Form Approved
OMB No. 0938-1328

INITIAL REQUEST FOR STATE IMPLEMENTED MORATORIUM

§ 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.

1. ADMINISTRATIVE

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

2. PROPOSED MORATORIUM

Provider/Supplier Type:

Provider/Supplier Type Subgroups:

Provider Implementation Date:

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.

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?

Geographical Area:

☐ Entire State ☐ County Based ☐ Zip Code Based ☐ Other

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

3. JUSTIFICATION FOR MORATORIUM

Provide the specific justification for the Moratorium:

Describe how proposed solutions will solve problem:

Describe previous efforts to solve problem:

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

4. MORATORIUM DATA

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

Need for Moratorium:

Moratorium will not create access to care issues:

5. EFFICACY

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

6. ACCESS TO CARE

§ 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:

Describe how access to care issues will be addressed:

7. ENFORCEMENT

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

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:

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

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

8. EDUCATION AND OUTREACH

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

State Agencies:

Provider/Supplier Organizations:

Community:

9. CONTACT INFORMATION UPON IMPLEMENTATION OF MORATORIUM

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

10. SIGNATURE

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

Signature:	Title:
Printed Name:	Date:

11: SUBMISSION CHECKLIST

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.

12. SUBMISSION INSTRUCTIONS

Please submit your completed application to: **ProviderEnrollmentMoratoria@cms.hhs.gov**

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