



### COVID-19 State Medicaid Agency Updates

State	As of Date	Medicaid Agency Status/Updates	Website
Alabama	5/21/20	<p>Approved Section 1135 Waiver. Medicaid began implementing temporary modified work schedules for our employees starting Wednesday, March 18, 2020 until April 6, 2020, and developing staffing plans which allow the Agency to continue providing essential services to Medicaid recipients and providers.</p> <p>No disruption is anticipated in day-to-day functions, and all district offices will remain open with modified staffing requirements. The Lurleen B. Wallace central office building in Montgomery, Alabama (which does not have an eligibility district office) will be open for visitors from 9:00 a.m. to 2:00 p.m. Where possible, every attempt to eliminate face-to-face contact is encouraged while staff acquires information throughout the modified schedules; therefore, providers and recipients are encouraged to call or email Medicaid staff if possible.</p>	<a href="#">Alabama Medicaid</a>
Arizona	5/21/20	<p>Approved Section 1135 Waiver. CMS approved the agency's request to relax some administrative requirements, including but not limited to:</p> <ul style="list-style-type: none"> <li>Permitting providers located out of state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees;</li> <li>Streamlining provider enrollment requirements and waiving the provider enrollment fee during the course of the declared emergency period;</li> <li>Suspending revalidation of providers who are located in state or otherwise directly impacted by the disaster event;</li> <li>Waiving the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law;</li> <li>Suspending pre-admission screening and annual resident review (PASRR) for individuals being considered for admission to a nursing facility;</li> <li>Modifying existing prior authorization requirements for AHCCCS' fee-for-service programs.</li> </ul> <p>The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.</p>	<a href="#">Arizona Health Care Cost Containment System</a>
Arkansas	5/21/20	Approved Section 1135 Waiver.	<a href="#">Arkansas Medicaid</a>
California	5/21/20	Approved Section 1135 Waiver	<a href="#">California Department of Health Care Services - Medi-Cal</a>

Colorado	5/21/20	<p>Approved Section 1135 Waiver. Medicaid documents can be submitted through the PEAK website or the PEAKHealth mobile app and is received by the county to process; there is no need to be interviewed or submit documentation in-person. Because of the large volume of calls from members, there may be delays in reaching the county workers. The agency recommends making updates to information using the PEAK website or PEAKHealth mobile app.</p> <p>Processing times for benefits may be impacted in certain situations; however, at this time, the majority of cases are processed within federally required timeframes. Applications submitted online through PEAK are eligible to receive an immediate online determination without the need for a worker to review. Applicants are encouraged to use PEAK to receive a real time eligibility determination. CO has approved the Section 1915(c) Appendix K waiver. Executive Order signed May 16, 2020 and effective for thirty (30) days suspends the following: requirement of collection or verification for any info related to Medicaid eligibility factors, including citizenship, household size, income or assets for those already enrolled in Medicaid; disenrollment of anyone enrolled in Medicaid who reaches the age of sixty five (65); disenrollment of women enrolled in Medicaid because of pregnancy sixty (60) days following the postpartum period; disenrollment of one (1) year old children who were deemed Medicaid eligible at birth; establishing coverage group requirements and requiring payment of premiums in order to maintain eligibility for the Medicaid buy in program</p>	<a href="#">Health First Colorado COVID-19 Page</a>
Connecticut	5/21/20	<p>Approved Federal Section 1135 Waiver. Suspension of timeframes for renewal of Medicaid/HUSKY Health and cash assistance benefits of current beneficiaries. Initial implementation: if medical or cash assistance benefits were scheduled to end in March 2020—benefits will be automatically continued through June 2020. If medical or cash assistance benefits are scheduled to end in April 2020—benefits will be automatically continued through July 2020.</p> <p>Suspension of co-payments for full benefit Medicare Part D beneficiaries who are dually eligible for Medicaid. These beneficiaries are no longer responsible for co-payments of up to \$17 per month (aggregate for all prescriptions) for their medications covered by Medicare Part D. Instead, the Department of Social Services will cover the copayment amounts in full, after any other insurer has paid, during the public health emergency. With respect to deadlines on verification submissions: there are no automatic extensions being given by Case Workers. We have been requesting extensions and/or that DSS waive certain verification requirements and proceed to award eligibility with the information provided. Certain probate courts are closed with no definite date to reopen. Most probate courts have altered hours, accessibility to the public, certain filing requirements, and the scheduling of hearings. In these cases, only “urgent” (with no definition provided) matters are having hearings scheduled in the near future. All other non-urgent issues are having hearings scheduled as early as April or May.</p>	<a href="#">Husky Health</a>

District of Columbia	5/21/20	Customers who receive Medicaid and other public benefits provided by DHS, do not need to take any action at this time to continue receiving existing benefits that would otherwise expire on March 31 or April 30. Those benefits will be automatically extended.; Until 60 days after the termination of the federal Public Health Emergency period DHCF will accept "telephonic" signatures for individuals and couples submitting a Long Term Care Medicaid application for the Elderly and Persons with Disabilities Waiver Program	<a href="#">Department of Health Care Finance</a>
Delaware	5/21/20	Approved Federal Section 1135 Waiver. Effective immediately all renewals are suspended to avoid lapses in coverage for DMMA beneficiaries. DMMA is currently in the process of developing a Section 1135 Waiver application that will include requests to waive requirements in these and other policy areas to address potential workforce issues and ensure continued coverage.	<a href="#">Delaware DHSS COVID-19 Notice</a>
Florida	5/21/20	Approved Section 1135 Waiver. The Agency for Health Care Administration is working closely with the Florida Department of Health (DOH), health care providers, and stakeholders on COVID-19 prevention and response efforts, ensuring facilities across Florida are taking every precaution to ensure the health and safety of patients, residents and health care staff. See webiste for extensive updates.	<a href="#">Florida Agency for Health Care Administration</a>
Georgia	5/21/20	Approved Section 1135 Waiver.	<a href="#">Georgia Medicaid COVID-19 Page</a>
Illinois	5/21/20	Approved Section 1135 Waiver. Updates to be posted on webpage. The Pre-admission Screening and Resident Review (PASRR) assessment, the Specialized SLP Mental Health assessment, and the Determination of Need (DON) assessment will incorporate the following process revisions: <ul style="list-style-type: none"> <li>- Screenings can be conducted telephonically instead of in-person.</li> <li>- Post admission screenings will be allowed if conducted within 10 days of admission.</li> <li>- State screening agents should coordinate with hospital discharge planners and LTC settings to schedule a time for the screenings and assure a staff person is available to assist the individual being screened.</li> </ul> <p>The State has coordinated this revised policy across all affected State agencies to assure notification is being provided to screening agents as well as affected providers. When necessary, providers should contact their local screening agency to assure the post screenings are scheduled timely.</p> <p>In addition, guidance is being provided to Department of Human Services (DHS) caseworkers to instruct them on these changes. Providers will be able to bill back to their requested admission date if the post screen is completed within 10 days of admission. This revised policy will apply to admission requests submitted starting March 1, 2020 and is effective until further notice is provided.</p>	<a href="#">Illinois Department of Healthcare and Family Services</a>
Indiana	5/21/20	Approved Section 1135 Waiver. Nothing formally in writing, but Case Workers have indicated they are not denying applications for failure to timely provide verifications. Nothing specific and no definite extension has been identified across the board. Typically, IN is very strict with its deadlines to provide verifications and will not allow any extensions of time.	<a href="#">Indiana Medicaid</a>

Iowa	5/21/20	<p>Approved Section 1135 Waiver. Effective March 13, 2020, DHS is waiving all co-pays, premiums, and contributions for Iowa Health and Wellness Plan (IHAWP), Medicaid for Employed People with Disabilities (MEPD), Healthy and Well Kids in Iowa (Hawki), and Dental Wellness Plan (DWP) members until the emergency declaration is lifted.</p> <p>Members of these medical assistance programs will not receive billing statements during the emergency declaration and services will continue uninterrupted. Billing statements from DHS received by members with March, April, May, or June due dates are waived. Members who already paid their co-pay, premium or contribution for a waived month will receive a credit on their account when billing resumes. Hawki members who have automatic reoccurring payments setup, will receive a credit balance on their account when billing resumes. Additionally, DHS has put a pause on all dis-enrollments for medical assistance programs until the emergency declaration is lifted</p>	<a href="#">Iowa Department of Human Services</a>
Kansas	5/21/20	Approved Section 1135 Waiver	<a href="#">Kansas Department of Health and Environment (KanCare)</a>
Kentucky	5/21/20	Approved Section 1135 Waiver	<a href="#">Kentucky Department for Medicaid Services</a>
Maine	5/21/20	Approved Section 1135 Waiver. HHS District Offices remain open but are limiting interactions with the public to accepting paperwork for drop-off. Mainecare webpage has additional updates regarding testing and visitor restrictions.	<a href="#">DHHS Covid-19 updates - Mainecare</a>
Maryland	5/21/20	Approved Section 1135 Waiver. If a resident is up for renewal of Medicaid coverage by March 31, Maryland Medical Assistance is extending the renewal deadline until April 30, 2020. Medicaid will not cancel coverage during this time. The renewal date may change again due to the current state of emergency. Approved Section 1135 flexibilities including: temporarily allow payment for 1905(a) personal care services rendered by legally responsible individuals providing that the state makes a reasonable assessment that the caregiver is capable of rendering such services; temporarily allow service provided in settings that have not been determined to meet the home and community-based settings criteria; and permit the state to temporarily waive written consent required under home and community based programs.	<a href="#">Maryland Department of Health</a>
Massachusetts	5/21/20	Approved Section 1135 Waiver. MassHealth will protect coverage as of 3/18/2020 & for all individuals approved for coverage during the COVID-19 outbreak. Individuals that see their coverage is ending after March 18, 2020, no change in coverage will occur until 1 month after end of state of emergency expires. Extended enrollment period through April 25, In response to the COVID-19 outbreak, an extended enrollment period is available through 4/25/2020 for qualified Massachusetts residents who are uninsured. Waiver of PASRR requirement consistent with limitations detailed in Washington and Florida's 1135 Requests. Waiver of 90 day requirement for submission of appeal to BOH; an additional 120 days will be added to the 90 day deadline. Now allowing 120 days to file appeals, which was allowed in our 1135 waiver. Benefits won't be reduced or terminated for existing members, or on cases where benefits were supposed to end, unless the reason is due to the resident's death or moving out of state. All MassHealth enrollment	<a href="#">MassHealth</a>

Michigan	5/21/20	Approved Section 1135 Waiver. Relaxed face to face requirements: providers may use telephonic, telemedicine and video technology commonly available on smart phones for program functions that require in-person communication so long as they meet Health Insurance Portability and Accountability Act (HIPAA) compliance standards and the beneficiary or legal representative consents to the method. This includes initial assessments, re-assessments, Nursing Facility Level of Care Determinations, Preadmission Screening and Resident Review (PASARR) assessments, care planning meetings, home visits, case management, and provider assessment and monitoring.	<a href="#">Michigan Medicaid Coronavirus Page</a>
Minnesota	5/21/20	<p>Approved Federal Section 1135 Waiver. The Commissioner has continued enrollment in public health care programs to ensure that no one enrolled Medical Assistance, or MinnesotaCare loses coverage during the pandemic, unless an enrollee requests that their coverage ends or moves out of Minnesota. For now, the department is not sending renewal and closure notices to Minnesotans on CHIP, Medical Assistance, and MinnesotaCare. The commissioner used existing authority under state law related to disasters and emergencies to provide immediate, expedited reimbursement to Minnesota's 365 skilled nursing facilities for costs related to COVID-19 incurred on or after March 13, 2020. This is primarily a change in timing of payments so facilities can cover costs they are incurring during the pandemic.</p> <p>DHS will authorize expedited, emergency payments to nursing facilities for costs such as:</p> <ul style="list-style-type: none"> <li>Reimbursement for costs of additional staffing, paid sick leave, and overtime for staff due to COVID-19;</li> <li>Extraordinary costs of medical care for a resident infected with COVID-19, including reimbursement for personal protection equipment (PPE) for staff;</li> <li>Remedial services due to the pandemic;</li> <li>Personal care services due to the pandemic; and</li> <li>Waiver of timelines so facilities can have increased access to unused nursing facility beds, when authorized by the commissioner of the Minnesota Department of Health.</li> </ul> <p>Authority provided in Minnesota Statutes 12A.10.</p>	<a href="#">Minnesota Waiver and Modification Page</a>
Mississippi	5/21/20	Approved Section 1135 Waiver. Coverage of enhanced telehealth services extended through June 30, 2020.	<a href="#">Mississippi Coronavirus Update</a>
Missouri	5/21/20	Approved for Federal Section 1135 Waiver. Due to the Coronavirus Disease 2019 (COVID-19) outbreak and the state's efforts in responding the public health emergency, the Division of Medicaid (DOM) is pursuing waiver authority from CMS related to the scheduling of Medicaid Fair Hearings and the issuing of Fair Hearing decisions. Accordingly, DOM is temporarily postponing the scheduling of Medicaid Fair Hearings and the issuing of Fair Hearing Decisions until further notice. This includes hearings that have been scheduled as well as future hearings. Providers and members who have hearing dates already set will be contacted with details about rescheduling. Members who have continuation of benefits will continue to receive benefits until final decisions are issued. Updates will be posted as they become available.	<a href="#">Missouri Department of Social Services</a>

Montana	5/21/20	Approved for Federal Section 1135 Waiver. Select DPHHS offices with services that require face-to-face interaction with clients and staff will be closed beginning Friday, March 20, 2020 until further notice. These closures will impact the Offices of Public Assistance, Child and Family Services, Vocational Rehabilitation, Vital Statistics, Women, Infants and Children, Child Support Enforcement, and the Developmental Disabilities Program.	<a href="#">Montana Department of Health and Human Services</a>
New Hampshire	5/21/20	Approved Section 1135 Waiver. New Hampshire requested flexibility to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearings decisions during the emergency period. CMS approves a waiver under section 1135 that allows enrollees to have more than 90 days, up to an additional 120 days for an eligibility or fee for service appeal to request a fair hearing. The timeframes in 42 C.F.R. §431.221(d) provides that states can choose a reasonable timeframe for individuals to request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues.	<a href="#">NH DHHS Covid Notice Page</a>
New Jersey	5/21/20	Approved Section 1135 Waiver. New Jersey requested flexibility to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearings decisions during the emergency period. CMS approves a waiver under section 1135 that allows enrollees to have more than 90 days, up to an additional 120 days for an eligibility or fee for service appeal to request a fair hearing. The timeframes in 42 C.F.R. §431.221(d) provides that states can choose a reasonable timeframe for individuals to request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues. Stimulus payments are excluded as countable income and countable resourced for Medicaid eligibility for up to 12 months; the stimulus payment will not be added to the individual's monthly cost share. Stimulus funds remaining after 12 months will become a countable resource.	<a href="#">NJ DHS Coronavirus Page</a>
New Mexico	5/21/20	Approved Section 1135 Waiver. The Human Services Department (HSD) Income Support Division (ISD) is taking steps to slow the spread of coronavirus. ISD will go on providing services. But you do not have to visit an ISD field office. ISD offices are open. But we urge you to apply for benefits as follows: You can apply at any time! Apply online. Visit: <a href="http://www.yes.state.nm.us">www.yes.state.nm.us</a>  You can apply for Medicaid over the phone. Call: 1-855-637-6574	<a href="#">New Mexico Human Services Department</a>
New York	5/21/20	Approved Section 1135 Waiver. Extension of deadlines for filing appeals by up to an additional 120 days. PASRR requirements waived for 30 days. Medicaid applications for a relative in a hospital or nursing homes can be submitted without their signature by completing the Supplement-A and Submission of Application on Behalf of Applicant forms during COVID-19.	<a href="#">New York State Department of Health</a>
North Carolina	5/21/20	Approved Section 1135 Waiver. NO TERMINATIONS of Medicaid. An applicant statement be accepted for all eligibility factors. Enrollment fees are waived. DSS can close its lobbies but must post alternative ways to apply. Those ways include telephone. Instructions on extending all Med cert periods to follow.	<a href="#">North Carolina Medicaid Division of Health Benefits</a>

Nevada	5/21/20	<p>Approved Section 1135 Waiver. Given the possible serious health risks associated with COVID-19, DWSS services will be available online and over the phone only beginning March 23rd. Applications, re-certifications or document uploads can be completed by clicking on the ACCESS NEVADA button below. The health, safety and well-being of Nevadans and the DWSS staff remain our priority at this time. Given the possible serious health risks associated with COVID-19, DWSS services will be available online and over the phone only beginning March 23rd. Applications, re-certifications or document uploads can be completed by clicking on the ACCESS NEVADA button below. The health, safety and well-being of Nevadans and the DWSS staff remain our priority at this time.</p> <p>If your SNAP (food stamp) and/or Medicaid case was scheduled to close on April 1, 2020 or May 1, 2020, you do not need to reapply at this time. Your SNAP and/or Medicaid case has been extended for at least two months.</p> <p>While practicing safe social distancing and maintaining service to Nevadans, DHHS has put together a list of important services that are still available by phone, email or web. A list of these services and how to access them can be found at <a href="https://dhhs.nv.gov/essentialservices/">dhhs.nv.gov/essentialservices/</a>.</p>	<a href="#">Division of Welfare and Supportive Services</a>
Ohio	5/21/20	<p>Approved Section 1135 Waiver. Q: We had several Nursing facilities (Authorized Representatives) with concerns on the ability to obtain verifications during this emergency. How do we proceed with LTC cases during the State of Emergency in which the individual's POA, Authorized Representative, and/or Community Spouse is limited to accessing verification of Resources and Income due to the many restrictions in place?</p> <p>A: During the COVID-19 public health emergency, self-attestation will be appropriate for all Information except for citizenship and immigration status. This is true for MAGI, non-MAGI and LTC categories. All self-attested information should be recorded in OBWP. The information will need to be verified and updated at the individual's next annual renewal.</p> <p>Q: ODJFS has just given guidance that in the event we have exhausted electronic verification, collateral contact, and have to use client statement to process the case we should do so in real time and not send a 7105 and delay eligibility. The thought is to not have people trying to go out and provide verifications for our programs. Is this ODM's stance as well for case processing?</p> <p>A: During the COVID-19 public health emergency, self-attestation will be appropriate for all Information except for citizenship and immigration status. This is true for MAGI, non-MAGI and LTC categories. All self-attested information should be recorded in OBWP. The information will need to be verified and updated at the individual's next annual renewal.</p> <p>Q: There has been chatter among county supervisors whether or not there is direction about taking any negative action on any Medicaid cases at this time. We know that Medicaid Renewal queues are being closed at this time and we are refocusing our attention on processing applications, however what we are not sure of is how to handle changes and known information that normally would result in a termination.</p> <p>A: Yes, please suspend processing negative changes except for death, individual moved out of state or the individual requested closure. All positive changes should still be worked (examples: adding pregnancy information, job loss reported and all address/phone number updates)</p>	<a href="#">Ohio Department of Medicaid</a>
Oklahoma	5/21/20	Approved Section 1135 Waiver	<a href="#">Oklahoma Health Care Authority</a>

Pennsylvania	5/21/20	Approved for Federal Section 1135 Waiver and Section 1915 (c) Waiver Appendix K. All county assistance offices are closed and COMPASS should be used to apply for benefits.	<a href="#">Pennsylvania Department of Human Services</a>
Rhode Island	5/21/20	Approved Section 1135 Waiver. Section 1915 (c) Waiver Appendix K. All customer facing lobby operations are closed, people are expected to use the customer portal, DHS phone (1-855-697-4347) or leave materials in the drop boxes at the offices and DHS staff will follow up via telephone.	<a href="#">Rhode Island Department of Human Services</a>
South Carolina	5/21/20	Approved Section 1135 Waiver. SCDHHS has suspended annual redeterminations; Healthy Connections Medicaid members enrolled as of March 18, 2020, will retain their eligibility for Medicaid services until the end of the public health emergency, unless the member requests to withdraw from the program. SCDHHS has provided several ways to apply for Medicaid, complete an annual review form or ask questions about your coverage or Medicaid status that you can do from home. To promote social distancing and to help stop the spread of COVID-19, the agency has closed its county eligibility offices walk-in traffic from the public Healthy Connections Medicaid members and the public can still engage with SCDHHS' dedicated eligibility team members online, over the phone and through the mail to complete any action that would also be completed in a county eligibility office. South Carolina Department of Health and Human Services Division of Appeals and Hearings has temporarily suspended all in-person hearings (Hearing Officers are working remotely).	<a href="#">South Carolina Department of Health and Human Services</a>
Tennessee	5/21/20	Approved Section 1135 Waiver.	<a href="#">Division of TennCare</a>
Texas	5/21/20	Approved for Federal Section 1135 Waiver.	<a href="#">Texas Health and Human Services</a>

Utah	5/21/20	<p>Approved for Section 1135 Waiver. Provisions include: Temporarily suspending Medicaid fee-for-service prior authorization requirements; Suspending Pre-Admission Screening and Annual Resident (PASRR) Level 1 and Level II assessments for 30 days; Modification of the timeframe for managed care entities to resolve appeals under 42 C.F.R. §438.408(f)(1) before an enrollee may request a State fair hearing to no less than one day in accordance with the requirements specified below; this allows managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the state to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements. In addition, CMS approves a modification of the timeframe, under 42 C.F.R. §438.408(f)(2), for managed care enrollees to exercise their appeal rights. Specifically, any managed care enrollees for whom the 120-day deadline described in 42 C.F.R. §438.408(f)(2) would have occurred between March 1, 2020 through the end of the public health emergency, are allowed more than 120 days to request a State Fair Hearing.</p> <p>Provider Enrollment: For the duration of the public health emergency, Utah may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as the other criteria listed above are met.</p> <p>If a certified provider is enrolled in Medicare or with a state Medicaid program other than Utah, Utah may provisionally, temporarily enroll the out-of-state provider for the duration of the public health emergency in order to accommodate participants who were displaced by the emergency.</p> <p>With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements under 1135(b)(1) and (b)(2) of the Act, so the state may provisionally, temporarily enroll the providers for the duration of the public health emergency:</p> <p>Payment of the application fee - 42 C.F.R. §455.460  Criminal background checks associated with Fingerprint-based Criminal Background Checks - 42 C.F.R. §455.434  Site visits - 42 C.F.R. §455.432  In-state/territory licensure requirements - 42 C.F.R. §455.412</p>	<a href="#">Utah Department of Health Medicaid</a>
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Vermont	5/21/20	<p>Approved for Federal Section 1135 Waiver. Due to the current COVID 19 health emergency customers may experience a delay in Long Term Care application processing time. Be assured we are doing all we can to keep delays at a minimum and continue to serve you. We are currently working on setting up staff to work remotely. This will happen over the next couple of weeks.</p> <p>If you have concerns about a pending application, please call the worker's office phone first. If the voicemail message states the worker is out of the office, please call their supervisor. Attached is a directory of all LTC Medicaid staff.</p> <p>During this health emergency period we are not going to deny an applicant for not providing requested documentation. We are working on temporary business processes that will help reduce the information needed.</p> <p>Reviews for March, April, and May 2020:  DVHA is extending the review period for active LTC Medicaid cases which are scheduled for a review in March, April or May 2020. The reviews are now rescheduled as follows: March 2020 reviews extended to June 30, 2020; April 2020 reviews to July 31, 2020 and the May 2020 reviews to August 31, 2020. We are extending the review period for those three months for all active LTC Medicaid cases whether or not the client returned their LTC review application</p> <p>All Provider questions and concerns should be sent to the DVHA LTC Management Team at: AHS.DVHALTCMGMT@vermont.gov.</p>	<a href="#">Department of Vermont Health Access</a>
Virginia	5/21/20	<p>Approved Section 1135 Waiver. VA DMAS will not cancel coverage for eligible individuals due to a change in circumstances or paperwork issues. Extensions of verification deadlines will be liberally granted. All state Fair Hearings will be conducted by telephone. Appeals filed beyond the deadline during the state of emergency (3/12/20 and ongoing until ER is lifted), will be deemed to be timely filed.</p>	<a href="#">Virginia Department of Medical Assistance Services</a>
Washington	5/21/20	<p>Approved Section 1135 Waiver and Section 1915 (c) Waiver Appendix K. As of 3/17/2020 HCA is closed for in-person customer services. Online and phone filings are available.</p>	<a href="#">Washington State Health Care Authority</a>
West Virginia	5/21/20	<p>Approved for Federal Section 1135 Waiver and Section 1915 (c) Waiver Appendix K</p>	<a href="#">West Virginia Bureau for Medicaid Services</a>
Wyoming	5/21/20	<p>Approved for Federal Section 1135 Waiver.</p>	<a href="#">Wyoming Department of Health</a>