

Table 5A. MLTSS Federal Authorities

Authorities for Managed Care		
Authority	Description	Limitations
Section 1115	Gives Secretary of HHS broad authority to approve demonstration programs that test innovative Medicaid policy.	Proposal must be truly innovative, not simply replicating an idea already demonstrated elsewhere.
Section 1915(a)	Statutory authority to enter into contracts with organizations to provide services already offered under the state plan.	Voluntary enrollment only; Existing services only; Number of qualified contractors may not be limited.
Section 1915(b)	Waiver authority for mandatory enrollment in managed care.	With exceptions for rural areas, must offer at least 2 options.
Section 1932(a)	Statutory authority for mandatory enrollment in managed care.	Certain groups are exempted from mandatory enrollment; with exceptions for rural areas, must at least 2 options.
Authorities for Long Term Services and Supports		
Section 1915(c)	Waiver authority to offer HCBS services to beneficiaries who would otherwise meet institutional level of care.	Beneficiary must meet institutional level of care.
Section 1915(i)	Statutory authority to offer HCBS as a state plan service, whether or not a beneficiary meets institutional level of care.	State may not limit the number of eligible participants or have a waiting list. Service must be offered statewide.
Section 1915(j)	Statutory authority to offer	Not a service authorization per

	self-directed personal assistance services option in a 1915(c) waiver program, or under state plan personal assistance services.	se, but rather a delivery option for services otherwise provided under the state plan.
Section 1915(k)	Statutory authority to offer attendant services and supports controlled by the beneficiary (Community First Choice Option).	State may not limit the number of eligible participants or have a waiting list. Service must be offered statewide.
Other State Plan Services	States must offer certain services (such as nursing home and home health) and may offer optional services (such as personal care and targeted case management).	State plan services must be offered to all eligible beneficiaries without waiting lists. Services must be offered statewide.
Authorities for Medicare		
Section 1859	Statutory authority for Medicare Advantage plans to create specialty plans targeted to special needs individuals, including those who are dually enrolled in Medicare and Medicaid.	Voluntary enrollment only; authority applies to Medicare Advantage plans (not to the State Medicaid agency); all Medicare Advantage rules must be met.
Sections 1894 and 1934	Statutory authority to offer PACE, which combines Medicare and Medicaid services.	Voluntary enrollment only; PACE model only.
Section 1115A	Gives Center for Medicare and Medicaid Innovation broad authority to test innovative models that decrease costs and maintain or improve quality.	Proposed model must be innovative and fit within the statutory priorities of CMMI (Center for Medicare & Medicaid Innovation) at CMS.