

Revisions to 1135 Waiver Request Webform

Issue #	Page #	Section	Action to be performed	Changes to the Application	Reason for the Change
1.	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.	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
3.	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
4.	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

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5.	2,4,6	Waivers Medicaid or CHIP State Contact Information form	Updated Content (7-15-2021)	<p>Added Title: Medicaid or CHIP State Contact Information</p> <p>Added subtitle: This is contact information for official CMS communications</p> <p>Added form fields:</p> <ul style="list-style-type: none"> - 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) <p>State Official Suffix (ghost text: Examples, including, JD, MD, PhD, RN)</p> <ul style="list-style-type: none"> - 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
6.	2,4,6	Waivers Medicaid or CHIP State Contact Information	Updated Content (7-15-2021)	<p>Added help text to title: Medicaid or CHIP State Contact Information form: This is the Medicaid or CHIP designee for official CMS communications</p>	Help Topic text for Contact form

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		form			
7.	2,4,6	<p>Help Information</p> <p>Medicaid Waiver/Flexibility Request Type</p>	Updated Content (8-31-2021)	<p>Added:</p> <p>Medicaid Authorizations-Suspend fee-for-service prior authorizations</p> <p>Medicaid Authorizations-Extend pre-existing authorizations</p> <p>Long Term Services and Supports (LTSS)-PASRR</p> <p>Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(c)</p> <p>Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(i)</p> <p>Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(k)</p> <p>Long Term Services and Supports (LTSS)-HCBS Settings Requirements-HCBS services in approved 1115 Demonstration</p> <p>Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(c)</p> <p>Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(i)</p> <p>Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(k)</p> <p>Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration</p> <p>Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider</p>	Added new Medicaid waiver types

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				<p>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)</p>	

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				<p>Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 1915(i) Eligibility</p> <p>Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need</p> <p>Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Reassessments of Need</p> <p>Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan</p> <p>Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Use of Representatives</p> <p>Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Initial Assessments</p> <p>Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Annual Reviews</p> <p>Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Use of Representatives</p> <p>Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments</p> <p>Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Annual Reassessments</p> <p>Long Term Services and Supports (LTSS)-1915(k)</p>	

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				<p>State Plan Benefit-Person-Centered Service Plan Reviews</p> <p>Long Term Services and Supports (LTSS)-1915(k)</p> <p>State Plan Benefit-Level of Care Determinations</p> <p>Long Term Services and Supports (LTSS)-1915(k)</p> <p>State Plan Benefit-Level of Care Redeterminations</p> <p>Fee for Service and Eligibility Fair Hearings-Extend fair hearing request timelines</p> <p>Fee for Service and Eligibility Fair Hearings-Extend timelines for reinstatement of benefits</p> <p>Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify timelines to resolve appeals</p> <p>Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify state fair hearings timelines</p> <p>Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify continuation of benefits timelines</p> <p>Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify authorization decision timelines</p> <p>Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify adverse benefit appeals filing timelines</p> <p>Managed Care Appeals, Fair Hearings, and</p>	

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				<p>Continuation of Benefits-Modify standard appeals timelines</p> <p>Provider Enrollment-Waive application fees</p> <p>Provider Enrollment-Waive criminal background checks</p> <p>Provider Enrollment-Waive site visits</p> <p>Provider Enrollment-Allow out-of-state provider reimbursement</p> <p>Provider Enrollment-Pause revalidation deadlines</p> <p>Provider Enrollment-Waive licensing requirements</p> <p>Home Health State Plan Services Timeframe (Face-to-Face Encounters)</p> <p>Use of Legally Responsible Individuals to Render Personal Care Services</p> <p>Targeted Case Management Timeline - Monitoring and Follow-Up Activities</p> <p>Private Duty Nursing-Modify practitioner requirements</p> <p>Private Duty Nursing-Modify supervision requirements</p> <p>Clinic Facility Requirement-Allow provision of clinic services via telehealth</p> <p>Clinic Facility Requirement-Allow provision of clinic services in alternative settings</p> <p>Physician Direction-Allow clinic services to be directed by other licensed professionals</p>	

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				<p>Physician Direction-Allow inpatient psychiatric services for under 21 to be directed by other licensed professionals</p> <p>Other Section 1135 Waiver Flexibilities</p> <p>Medicaid and CHIP (as of 3/13/2020) - Removed from list as no longer relevant to Medicaid / CHIP Waivers.</p>	
8.	2,4,6	<p>Waivers</p> <p>Describe your 1135 Medicaid Waiver/Flexibility Request</p>	Updated Content (7-15-2021)	<p>Added section for users to create and submit their Medicaid waivers:</p> <ul style="list-style-type: none"> - Waiver Request Type Dropdown - Click here if you do not see your Waiver Request Type checkbox 	Same UI as 1135 waivers; added 2 nd section for users to submit Medicaid waivers
9.	6	<p>Waivers</p> <p>Describe your 1135 Medicaid Waiver/Flexibility Request</p>	Updated Content (7-15-2021)	<p>Added input boxes based on if a 'Other' waiver type is selected:</p> <ul style="list-style-type: none"> - Applicable Regulation 	If a user selects 'Other' waiver type this input box is displayed
10.		<p>Waivers</p> <p>Confirmation Message</p>	Updated Content (7-15-2021)	<p>In the case of a user submitting both types of waivers, the confirmation message has been revised to:</p> <p>Your general waiver case number is <case#></p> <p>Your Medicaid waiver case number is <case#></p>	Revised confirmation message when a user submits both types of waivers
11.	8	<p>Waivers</p> <p>Message below Organization Categories</p>	Updated Content (7-15-2021)	<p>"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</p>	Added Background information box for COVID waivers

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				<p>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.</p> <p>Once you have completed the checklist, please submit via email to: Medicaid_1135_Requests@cms.hhs.gov for CMS review.”</p>	
12.	8	Messaging about not being able to submit Medicaid waivers under the COVID PHE	Updated Content (10-20-2021)	<p>Added this sentence under the disabled checkbox option ‘I want to submit a Medicaid / CHIP waiver’</p> <p>‘Medicaid 1135 waivers for COVID-19 PHE cannot be submitted through this portal. Please see info box above.’</p>	Messaging for Medicaid checkbox option when COVID PHE is selected
13.	2,4,6	Help Tooltips	Updated Content (7-15-2021)	<p>Help Tooltip content for Medicaid or CHIP State Contact Information form:</p> <p>This is the Medicaid or CHIP designee for official CMS communications.</p>	Help tooltip content

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14.	2,4,6	Help Tooltips	Updated Content (7-15-2021)	<p>Help Tooltip content for Description of Waiver Request drop down:</p> <p>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.</p>	Help tooltip content