



**Federal Declarations and Flexibilities Supporting Medicaid and CHIP COVID-19 Response Efforts**  
**Effective and End Dates**  
*Updated April 22, 2021*

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 and 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 provided additional 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 19, 2021** (per HHS’s [April 15 renewal notice](#)).
- **HHS is expected to continue renewing the PHE through at least the end of calendar year (CY) 2021.** In a [letter](#) sent to state governors on January 22, 2021, the Acting HHS Secretary stated that “the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days’ notice prior to termination.”

Meanwhile, CMS has begun issuing guidance to advise states about the expected timelines for unwinding various flexibilities following the end of the PHE, including a December 22, 2020 “State Health Official” letter ([SHO 20-004](#))<sup>1</sup> and related “transition tools” regarding [eligibility and enrollment](#) and other [program operations](#).

*This SHVS product has been updated to reflect HHS’s April 15, 2021 declaration renewing the PHE, as well as the March 11, 2021 enactment of the American Rescue Plan Act of 2021 (ARP), [P.L. 117-2](#), which contains COVID-19 response measures whose durations are linked to the PHE.*

Declaration/Flexibility	Effective Date	Expiration Timeline	Current End Date <i>(as of publication; HHS is expected to renew the PHE through CY 2021)</i>	Citations
<b>Federal Emergency/Disaster Declarations</b>				
<b>The HHS Public Health Emergency (PHE) Declaration</b>	<b>January 27, 2020</b> <i>(issued <a href="#">January 31, 2020</a>)</i>  Last renewed: April 21, 2021 <i>(issued <a href="#">April 15, 2021</a>)</i>	Expires after 90 days unless renewed by HHS	<b>July 19, 2021</b>	Public Health Service Act § 319(a) <i>[42 USC § 247d(a)]</i>
<b>The President’s National Emergency Declaration under the National Emergencies Act (NEA)</b>	<b>March 1, 2020</b> <i>(issued <a href="#">March 13, 2020</a>)</i>	Expires after one year unless renewed by the President; may be terminated at any time	<b>March 1, 2022</b>	NEA §§ 202(a) & (d) <i>[50 U.S.C. §§ 1622(a) &amp; (d)]</i>

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	Last renewed: March 1, 2021 <i>(issued <a href="#">February 24</a>)</i>	by the President or by joint resolution of Congress <sup>2</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>3</sup>	Generally, end of the PHE, per CMS guidance, <sup>4</sup> although CMS may terminate any individual waiver at any time. For certain waivers, CMS has authorized grace periods following the end of the PHE. <sup>5</sup>	<b>July 19, 2021</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> <a href="#">State-Specific 1135 Waivers</a> <a href="#">CMS’s Medicaid/CHIP FAQ</a> <a href="#">CMS SHO 20-004</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>July 19, 2021</b> <i>(or an earlier date chosen by the state)</i>	<a href="#">Medicaid Disaster Relief SPA Template</a> <a href="#">CMS’s Medicaid/CHIP FAQ</a> <a href="#">CMS SHO 20-004</a>
<b>CHIP Disaster Relief SPA</b>	Start of state or federally declared	End of the PHE or state-declared emergency <i>(or an</i>	<b>July 19, 2021</b> <i>(or an earlier date chosen by the state, or</i>	<a href="#">CHIP Disaster Relief SPA Example</a>

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	<i>emergency (or a later date chosen by the state)<sup>7</sup></i>	<i>earlier date chosen by the state)</i>	<i>later if the state-declared disaster continues)</i>	<a href="#">CMS Medicaid/CHIP FAQ</a> <a href="#">CMS SHO 20-004</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>	Generally, one year from the effective date <i>(or an earlier approved date chosen by the state)</i> , but no later than March 31, 2021 <i>(one year from the last day of the month in which the President executed the NEA declaration)</i> .  States with expiring COVID-related Appendix K flexibilities may request CMS approval to renew those flexibilities until six months following the end of the PHE.	<b>January 19, 2022</b> , if a state received CMS permission to extend Appendix K flexibilities.  For states that did not request this extension, the Appendix K expiration date was <b>January 26, 2021</b> <i>(or an earlier date chosen by the state, or as late as March 31, 2021 if the state chose a delayed effective date)</i> .	<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>June 19, 2021</b> <i>(or an earlier date approved in the STCs)</i>	<a href="#">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>September 30, 2021</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>September 30, 2021</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>July 31, 2021</b>	FFCRA § 6008(b)(3)

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				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>
<ul style="list-style-type: none"> <li><b>Required Coverage (With No Cost Sharing) of COVID-19 Tests, Treatments, and Vaccines<sup>8</sup></b></li> </ul>	January 1, 2020	End of the quarter in which PHE ends	<b>September 30, 2021</b>	FFCRA § 6008(b)(4) CMS <a href="#">November 2, 2020 IFR</a> <a href="#">CMS SHO 20-004</a>
<b>Coverage for the Optional COVID-19 Testing Eligibility Group</b>	March 18, 2020 (or a later date chosen by the state)	End of the PHE <sup>9</sup>	<b>July 19, 2021</b>	SSA §§ 1902(a)(10)(A)(ii) & (ss) [42 USC §§ 1396a(a)(10) & (ss)], as added/amended by FFCRA § 6004(a)(3) and CARES § 3716 <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>Required Coverage (With No Cost Sharing) of COVID-19 Vaccines for All Populations Covered by Medicaid and CHIP</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>December 31, 2022</b>	ARP §§ 9811 & 9821
<b>Required Coverage (With No Cost Sharing) of COVID-19 Testing and Treatments for:</b> <ul style="list-style-type: none"> <li><b>Most "Full Benefit" Medicaid and CHIP populations; and</b></li> <li><b>The Optional Medicaid COVID-19 Testing Group</b></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>December 31, 2022</b>	ARP §§ 9811 & 9821



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**Notes**

<sup>1</sup> The “unwinding” guidance in SHO 20-004 is also summarized in this [presentation](#) from CMS’s January 7, 2021 All-State Medicaid & CHIP Call.

<sup>2</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.”

<sup>3</sup> HHS invoked the 1135 waiver authority on [March 13](#) with an effective date of March 1. Thus, all the 1135 waivers that have since been issued by HHS and CMS have retroactive effect to March 1 unless otherwise specified.

<sup>4</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>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).

<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, enhanced funding for home and community-based services). For an overview of ARP’s key provisions, see [Timeline of Key Provisions in the American Rescue Plan Act of 2021](#).

<sup>11</sup> For example, if the PHE were to end on January 30, 2022, then this provision would end June 30, 2023 (the last day of the calendar quarter that begins after January 30, 2023, the one-year anniversary of the PHE end date).