

CMS Healthcare Facility Status Form

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Sometimes the normal operations of a healthcare provider are disrupted by emergencies or disasters. Please document the current status of your organization including impact to beneficiaries.

What would you like to do? ?

- I want to submit a waiver / flexibility request ?
- I want to submit an inquiry request ?
- I want to provide a status on my healthcare facility, patients and or residents ?

Provide a status update

1 Emergency Information

Type of emergency (required) *

Select the applicable emergency below. Picking one of these is required.

- Public Health ?
- Emergency event ?

2 Facility Information

Organization Information ?

Please provide the required information for your organization below.

Organization name (required) *

Organization category (required) * ?

Organization identification number/CMS Certification Number (required) * ?

City (required) *

State/US Territory/Federal District (required) *

ZIP code (required) *

Operational status

Evacuation status

Patient/Resident Information

Please provide the following information about your patients or residents in your facility.

Number of beds or stations (if applicable)

Number of patients/residents with injuries

Number of patient/resident fatalities

Facility census information

Please provide us with the details below regarding total number of patients or residents in your facility and their disposition when applicable.

Census <input type="text"/>	Percentage of patients/residents evacuated:	- - %
Number of patients/residents evacuated <input type="text"/>	-----	
Number of patients/residents repatriated <input type="text"/>	Percentage of patients/residents repatriated:	- - %

Details of the Healthcare Facility Status (including anticipated needs during emergency) (required) *

Point of Contact ?

Please provide reliable contact information to minimize delay or disruption of direct communication and updates on the facility's operational status.

Email address (required) *

Confirm email address (required) *

First name (required) *

Last name (required) *

Phone number

3 Impact to Facility ?

Please complete the following fields to notify us of your current status to facilitate the provision of aid from Federal resources.

Structural damage?

- Select for yes
- Select the type of damage (required) ***
 There is an area below where you can describe the damage.
 - Minor damage
 - Major damage
 - Structure

Power loss?

- Select for yes
- Select the power loss type (required) ***
 - Commercial
 - Generator
- Generator type (required) ***
- Remaining fuel (required) ***
- Mixed
- Unknown

HVAC loss?

- Select for yes
- Select the HVAC loss type (required) ***
 - Partial HVAC loss
 - Partial HVAC loss
 - Full loss of HVAC

Other impacts to facility

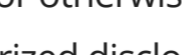
- Water Outage
- Sewer Outage
- Telephone Outage
- No Access (Road Closure)
- Other

Describe the impact (required) *

Submit

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission to the 1135 Waivers System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding safeguarding protected healthcare information or data, please refer to the [HIPAA Security Rule](#).

INFORMATION NOT TO BE RELEASED TO PUBLIC UNLESS AUTHORIZED BY LAW: This information is for internal Government use only and has not been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share Publicly Identifiable Information (PII) and/or Public Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.



Modal, submission successful

Thank you! Your submission has been successful.

Your case number is <Case#>

You will also receive an email confirmation summarizing your emergency status submission and providing you with additional guidance.

HCF Status Form open dropdown menus

Public Health Emergency (PHE)

Please select an option ▲	
COVID-19	3/13/20 - 10/31/2020
California Wildfire	3/13/20 - 10/31/2020
Hurricane Laura	8/15/20 - 11/15/2020
Hurricane Revelation	9/13/19 - 12/13/2019

Emergency event

Select the type of event ▲
Hurricanes
Flooding
Wildfires
Mudslides
Tornadoes
Earthquakes
Volcanoes
Cyber Security
Pandemic Event (e.g., H1N1, COVID-19, etc.)
Fire
Power Outage
Chemical Spill
Nuclear or Biological Terrorist Attack
Shootings
Other

Organization category

Select an emergency provider or supplier type ▲
Ambulatory Surgical Center (ASC)
Community Mental Health Center (CMHC)
Comprehensive Outpatient Rehabilitation Facility (CORF)
Critical Access Hospital (CAH)
Community Mental Health Center (CMHC)
End Stage Renal Disease (ESRD)
Home Health Agencies (HHA)
Hospice
Hospital
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
Nursing Homes (SNF/NF)
Organ Procurement Organization (OPO)
Outpatient Physical Therapy/Speech Therapy (OPT/ST)
Programs of All-Inclusive Care for Elderly (PACE)
Psychiatric Residential Treatment Facility (PRTF)
Religious Non-Medical Health Care Institution (RNCHI)
Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)
Transplant Center
Other

State/US Territory/Federal District

Select a state, territory, or district ▲
Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces America
Armed Forces Europe
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
Florida
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Marshall Islands
Maryland
Massachusetts
Michigan
Micronesia
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Palau
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
US Virgin islands
Utah
Vermont
Virginia
Washington
Washington D.C.
West Virginia
Wisconsin
Wyoming

Operational status

Select a status ▲
Fully Open
Partially Open
Closed
Unknown

Evacuation status

Select a status ▲
Evacuated
Shelter in Place (SIP)
Relocated
Unknown

Generator type

Select the type of generator ▲
Diesel
Gasoline
Propane
Natural
Combination
Unknown


Remaining fuel

Select the number of hours of remaining fuel ▲
Less than 24 hours
24 to 48 hours
48 to 72 hours
72 to 96 hours
More than 96 hours
Unknown


HCF Status Form open help text information

What would you like to do?


Choose the applicable option below.

I want to submit a waiver / flexibility request 

If a public health emergency (PHE) has been declared by the President and the Secretary of Health and Human Services, you may request an 1135 waiver for certain CMS requirements by selecting this option

I want to submit an inquiry request 

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents 

You may use this option to report any impact on normal operations.

Public Health

Select the type of PHE

Please select an option



This option should be used when the President and the Secretary of the Department of Health and Human Services (HHS), under Section 319 of the Public Health Service (PHS) Act has declared a Public Health Emergency (PHE).

Emergency event 

This option should be used if your facility has been impacted by an emergency event that has not been declared a PHE.

Organization Information

Please provide the required information for


An organization is an organized body of people with a particular purpose (e.g., Corporation, Health System, etc.).

Organization category (required) * 

Select an emergency provider or supply

This provides CMS additional information on the type of organization providing this healthcare facility status information.

Organization identification number/CMS Certification

Number (required) * 

Indicate the applicable identification number for the healthcare facility/provider affiliated with your organization impacted by the emergency event.

Point of Contact

CMS uses your contact information to send responses and ask follow up questions.

Please provide reliable contact information to minimize delay or disruption of direct communication and updates on a facility's operational status.

3 Impact to Facility

Please complete the following

Physical, electrical, power, environmental, etc. impacts to facility.

facilitate the provision of aid from Federal resources.