Revisions to Form CMS-10752 Submissions of 1135 Waiver Request Inquiry Webform

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| **Issue #** | **Page #** | **Section** | **Action to be performed** | **Changes to the Application** | **Reason for the Change** |
|  | 1 | Introduction text | Revised as follows: | Updated important text color from orange to dark green to pass 508-compliant color contrast text, added OMB Control Number and Expiration Date. | 508 compliance |
|  | 1 | All | Revised as follows: | Removed: The term “beneficiary”  Replaced with: The terms “patient/resident” | The terms “patient/resident” are more commonly understood than “beneficiary”. |
|  | 1 | All | Revised as follows: | Added “help text” to form fields and terms that needed explanations to the entire form. | Added help text to aid users in completing the submission. |
|  | 1 | Section: What would you like to do? | Revised language | Replaced: I want to provide a status update on my beneficiaries and/or healthcare facility  With: I want to provide a status on my healthcare facility, patients and or residents | The terms “patient/resident” are more commonly understood than “beneficiary”. |
|  | 1 | Section 1 | Revised as follows: | Added: Emergency Event w/ dropdown selection | This form will be submitted for any emergency, not just a Public Health Emergency (PHE). We added a non-PHE option to accommodate this. |
|  | 1 | Section 2: Organization Information | Revise as follows: | Changed order: Moved Organization Information section to the top of the section | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 2: Organization Information | Revise as follows | Moved: Evacuation Status and Operational Status dropdowns from Emergent Event Information to Organization Information. | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 2: Organization Information | Revise as follows: | Removed: Organization Category radio buttons  Added: Organization Category dropdowns | We replaced the radio buttons with dropdowns to make the section consistent with the rest of the form. |
|  | 1 | Section 2: Organization Information | Revise as follows: | Removed: Organization ID Number/CCN text **area**  Added: Organization ID Number/CCN text **field** | We replaced the text area with a text field to make the section consistent with the rest of the form. |
|  | 1 | Section 2: Patient/Resident Information | Revise as follows: | Added new section, Patient/Resident Information. | We added this section to ensure that CMS captures all relevant information necessary to aid the health care facility. |
|  | 1 | Section 2: Patient/Resident Information | Revise as follows  To Patient/Resident section from emergent event section | Moved: Number of beds or stations field  Moved: Number of patients/residents with injuries  Moved: Number of patients/resident fatalities  From: Emergent Event Information | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 2: Facility census information | Revise as follows:  To Patient/Resident section from emergent event section | Moved: Census field  Moved: Number of patients/residents evacuated  Moved: Number of patients/residents repatriated | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 2: Patient/Resident Information | Revise as follows:  To Patient/Resident section from emergent event section | Moved: Details of HCF status text area, to this section | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 2: Point of Contact | Reorder section | Moved from lower on the form to higher up on the page to under Facility Census Information | We moved the section to improve the readability and flow of questions. |
|  | 1 | Section 3: Impact to Facility | Revise as follows | Previous title: Emergent Event Information  New title: Impact to Facility | We changed the title to more accurately reflect the information being requested. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | New introduction text: Please complete the following fields to notify us of your current status to facilitate the provision of aid from Federal resources. | Added instructional text to aid users in completing the submission. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | Add checkbox for: Structural damage w/ subsequent options for damage type | This checkbox was added to give users a mechanism for indicating the kind of structural damage sustained. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | Add checkbox for: Power loss w/ subsequent options for power loss types, including dropdowns for generator and generator fuel types | This checkbox was added to give users a mechanism for indicating the kind of power loss sustained. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | Add checkbox for: HVAC loss w/ subsequent options for loss types. | This checkbox was added to give users a mechanism for indicating the kind of HVAC loss sustained. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | Add checkboxes for: Other impacts to facility | This checkbox was added to give users a mechanism for indicating impacts not represented in the selectable options. |
|  | 1 | Section 3: Impact to Facility | Add as follows: | Add text area for: Describe the impact | This area was added to give users an area to describe the full impact to the facility. |