Revisions to 1135 Waiver Request Webform

| **Issue #** | **Page #** | **Section** | **Action to be performed** | **Changes to the Application** | **Reason for the Change** |
| --- | --- | --- | --- | --- | --- |
|  | 2,4,6,8 | Organization Categories | Updated Content (7-15-2021) | Added ‘State Medicaid or CHIP Agency’ in Organization Categories, under the General tab | Revised title of checkbox option from State Medicaid to State Medicaid or CHIP Agency |
|  | 2,4,6 | Waivers  Message below Organization Categories | Updated Content (7-15-2021) | Added Non-Covid PHE ‘Background’ “Under section 1135 of the Social Security Act (the Act), the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally-declared PHE.  Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster and be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).” | Added Background information box for Non-COVID waivers |
|  | 2,4,6,8 | Waiver  Please select all that apply section for users to select their waiver type(s) | Updated Content (7-15-2021) | Added title: Please select all that apply  Added checkbox options:  I want to submit a general waiver  I want to submit a Medicaid / CHIP waiver | Checkbox options to allow user to select their waiver requests |
|  | 2,4,6 | Messaging about Medicaid/general waivers | Updated Content (10-27-2021) | Added this sentence under the checkbox option ‘I want to submit a Medicaid / CHIP waiver’  ‘Please click the above option to request a Medicaid / CHIP waiver. For all other waivers, use the ‘general waiver’ option.’ | Messaging for Medicaid checkbox option when Non-COVID PHE is selected |
|  | 2,4,6 | Waivers  Medicaid or CHIP State Contact Information form | Updated Content (7-15-2021) | Added Title:  Medicaid or CHIP State Contact Information  Added subtitle:  This is contact information for official CMS communications  Added form fields:   * State Official Title (required) (ghost text: This is the Medicaid or CHIP designee for official CMS communications) * State Agency Name (required) * State Official first name (required) * State Official last name (required)   State Official Suffix (ghost text: Examples, including, JD, MD, PhD, RN)   * State agency address (required) * Address 2 * City (required) * State/US Territory/Federal District (required) * Zip Code (required) * State Agency email address (required) * Confirm State Agency email address (required) | Added contact form when a user submits a Medicaid waiver |
|  | 2,4,6 | Waivers  Medicaid or CHIP State Contact Information form | Updated Content (7-15-2021) | Added help text to title: Medicaid or CHIP State Contact Information form:  This is the Medicaid or CHIP designee for official CMS communications | Help Topic text for Contact form |
|  | 2,4,6 | Help Information  Medicaid Waiver/Flexibility Request Type | Updated Content (8-31-2021) | Added:  Medicaid Authorizations-Suspend fee-for-service prior authorizations  Medicaid Authorizations-Extend pre-existing authorizations  Long Term Services and Supports (LTSS)-PASRR  Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(c)  Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(i)  Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(k)  Long Term Services and Supports (LTSS)-HCBS Settings Requirements-HCBS services in approved 1115 Demonstration  Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(c)  Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(i)  Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(k)  Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration  Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(c)  Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(i)  Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(k)  Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-HCBS services in approved 1115 Demonstration  Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Need  Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation  Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan  Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 1915(i) Eligibility  Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 1915(i) Eligibility  Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need  Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Reassessments of Need  Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan  Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Use of Representatives  Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Initial Assessments  Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Annual Reviews  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Use of Representatives  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Annual Reassessments  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Person-Centered Service Plan Reviews  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Level of Care Determinations  Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Level of Care Redeterminations  Fee for Service and Eligibility Fair Hearings-Extend fair hearing request timelines  Fee for Service and Eligibility Fair Hearings-Extend timelines for reinstatement of benefits  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify timelines to resolve appeals  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify state fair hearings timelines  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify continuation of benefits timelines  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify authorization decision timelines  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify adverse benefit appeals filing timelines  Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify standard appeals timelines  Provider Enrollment-Waive application fees  Provider Enrollment-Waive criminal background checks  Provider Enrollment-Waive site visits  Provider Enrollment-Allow out-of-state provider reimbursement  Provider Enrollment-Pause revalidation deadlines  Provider Enrollment-Waive licensing requirements  Home Health State Plan Services Timeframe (Face-to-Face Encounters)  Use of Legally Responsible Individuals to Render Personal Care Services  Targeted Case Management Timeline - Monitoring and Follow-Up Activities  Private Duty Nursing-Modify practitioner requirements  Private Duty Nursing-Modify supervision requirements  Clinic Facility Requirement-Allow provision of clinic services via telehealth  Clinic Facility Requirement-Allow provision of clinic services in alternative settings  Physician Direction-Allow clinic services to be directed by other licensed professionals  Physician Direction-Allow inpatient psychiatric services for under 21 to be directed by other licensed professionals  Other Section 1135 Waiver Flexibilities  ~~Medicaid and CHIP (as of 3/13/2020)~~ - Removed from list as no longer relevant to Medicaid / CHIP Waivers. | Added new Medicaid waiver types |
|  | 2,4,6 | Waivers  Describe your 1135 Medicaid Waiver/Flexibility Request | Updated Content (7-15-2021) | Added section for users to create and submit their Medicaid waivers:   * Waiver Request Type Dropdown * Click here if you do not see your Waiver Request Type checkbox | Same UI as 1135 waivers; added 2nd section for users to submit Medicaid waivers |
|  | 6 | Waivers  Describe your 1135 Medicaid Waiver/Flexibility Request | Updated Content (7-15-2021) | Added input boxes based on if a ‘Other’ waiver type is selected:   * Applicable Regulation | If a user selects ‘Other’ waiver type this input box is displayed |
|  |  | Waivers  Confirmation Message | Updated Content (7-15-2021) | In the case of a user submitting both types of waivers, the confirmation message has been revised to:  Your general waiver case number is <case#>  Your Medicaid waiver case number is <case#> | Revised confirmation message when a user submits both types of waivers |
|  | 8 | Waivers  Message below Organization Categories | Updated Content (7-15-2021) | “This portal cannot be utilized for Covid-19-PHE related Medicaid 1135 waiver submissions. If your organization is a State Medicaid Agency and would like to request flexibilities pursuant to section 1135 of the Social Security Act (Act), which grants the Secretary of the United States Department of Health and Human Services authority to temporarily waive or modify certain Medicare, Medicaid and Children’s Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally-declared public health emergency (PHE), please complete the 1135 Medicaid & CHIP Checklist available at Section 1135 Waiver Flexibilities | Medicaid.  Once you have completed the checklist, please submit via email to: Medicaid\_1135\_Requests@cms.hhs.gov for CMS review.” | Added Background information box for COVID waivers |
|  | 8 | Messaging about not being able to submit Medicaid waivers under the COVID PHE | Updated Content (10-20-2021) | Added this sentence under the disabled checkbox option ‘I want to submit a Medicaid / CHIP waiver’  ‘Medicaid 1135 waivers for COVID-19 PHE cannot be submitted through this portal. Please see info box above.’ | Messaging for Medicaid checkbox option when COVID PHE is selected |
|  | 2,4,6 | Help Tooltips | Updated Content (7-15-2021) | Help Tooltip content for Medicaid or CHIP State Contact Information form:  This is the Medicaid or CHIP designee for official CMS communications. | Help tooltip content |
|  | 2,4,6 | Help Tooltips | Updated Content (7-15-2021) | Help Tooltip content for Description of Waiver Request drop down:  This description is auto-populated based on waiver type selected above.  If this does not meet your needs, please select “Click here if you do not see your Waiver Request Type” and enter your Waiver Request Type. | Help tooltip content |