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## INITIAL REQUEST FOR STATE IMPLEMENTED MORATORIUM

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**§ 455.470 requires that the State Medicaid agency must notify the Secretary in writing in the event the State Medicaid agency seeks to impose a moratoria, including all details of the moratoria; and obtain the Secretary's concurrence with imposition of the moratoria.**

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### 1. ADMINISTRATIVE

State:	Agency:
Requester Name:	Title:
E-mail Address:	Telephone Number:

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### 2. PROPOSED MORATORIUM

Provider/Supplier Type:

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Provider/Supplier Type Subgroups:

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Provider Implementation Date:

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**Upon CMS concurrence, the State Medicaid agency must impose the moratorium for an initial period of 6 months. If the State Medicaid agency determines that it is necessary, the State Medicaid agency may extend the moratorium in 6-month increments. For each extension, the agency must document in writing the necessity for extending the moratorium and obtain the Secretary's concurrence.**

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If you intend the moratoria to be in place for longer than 6-months, what is the expected total length of time you expect the moratoria to be necessary?

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Geographical Area:

Entire State    County Based    Zip Code Based    Other

List area included by county, zip code or other means, if not state based:

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### 3. JUSTIFICATION FOR MORATORIUM

Provide the specific justification for the Moratorium:

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Describe how proposed solutions will solve problem:

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Describe previous efforts to solve problem:

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Explain why a different tool wouldn't be effective to solve this problem:

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#### 4. MORATORIUM DATA

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Describe the data that has been generated to support the following:

Need for Moratorium:

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Moratorium will not create access to care issues:

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#### 5. EFFICACY

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List and describe the metrics that will be used to determine whether the moratorium is effective:

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#### 6. ACCESS TO CARE

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**§ 455.470 requires that before implementing moratoria, caps, or other limits, the State Medicaid agency must determine that its action would not adversely impact beneficiaries' access to medical assistance.**

Describe the ongoing review that will be done to identify potential access to care issues while the moratorium is in place:

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Describe how access to care issues will be addressed:

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#### 7. ENFORCEMENT

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Describe how you will direct your efforts during the moratorium to review existing providers and suppliers:

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Will there be an appeals process for providers/suppliers who are removed from the system as a result of moratorium related enforcement? If yes, describe below:

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Is there any legal authority which allows for exceptions to the moratorium? If yes, include statute and describe the method of implementation below:

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What parameters do you have in place to ensure that exceptions to the moratorium are not arbitrary?

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## 8. EDUCATION AND OUTREACH

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List the Entities with whom you will collaborate during the Moratorium implementation:

State Agencies:

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Provider/Supplier Organizations:

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Community:

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## 9. CONTACT INFORMATION UPON IMPLEMENTATION OF MORATORIUM

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Contact Person:	Name	Telephone Number	E-Mail Address
Moratorium Point of Contact:			
Data Analyst:			
Legal Analyst:			
State Medicaid Director:			

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## 10. SIGNATURE

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**Signature Authority: The application must be signed by the State Medicaid Director.**

Signature:	Title:
Printed Name:	Date:

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## 11: SUBMISSION CHECKLIST

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You must submit the following documentation to CMS for your request to be considered:

Completed Application

Access to Care Analysis and Summary

**Note: If approved, quarterly submission of moratoria-related access to care analysis will be required for the duration of the moratoria.**

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## 12. SUBMISSION INSTRUCTIONS

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Please submit your completed application to: [ProviderEnrollmentMoratoria@cms.hhs.gov](mailto:ProviderEnrollmentMoratoria@cms.hhs.gov)

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