



Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts
Effective and End Dates
Updated April 18, 2022

To help states respond to the ongoing COVID-19 pandemic, the White House, the U.S. Department of Health and Human Services (HHS), and the Centers for Medicare & Medicaid Services (CMS) have invoked their emergency powers to authorize temporary flexibilities in Medicaid and the Children’s Health Insurance Program (CHIP). Congress’s legislative relief packages have similarly provided temporary federal support for state Medicaid programs, subject to certain conditions. The timeframes for these emergency measures are summarized in the chart below, including the effective dates and expiration timelines dictated by law or agency guidance.

The duration for many of these federal flexibilities is linked to the federal Public Health Emergency (PHE) that HHS declared in response to COVID-19, [effective January 27, 2020](#). Since that time, HHS has consistently renewed the PHE declaration in 90-day increments, the maximum period permitted under federal law.

- **Currently, the PHE is in effect through July 14, 2022** (per HHS’s [April 12 renewal notice](#), which applies for 90 days beginning April 16).
- **HHS may or may not renew the PHE past its current end date.** HHS has reiterated its promise, first made in a [letter](#) sent to state governors on January 21, 2021, to “provide states with 60 days’ notice prior to termination” of the PHE. Thus, if HHS does not provide notice of an impending PHE termination by May 16 (60 days before the current expiration date of July 15), that silence would suggest that the PHE will be renewed at least once more.¹

Meanwhile, CMS has been issuing guidance to advise states about the expected timelines for unwinding various flexibilities following the end of the PHE, including “State Health Official” letters (SHOs) issued on December 22, 2020 ([SHO 20-004](#)), August 13, 2021 ([SHO 21-002](#)) and March 3, 2022 ([SHO 22-001](#)), and various other [transition tools, templates, and summaries](#). For additional discussion of eligibility and coverage issues during the unwinding period, see SHVS’ [Resources for States on Unwinding the Medicaid Continuous Coverage Requirement](#).

This SHVS product has been updated to reflect HHS’s April 12, 2022 [declaration](#) renewing the PHE, as well as the unwinding timelines specified in CMS’s [SHO 22-001](#).

Declaration/Flexibility	Effective Date	Expiration Timeline	Current End Date (as of publication)	Citations
Federal Emergency/Disaster Declarations				
The HHS Public Health Emergency (PHE) Declaration for COVID-19	January 27, 2020 <i>(issued January 31, 2020)</i> Last renewed: April 16, 2022 <i>(issued April 12)</i>	Expires after 90 days unless renewed by HHS; may be terminated at any time by HHS, although HHS has committed to providing states with at least 60 days’ notice	July 14, 2022 ; if HHS does not intend to renew the PHE past this date, states should receive notice by May 16	Public Health Service Act § 319(a) <i>[42 USC § 247d(a)]</i> Jan. 21, 2021 Letter from Acting HHS Secretary

¹ While the Build Back Better (BBB) Act ([H.R. 5376](#)) passed by the House included provisions that could delink Medicaid’s continuous coverage requirement from the end of the PHE, at the time of this writing the BBB remains pending in the Senate. It is not clear whether or when the Senate will consider the BBB, or whether the Senate’s version would include any provisions regarding PHE unwinding for Medicaid agencies.



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The President’s National Emergency Declaration under the National Emergencies Act (NEA)	March 1, 2020 <i>(issued March 13, 2020)</i> Last renewed: March 1, 2022 <i>(issued February 18)</i>	Expires after one year unless renewed by the President; may be terminated at any time by the President or by joint resolution of Congress ¹	March 1, 2023	NEA §§ 202(a) & (d) <i>[50 U.S.C. §§ 1622(a) & (d)]</i>
The President’s Stafford Act Declarations	Nationwide emergency declaration issued March 13, 2020 <i>(no effective date specified)</i> State “major disaster” declarations are generally effective January 20, 2020	The Federal Emergency Management Agency (FEMA) determines the start and end dates of the “incident period”	None specified in either the nationwide or state-by-state declarations	Stafford Act §§ 401 (major disaster) & 501 (emergency) <i>[42 USC §§ 5170 & 5191]</i> 44 CFR § 206.32(f)
Federal Executive Actions: Temporary Medicaid/CHIP Flexibilities for COVID-19 Response Efforts				
Section 1135 Waiver	March 1, 2020 <i>(or a later date requested by the state and approved by CMS)</i> ²	Generally, end of the PHE, per CMS guidance ³ ; CMS may terminate any individual waiver at any time. ⁴ For certain waivers, CMS has authorized grace periods following the end of the PHE. ⁵	July 14, 2022 <i>(except for flexibilities for which CMS has authorized a grace period following the end of the PHE)</i>	Social Security Act (SSA) § 1135(e) <i>[42 USC § 1320b-5(e)]</i> Nationwide (“Blanket”) 1135 Waivers (additional blanket waivers listed here) State-Specific 1135 Waivers CMS’s Medicaid/CHIP FAQ CMS SHO 20-004
Medicaid Disaster Relief State Plan Amendment (SPA)	March 1, 2020 <i>(or a later date chosen by the state)</i> ⁶	End of PHE <i>(or an earlier approved date chosen by the state)</i>	July 14, 2022 <i>(or an earlier date chosen by the state)</i>	Medicaid Disaster Relief SPA Template CMS’s Medicaid/CHIP FAQ CMS SHO 20-004

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CHIP Disaster Relief SPA	Start of state or federally declared emergency (or a later date chosen by the state) ⁷	End of the PHE or state-declared emergency (or an earlier date chosen by the state)	July 14, 2022 (or an earlier date chosen by the state, or later if the state-declared disaster continues)	CHIP Disaster Relief SPA Example CMS Medicaid/CHIP FAQ CMS SHO 20-004
Section 1915(c) Appendix K (for Medicaid home and community-based services (HCBS) programs)	January 27, 2020 (or a later date chosen by the state)	Six months following the end of the PHE, if the state requested CMS approval for this timeline. Otherwise, one year from the Appendix K effective date (or an earlier approved date chosen by the state), but no later than March 31, 2021 (one year from the last day of the month in which the President executed the NEA declaration).	January 14, 2023 , if a state received CMS approval for this extended timeline. For states that did not request this extension, the Appendix K end date was January 26, 2021 (or an earlier date chosen by the state, or as late as March 31, 2021 if the state chose a delayed effective date).	Section 1915(c) Appendix K Template CMS Medicaid/CHIP FAQ CMS SHO 20-004
Emergency Section 1115 Waiver	March 1, 2020 (or a later date chosen by the state)	PHE + 60 days (or an earlier date approved in the waiver's Special Terms & Conditions (STCs))	September 12, 2022 (or an earlier date approved in the STCs)	SMD 20-002 & COVID-19 Section 1115 Template CMS SHO 20-004
Families First Coronavirus Response Act (FFCRA, P.L. 116-127): Key COVID-19-Related Provisions Affecting Medicaid				
Enhanced Federal Medicaid Assistance Percentage (FMAP)	January 1, 2020	End of the quarter in which the PHE ends	September 30, 2022	FFCRA § 6008(a) CMS SHO 20-004
<ul style="list-style-type: none"> Maintenance of Effort (MOE) Requirement 	January 1, 2020	End of the quarter in which PHE ends	September 30, 2022	FFCRA § 6008(b)(1) & (2) CMS SHO 20-004
<ul style="list-style-type: none"> Continuous Coverage Requirement 	March 18, 2020	End of the month in which the PHE ends	July 31, 2022 , although states have up to 14 months following this date to complete all pending	FFCRA § 6008(b)(3) 42 CFR § 433.400, as added by CMS's November 2, 2020 Interim Final Rule (IFR)



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			eligibility actions (per CMS guidance)	CMS SHO 20-004 , SHO 21-002 & SHO 22-001
<ul style="list-style-type: none"> Required Coverage (With No Cost Sharing) of COVID-19 Tests, Treatments, and Vaccines⁸ 	January 1, 2020	End of the quarter in which PHE ends	September 30, 2022	FFCRA § 6008(b)(4) CMS November 2, 2020 IFR CMS SHO 20-004
Coverage for the Optional COVID-19 Eligibility Group	March 18, 2020 (or a later date chosen by the state)	End of the PHE ⁹	July 14, 2022	SSA §§ 1902(a)(10)(A)(ii) & (ss) [42 USC §§ 1396a(a)(10) & (ss)], as added/amended by FFCRA § 6004(a)(3), CARES § 3716, and ARP § 9811 (see below) CMS Guidance on the Optional COVID-19 Group CMS SHO 20-004
American Rescue Plan Act of 2021 (ARP, P.L. 117-2): Key COVID-Related Provisions Affecting Medicaid and CHIP¹⁰				
Required Coverage (With No Cost Sharing) of COVID-19 Vaccines for All Populations Covered by Medicaid and CHIP; 100% FMAP for COVID Vaccines	March 11, 2021	End of the first calendar quarter that begins at least one year after the end of the PHE ¹¹	December 31, 2023	ARP §§ 9811 & 9821 CMCS Info Bulletin SHO 21-004
Required Coverage (With No Cost Sharing) of COVID-19 Testing and Treatments for: <ul style="list-style-type: none"> Most “Full Benefit” Medicaid and CHIP Populations; and The Optional Medicaid COVID-19 Testing Group 	March 11, 2021	End of the first calendar quarter that begins at least one year after the end of the PHE	December 31, 2023	ARP §§ 9811 & 9821 CMS SHO 21-006

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¹ After the President declares a national emergency, NEA section 202(b) requires that, every six months, “each House of Congress shall meet to consider a vote on a joint resolution to determine whether that emergency shall be terminated.” On March 3, 2022, Senate Republicans passed on party lines a resolution ([S.J.Res.38](#)) to terminate President Biden’s National Emergencies Act declaration regarding COVID-19. The resolution did not come to a vote in the House, however.

² HHS invoked the 1135 waiver authority on [March 13, 2020](#), with an effective date of March 1, 2020. Thus, all the 1135 waivers that have since been issued by HHS and CMS have retroactive effect to March 1, 2020 unless otherwise specified.

³ [CMS’s Medicaid/CHIP FAQ](#) states that 1135 waivers last until the end of the PHE. That guidance appears inconsistent with the text of section 1135(e) in two respects, however. First, section 1135(e) provides that emergency waivers can generally be extended up until the termination of either the PHE *or* the presidential emergency declaration (whichever comes first). Applicable presidential emergency declarations can be made under the NEA or the Stafford Act; currently, both types of declarations are in effect nationwide. Section 1135(e) also requires that HHS renew the 1135 waiver authority at least every 60 days. To date, HHS has not issued any express renewal of the 1135 waiver authority.

⁴ For example, CMS has terminated several 1135 waivers pertaining to long-term care facilities, as described on April 7, 2022 [memorandum](#) and the latest version of CMS’s [1135 Blanket Waivers](#) document.

⁵ For example, many states received 1135 waivers related to provider enrollment in Medicaid, including waivers allowing for delays in provider revalidation and permitting provisional enrollment of providers who were already enrolled with Medicare or with another state’s Medicaid program. CMS has authorized a six-month grace period for these flexibilities following the end of the PHE, as described in [SHO 20-004](#).

⁶ Typically, Medicaid SPAs may be effective no earlier than the first day of the quarter in which the SPA was submitted. With respect to Medicaid disaster relief SPAs, CMS will grant 1135 waivers that allow Medicaid SPAs to take effect before the start of the quarter in which the SPA was submitted (but no earlier than the start of the PHE).

⁷ According to CMS’s CHIP disaster relief [SPA example](#), states may activate their disaster relief scenarios in response to a disaster declared by the “Governor or FEMA.” [CMS’s Medicaid/CHIP FAQ](#) states that CHIP disaster relief SPAs may also be activated in response to the COVID-19 PHE. In general, CHIP SPAs may have retroactive effect as far back as the beginning of the fiscal year in which the SPA was submitted, including SPAs that modify the state’s disaster relief scenarios. For that reason, [CMS’s Medicaid/CHIP FAQ](#) indicates that section 1135 authority is not needed to modify the submission date for SPAs that are submitted by the end of the fiscal year; presumably, however, CMS could grant an 1135 waiver to extend the retroactive date of a CHIP SPA into the prior fiscal year if needed, similar to CMS’s use of 1135 waivers to permit Medicaid SPAs to have a retroactive effective date in a previous quarter.

⁸ [CMS’s Medicaid/CHIP FAQ](#) clarifies that this coverage requirement applies to COVID-19 tests, treatments, and vaccines that receive an FDA Emergency Use Authorization (EUA), as well as those will full FDA approval.

⁹ Although federal funding for the optional eligibility group ends at the end of the PHE, states may need to keep this group enrolled (without coverage) until the end of the month in which the PHE period ends in order to comply with the continuous coverage conditions in FFCRA section 6008(b)(3), per [CMS’s Medicaid/CHIP FAQ](#).

¹⁰ This chart summarizes ARP’s temporary measures related to the COVID-19 pandemic, but does not address the many other temporary ARP provisions that affect Medicaid and CHIP (e.g., the optional extension of postpartum coverage or the enhanced funding for home and community-based services). For an overview of ARP’s key provisions, see SHVS’s [Timeline of Key Provisions in the American Rescue Plan Act of 2021](#).

¹¹ For example, if the PHE were to end on July 14, 2022, then this ARP provision would expire December 31, 2023 (the last day of the calendar quarter that begins *after* July 14, 2023, the one-year anniversary of the PHE end date).