



**Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts**  
**Effective and End Dates**  
*Updated July 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’ 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 October 12, 2022** (per HHS’s [July 15 renewal notice](#), which extends the PHE for 90 days).
- **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 August 14 (60 days before the current expiration date of October 13), that silence would suggest that the PHE will be renewed at least once more.<sup>1</sup>

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](#).

Declaration/Flexibility	Effective Date	Expiration Timeline	Current End Date (as of publication)	Citations
<b>Federal Emergency/Disaster Declarations</b>				
<b>The HHS Public Health Emergency (PHE) Declaration for COVID-19</b>	<b>January 27, 2020</b> <i>(issued <a href="#">January 31, 2020</a>)</i> Last renewed: <a href="#">July 15, 2022</a>	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	<b>October 12, 2022</b> ; if HHS does not intend to renew the PHE past this date, states should receive notice by August 14	Public Health Service Act § 319(a) <i>[42 USC § 247d(a)]</i> <a href="#">Jan. 21, 2021 Letter</a> from Acting HHS Secretary
<b>The President’s National Emergency Declaration under the National Emergencies Act (NEA)</b>	<b>March 1, 2020</b> <i>(issued March 13, 2020)</i>	Expires after one year unless renewed by the President; may be terminated at any time	<b>March 1, 2023</b>	NEA §§ 202(a) & (d) <i>[50 U.S.C. §§ 1622(a) &amp; (d)]</i>

<sup>1</sup> 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. As of this chart’s publication date, it is not clear whether any PHE-related Medicaid conditions are part of the ongoing reconciliation conversations among congressional Democrats.

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	Last renewed: March 1, 2022 <i>(issued February 18)</i>	by the President or by joint resolution of Congress <sup>1</sup>		
<b>The President’s Stafford Act Declarations</b>	Nationwide emergency declaration issued <a href="#">March 13, 2020</a> <i>(no effective date specified)</i>  State “major disaster” declarations are generally effective <a href="#">January 20, 2020</a>	The Federal Emergency Management Agency (FEMA) determines the start and end dates of the “incident period”	<b>None specified</b> in either the nationwide or state-by-state declarations	Stafford Act §§ 401 (major disaster) & 501 (emergency) <i>[42 USC §§ 5170 &amp; 5191]</i>  44 CFR § 206.32(f)
<b>Federal Executive Actions: Temporary Medicaid/CHIP Flexibilities for COVID-19 Response Efforts</b>				
<b>Section 1135 Waiver</b>	<b>March 1, 2020</b> <i>(or a later date requested by the state and approved by CMS)</i> <sup>2</sup>	Generally, end of the PHE, per CMS guidance <sup>3</sup> ; CMS may terminate any individual waiver at any time <sup>4</sup>  For certain waivers, CMS has authorized grace periods following the end of the PHE <sup>5</sup>	<b>October 12, 2022</b> <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>  <a href="#">Nationwide (“Blanket”) 1135 Waivers</a> (additional blanket waivers listed <a href="#">here</a> )  <a href="#">State-Specific 1135 Waivers</a>  <a href="#">CMS SHO 20-004</a>  <a href="#">Feb. 15, 2022 All-State Call</a>
<b>Medicaid Disaster Relief State Plan Amendment (SPA)</b>	<b>March 1, 2020</b> <i>(or a later date chosen by the state)</i> <sup>6</sup>	End of PHE <i>(or an earlier approved date chosen by the state)</i>	<b>October 12, 2022</b> <i>(or an earlier approved date chosen by the state)</i>	<a href="#">Medicaid Disaster Relief SPA Template</a>  <a href="#">CMS SHO 20-004</a>  <a href="#">Feb. 15, 2022 All-State Call</a>
<b>CHIP Disaster Relief SPA</b>	Start of state or federally declared emergency <i>(or a later</i>	End of the PHE or state-declared emergency <i>(or an</i>	<b>October 12, 2022</b> <i>(or an earlier date chosen by the</i>	<a href="#">CHIP Disaster Relief SPA Example</a>

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	<i>date chosen by the state</i> <sup>7</sup>	<i>earlier date chosen by the state</i>	<i>state, or later if the state-declared disaster continues)</i>	<a href="#">CMS SHO 20-004</a> <a href="#">Feb. 15, 2022 All-State Call</a>
<b>Section 1915(c) Appendix K</b> <i>(for Medicaid home and community-based services (HCBS) programs)</i>	<b>January 27, 2020</b> <i>(or a later date chosen by the state)</i>	Six months following the end of the PHE, if the state requested and received CMS approval for this timeline. For states that did not request this extended timeline, Appendix K flexibilities generally expired in the first quarter of 2021.	<b>April 12, 2023</b> , if a state received CMS approval for this extended timeline. For states that did not request this extended timeline, Appendix K flexibilities generally expired in the first quarter of 2021.	<a href="#">Section 1915(c) Appendix K Template</a> <a href="#">CMS Medicaid/CHIP FAQ</a> <a href="#">CMS SHO 20-004</a>
<b>Emergency Section 1115 Waiver</b>	<b>March 1, 2020</b> <i>(or a later date chosen by the state)</i>	PHE + 60 days <i>(or an earlier date approved in the waiver's Special Terms &amp; Conditions (STCs))</i>	<b>December 11, 2022</b> <i>(or an earlier date approved in the waiver's STCs)</i>	<a href="#">SMD 20-002 &amp; COVID-19 Section 1115 Template</a> <a href="#">CMS SHO 20-004</a>
<b>Families First Coronavirus Response Act (FFCRA, <a href="#">P.L. 116-127</a>): Key COVID-19-Related Provisions Affecting Medicaid</b>				
<b>Enhanced Federal Medicaid Assistance Percentage (FMAP)</b>	<b>January 1, 2020</b>	End of the quarter in which the PHE ends	<b>December 31, 2022</b>	FFCRA § 6008(a) <a href="#">CMS SHO 20-004</a>
• <b>Maintenance of Effort (MOE) Requirement</b>	<b>January 1, 2020</b>	End of the quarter in which PHE ends	<b>December 31, 2022</b>	FFCRA § 6008(b)(1) & (2) <a href="#">CMS SHO 20-004</a>
• <b>Continuous Coverage Requirement</b>	<b>March 18, 2020</b>	End of the month in which the PHE ends	<b>October 31, 2022</b> , although states have up to 14 months following this date to complete all pending eligibility actions (per CMS guidance)	FFCRA § 6008(b)(3) 42 CFR § 433.400, as added by CMS's November 2, 2020 <a href="#">Interim Final Rule</a> (IFR) <a href="#">CMS SHO 20-004</a> , <a href="#">SHO 21-002</a> & <a href="#">SHO 22-001</a>
• <b>Required Coverage (With No Cost Sharing) of COVID-19 Tests, Treatments, and Vaccines</b> <sup>8</sup>	<b>January 1, 2020</b>	End of the quarter in which PHE ends	<b>December 31, 2022</b>	FFCRA § 6008(b)(4) CMS <a href="#">November 2, 2020 IFR</a>

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				<a href="#">CMS SHO 20-004</a>
<b>Coverage for the Optional COVID-19 Eligibility Group</b>	<b>March 18, 2020</b> (or a later date chosen by the state)	End of the PHE <sup>9</sup>	<b>October 12, 2022</b>	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) <a href="#">CMS Guidance on the Optional COVID-19 Group</a> <a href="#">CMS SHO 20-004</a>
<b>American Rescue Plan Act of 2021 (ARP, <a href="#">P.L. 117-2</a>): Key COVID-Related Provisions Affecting Medicaid and CHIP<sup>10</sup></b>				
<b>COVID-19 Vaccine: Required Coverage (With No Cost Sharing) for All Populations Covered by Medicaid and CHIP; 100% FMAP for COVID Vaccines</b>	<b>March 11, 2021</b>	End of the first calendar quarter that begins at least one year after the end of the PHE <sup>11</sup>	<b>March 31, 2024</b>	ARP §§ 9811 & 9821 <a href="#">CMCS Info Bulletin SHO 21-004</a>
<b>COVID-19 Testing and Treatments: Required Coverage (With No Cost Sharing) for...</b> <ul style="list-style-type: none"> <li>• <i>Most “Full Benefit” Medicaid and CHIP Populations; and</i></li> <li>• <i>The Optional Medicaid COVID-19 Testing Group</i></li> </ul>	<b>March 11, 2021</b>	End of the first calendar quarter that begins at least one year after the end of the PHE	<b>March 31, 2024</b>	ARP §§ 9811 & 9821 <a href="#">CMS SHO 21-006</a>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> [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.

<sup>4</sup> 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.

<sup>5</sup> 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](#).

<sup>6</sup> 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).

<sup>7</sup> 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.

<sup>8</sup> [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. For additional discussion of these coverage requirements, see SHVS' [Medicaid and CHIP Coverage of COVID-19 Vaccine and Treatment: A Roadmap for State Action During and After the Public Health Emergency](#).

<sup>9</sup> 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](#).

<sup>10</sup> 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](#).

<sup>11</sup> For example, if the PHE were to end on October 12, 2022, then this ARP provision would expire March 31, 2023 (the last day of the calendar quarter that begins *after* October 12, 2023, the one-year anniversary of the PHE end date).