic renewal.	A renewal request must be submitted at least 90 calendar days (but not more than 120 calendar days) before a currently approved waiver expires.	Extension requests must be submitted between six and 12 months before expiration of the waiver, depending on the authority used in the waiver. Waiver special terms and conditions may specify a time frame for extension.
Fiscal considerations	No budgetary target, but states must indicate expected federal financial impact and may be required to answer standard funding questions.	Must demonstrate cost-effectiveness and efficiency of program (actual expenditures cannot exceed projected expenditures for approval period).	Must demonstrate budget neutrality (federal expenditures cannot be greater with the waiver than without the waiver).

	State Plan Amendment (SPA)	1915(b) Waiver	1115 Demonstration Waiver
Comparability, a requirement that Medicaid-covered benefits must be the same in amount, duration, and scope for all enrollees	Must apply statewide to all enrollees and locations.	Allows states to waive comparability.	Allows states to waive comparability.
May be limited to a specific number of enrollees	No	Yes	Yes
State termination	States can terminate with CMS approval.	States can terminate with CMS approval.	States can terminate with CMS approval.
Federal termination	CMS can terminate if the SPA no longer meets federal requirements.	CMS can terminate if a state is not adhering to the waiver terms.	CMS can suspend, withdraw, or terminate if it determines the demonstration project is not likely to achieve the statutory purpose.
Public notice requirements	Public notice required in select circumstances.	No public notice requirements. However, public process is encouraged, and tribal input is required.	The state must provide a 30-calendar-day public notice and comment period before submitting an application or extension to CMS.
Public hearing requirements	No public hearing requirements.	No public hearing requirements.	At least 20 calendar days before submitting a new application or extension to CMS, the state must conduct at least two public hearings.
Tribal consultation	Required in accordance with the state's tribal consultation state plan page.	Required in accordance with the state's tribal consultation state plan page.	Required in accordance with the state's tribal consultation state plan page.
California examples	SPA 24-0042 expands the continuum of community-based services and evidence-based practices available through Medi-Cal specialty behavioral health delivery systems. SPA 24-0052 adds Enhanced Community Health Worker services as a preventive service.	CalAIM Specialty Mental Health Services program, Medi-Cal managed care, dental managed care.	Traditional Health Care Practices, Reentry Demonstration Initiative, Community-Based Adult Services.

Sources

Code of Federal Regulations (eCFR)

- ▶ Waivers of State plan requirements, 42 C.F.R. § 430.25
- ▶ Section 1115 Demonstrations, 42 C.F.R. part 431, subpart G

Centers for Medicare & Medicaid Services (Medicaid.gov)

- ▶ [About Section 1115 Demonstrations](#)
- ▶ Gilson DaSilva, Keri Toback, and Karen Hatcher, hosts, "State Plan Amendment Submission and Processing for State Medicaid Agencies" (PDF), webinar, CMS, February 2024.

Medicaid and CHIP [Children's Health Insurance Program] Payment and Access Commission (MACPAC)

- ▶ [Characteristics of Key Medicaid Managed Care SPAs and Waivers](#)
- ▶ [1915\(b\) waivers](#)
- ▶ [State Plan](#)