CMS 1135 General Waiver Request



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384** (**Expires 05/31/2024**). This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

If you have a request or inquiry, please use this form to submit your request to CMS.



Under Section 1135 or 1812(f) of the Social Security Act, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

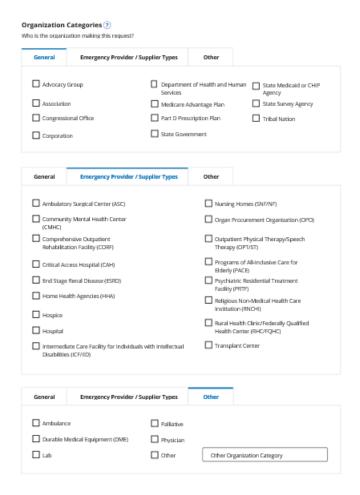
When a blanket waiver is issued, providers do not have to apply for an individual waiver. If there is no blanket waiver, providers can ask for an individual Section 1135 waiver.

Submit a waiver / flexibility request



2 Provide Your Contact Information This will help keep you updated on your request's progress Point of Contact ? Who should CMS contact in response to this waiver request? Email address (required) * Confirm email address (required) * First name (required) * Last name (required) * Phone number (XXXX)XXX-XXXX Organization Information? Who is the organization making this request? Organization name (required) * State/US Territory/Federal District (required) * ? Alaska x California x Ne Nebraska Nevada

New York

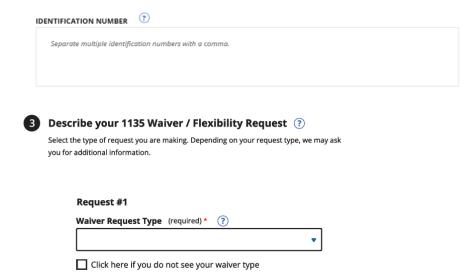


Organization Identification Numbers ?

What are the identification numbers for your organization?

Please include all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

These numbers will be different depending on the categories you have selected for your organization, including: CCN/Provider, Medicare Contract Number, or NPI.



ļ	Regulation Related to this Request (?

Request Description (required) *



Detail a brief summary of why the waiver is needed (For example: CAH is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, tornado, fires, or flu outbreak). CAH needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific)) and the type of relief you are seeking.

Add another waiver request

4 Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your case number is <Case#>

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

 $To \ report \ technical \ issues \ please \ email \ \underline{qnetsupport@cms.hhs.gov} \ and \ note \ "1135 \ Waiver/Flexibility" \ in \ the \ subject \ line.$

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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 Walvers 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" (https://www.hhs.gov/hipaa/for-professionals/index.html).

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 Personally identifiable information (Pil) and/or Protected Health information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry



Drop down options

PHE

2023 Hurricane Idalia 08/27/2023 - 11/28/2023 2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

State/US Territory/Federal District

Alahama Maine Marshall Islands Alaska American Samoa Maryland Arizona Massachusetts Arkansas Michigan California Micronesia Colorado Minnesota Connecticut Mississippi Delaware Missouri Florida Montana Georgia Nebraska Guam Nevada Hawaii New Hampshire New Jersey Idaho Illinois New Mexico

North Dakota Kansas Northern Mariana Islands Kentucky

Louisiana Ohio Oklahoma Oregon Palau Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin

Wyoming

Waiver/Flexibility Request Type

Accreditation Organizations: Survey, Certification, Quality and Enforcement Ambulatory Surgery Center (ASC): Survey, Certification, Quality and Enforcement

Ambulatory Surgical Center (ASC):

Payment

Indiana

Iowa

Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of

a Hospital

Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital Certified Nursing Assistants: Survey, Certification, Quality and Enforcement Clinical Laboratory Improvement Amendments (CLIA): Survey, Certification, Quality and Enforcement Community Health Center (CHC): Payment

Community Mental Health Center

(CMHC): Survey, Certification, Quality and Enforcement

Comprehensive Outpatient Rehabilitation Facilities (CORF):

Payment

Comprehensive Outpatient Rehabilitation facilities (CORF) Survey, Certification, Quality and

Enforcement

Conditions of Participation (COP) Critical Access Hospital (CAH): Survey, Certification, Quality and Enforcement

Critical Access Hospital (CAH): Waive the requirements that limit the number of beds to 25 and the length of stay to 96 hours

Critical Access Hospital (CAH):

Payment

Diabetes Self-Management: Survey, Certification, Quality and Enforcement Durable Medical Equipment (DME): If lost, destroyed, irreparably damaged or otherwise rendered unusable, waive requirements such that face-to-face requirements, a new physician's order and new medical necessity doc Emergency Preparedness EMTALA: Payment

EMTALA: Survey, Certification, Quality and Enforcement

End Stage Renal Disease (ESRD):

Payment

New York

North Carolina

End Stage Renal Disease (ESRD): Survey, Certification, Quality and

Enforcement

Ensuring Correct Processing of Home Health Disaster Related Claims Extension for Medicare Geographic Classification Review Board (MGCRB)

Applications

Federally Qualified Health Center (FQHC): Payment

Federally Qualified Health Center (FQHC): Survey, Certification, Quality

and Enforcement

Home Health Agency (HHA): Timeframe for OASIS transmission Home Health Agency (HHA): Payment Home Health Agency (HHA): Survey, Certification, Quality and Enforcement Home Infusion Therapy: Survey,

Certification, Quality and Enforcement

Hospice: Payment Hospice: Survey, Certification, Quality

and Enforcement

Hospital Inpatient: Payment Hospital Outpatient: Payment Hospital: Survey, Certification, Quality

and Enforcement

Housing Acute Care Patients in **Excluded Distinct Part Units** Inpatient Rehab Facility (IRF): Survey, Certification, Quality and Enforcement

Inpatient Rehab Facility (IRF): Payment

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): Survey, Certification,

Quality .and

Enforcement

Intermediate Care Facility (ICF):

Payment Lab: Payment

Life Safety Code (LSC)

Minimum Data Set (MDS): Payment Minimum Data Set (MDS): Survey, Certification, Quality and Enforcement Nursing Homes (SNF/NF): Survey,

Certification, Quality and Enforcement

OASIS: Payment

OASIS: Survey, Certification, Quality

and Enforcement

Organ Procurement Organizations: Survey, Certification, Quality and

Enforcement

Outpatient Physical

Therapy/Outpatient Speech Pathology:

Payment

Outpatient Physical

Therapy/Outpatient Speech Pathology: Survey, Certification, Quality and

Enforcement

Portable X-Ray: Payment

Portable X-Ray: Survey, Certification,

Quality and Enforcement

Preadmission Screen and Resident Review (PASARR): Survey

Certification, Quality and Enforcement

Psychiatric Residential Treatment

Facility (PRTF): Survey, Certification,

Quality and Enforcement

Quality

Religious Nonmedical Health Care Institution Coverage (RNHCI):

Payment Religious Nonmedical Health Care Institution Coverage (RNHCI): Survey,

Certification, Quality and Enforcement Replacement Prescription Fills: Permit Medicare payment for replacement prescription fills (for a quantity up to the amount originally dispensed

Rural Health Clinic: Payment Rural Health Clinic: Survey,

Certification, Quality and Enforcement

Safety

Skilled Nursing Facility (SNF): 3-day

Prior Hospitalization

Skilled Nursing Facility (SNF): For beneficiaries who exhausted their SNF benefits, renewed SNF coverage without first having to start a new

benefit period

Skilled Nursing Facility (SNF): Timeframe for MDS assessments and

transmission

Transplant: Payment

Transplant: Survey, Certification,

Quality and Enforcement

Help tooltips

What would you like to do?

Choose the applicable option below.

I want to submit a waiver/flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of §1135 of the Act or §1812(t). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally speaking can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State,

Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

Organization Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Organization Information - Identification Number

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Describe Your 1135 Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate area for faster response.

Describe Your 1135 Waiver / Flexibility Request - Waiver Request Type dropdown

Start typing key words for your request. A list of waiver option(s) that match your key word(s) will appear to choose from.

Describe Your 1135 Waiver / Flexibility Request - Regulation Related to this Request dropdown

Cite the regulation(s) you are requesting be waived (if applicable).

Describe Your 1135 Waiver / Flexibility Request - Description

CMS uses this information to route your request to the appropriate area for faster response.

CMS 1135 Inquiry Request

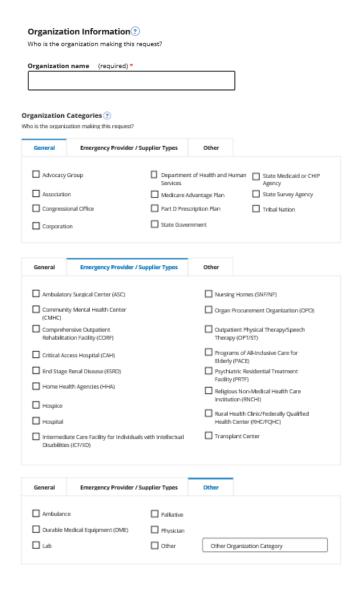


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384 (Expires 05/31/2024)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

If you have a request or inquiry, please use this form to submit your request to CMS.







Organization Identification Numbers ?

What are the identification numbers for your organization?

Please include all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

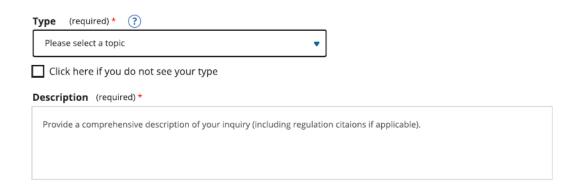
These numbers will be different depending on the categories you have selected for your organization, including: CCN/Provider, Medicare Contract Number, or NPI.



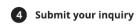


Request #1





Add another inquiry request



Submit

Thank You! Your request has been successfully submitted.

Your case number is <Case#>

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

To report technical issues please email qnetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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" (https://www.hhs.gov/hipaa/for-professionals/index.html).

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 Personally Identifiable Information (PII) and/or Protected Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry



A federal government website managed and paid for by the U.S Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

2023 Hurricane Idalia 08/27/2023 - 11/28/2023 2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

Topic

Medicaid/CHIP

Medicare Advantage/Prescription Drug Plan Original Medicare (Part A or B)

Qualified Health Plans

Type 683 Tribal Clinics

Access to Care

Advocate Ambulatory Care Center

Ambulance

Association/Society for Provider/Facility

Appeals

Appendix K

Attorney for Provider/Facility

Billing Agency
Consultant for Provider/Facility

Critical Access Hospital Denials

Dialysis Facility

Eligibility

Facility Fair Hearings

Federally Qualified Health Center (FOHC)

General Public

Home Health Hospice

Hospital

Long Term Care Services and Supports Managed Care Medical Supplier/DME

Nurse/Nurse Practitioner Payment Methodology/Ra

Pharmacist/Pharmacy Physical/Occupational Therapy

Physician

Physician Assistant

Provider Enrollment

Provider - Mental Health Provider - Other

Respite

Rural Health Clinic

Skilled Nursing Facility

State Agency Telehealth

Help tooltips

What would you like to do?

I want to submit a waiver / flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of \$1135 of the Act or \$1812(f). A "flexibility" is an agency policy or procedure that can be adjusted under current authority – and generally speaking, can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Select a Public Health Emergency
Select the applicable Public Health Emergency from the dropdown list

Provide Your Contact Information - Point of Contact

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

Provide Your Contact Information - Zip Code

Please enter your five digit zip code

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health System, etc.). Please provide the required information for your organization

Organization Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Organization Information - Identification Number

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

TopicChoose your topic from the dropdown list below.

Type
Choose your inquiry type from the dropdown list below.

CMS 1135 Medicaid/CHIP Waiver Request Standard Waiver



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384** (**Expires 05/31/2024**). This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

If you have a request or inquiry, please use this form to submit your request to CMS.

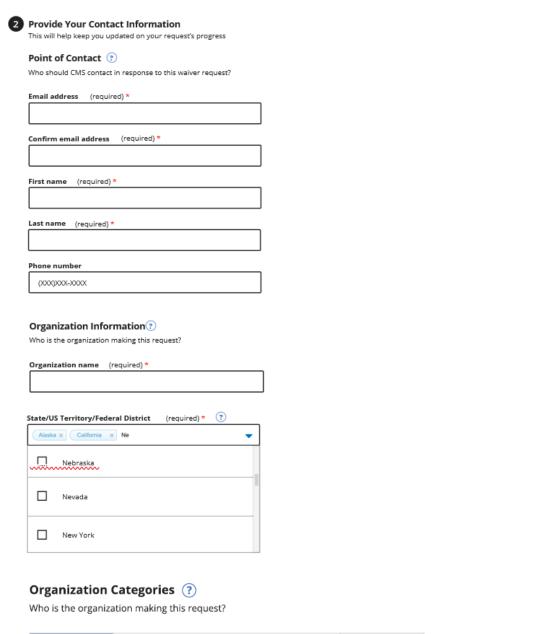


Under Section 1135 or 1812(f) of the Social Security Act, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers do not have to apply for an individual waiver. If there is no blanket waiver, providers can ask for an individual Section 1135 waiver.

Submit a waiver / flexibility request





General E	mergency Provi	der / Supplier Types	Other	
Advocacy Gro	dr	Departme Human Se	nt of Health and rvices	State Medicaid or CHIP Agency
Association		☐ Medicare	Advantage Plan	State Survey Agency
Congressional	Office	Part D Pre	scription Plan	Tribal Nation
Corporation		State Gove	ernment	

	General	Emergency Provider / 9	Supplier Types	Other		
	☐ Ambulate	ory Surgical Center (ASC)		☐ Nursir	ng Homes (SNF/NF)	
	Commur	nity Mental Health Center		Organ	Procurement Organization (OPO))
	Compreh	nensive Outpatient ation Facility (CORF)			tient Physical Therapy/Speech py (OPT/ST)	
Critical Access Hospital (CAH)			ams of All-Inclusive Care for ((PACE)			
☐ End Stage Renal Disease (ESRD)			atric Residential Treatment			
	☐ Home Health Agencies (HHA)		_ `	/ (PRTF) ous Non-Medical Health Care		
	Hospice		Institu —	tion (RNCHI)		
	Hospital		_	Health Clinic/Federally Qualified n Center (RHC/FQHC)		
	_	diate Care Facility for Individ ual Disabilities (ICF/IID)	uals with	☐ Transp	plant Center	
	General	Emergency Provider / 9	Supplier Types	Other		
	Ambulan	nce	Palliative			
	☐ Durable	Medical Equipment (DME)	Physician			
	Lab		Other	Other O	rganization Category	\neg
0	Background					
		35 of the Social Security Act		•	thority to temporarily waive ifficient health care items and	
	services are avail	able to meet the needs of er	nrollees in an area	affected by a fe	derally-declared PHE. Section	
	-	nables providers to furnish n eimbursed and exempted fr		_	faith during times of a PHE or nation of fraud or abuse).	
Please s	select all that a	ipply				
☐ I wan	t to submit a gene	eral waiver				
l wan	t to submit a Med	licaid / CHIP waiver				
1 Pleas	e click the above opt	tion to request a Medicaid / CHIP	waiver. For all other	waivers, use the 'g	eneral waiver' option.	
Organi	zation Ider	ntification Numb	ers ?			
nat are th	e identificatio	n numbers for your or	ganization?			
ase inclu	de all applicab	ole identification numb	ers for the hea	althcare facili	ties/providers affiliated wit	th your
					•	-

What are th

cted by the PHE. Please inclu

These numbers will be different depending on the categories you have selected for your organization, including: CCN/Provider, Medicare Contract Number, or NPI.

IDENTIFICATION NUMBER	②
Separate multiple identifica	tion numbers with a comma.

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please note that unless otherwise indicated in the descriptions below, flexibilities operationalized under section 1135 authority terminate at the conclusion of the PHE.

Request #1

1	Waiver Request Type (required) * ?
	Click here if you do not see your waiver type
	Please provide a description of the additional 1135 Medicaid 1135 waiver or modification requested by the state or territory.



D

Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver case number is <Case#>

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

To report technical issues please email qnetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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" (https://www.hhs.gov/hipaa/for-professionals/index.html).

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 Personally Identifiable Information (PII) and/or Protected Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.



CMS 1135 Waiver/Flexibility Request and Inquiry

A federal government website managed and paid for by the U.S Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

PHE

2023 Hurricane Idalia 08/27/2023 - 11/28/2023 2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

State/US Territory/Federal District

Alabama Alaska

American Samoa

Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Guam
Hawaii
Idaho

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
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
Washington D.C.
West Virginia
Wisconsin
Wyoming

Waiver/Flexibility Request Type

Medicaid Authorizations-Suspend fee-for-service prior <u>authorizations</u> Medicaid Authorizations-

Extend pre-existing authorizations

Long Term Services and Supports (LTSS)-PASRR Long Term Services and Supports (L TSS.I_HCBS Settings Requirements-191 S(c)

Long Term Services and Supports (LTSSJ-HCBS Settings Requirements-191 S(i)

Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191

S(k)
Long Term Services and
Supports (LTSS.L_HCBS
Settings RequirementsHCBS services in approved
11.15 Demonstration
Long Term Services and
Supports (LTSS.J-Conflict of
Interest Requirements-191

Long Term Services and Supports (L TSS)-Conflict of Interest Requirements-191 S(i)

Long Term Services and Supports (L <u>TSS.I_</u>Conflict of Interest Requirements-191 S/k)

Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration

Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary and Provider Signatures-191 S(c) Long Term Services and

Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191 S/ii

Long Term Services and Supports (LTSS.J.-Person-Centered Plan Beneficiary and .Provider Signatures-191 S(k)

Long Term Services and Supports (LTSSJ-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

Timelines-Initial Evaluation of Need Long Term Services and Supports (LT55)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation Long Term Services and Supports (LTSSJ-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(j) Evaluations, Assessments

Evaluation of 191 S(i) Eligibility Long Term Services and Supports (LT55)-1915(i)

and Person-Centered Service Plans-Initial Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility Long Term Services and Supports (LTSSJ-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.(j).Evaluations,
Assessments and PersonCentered Service PlansReview and Revision of the
Person-Centered Service

Long Term Services and Supports (LTSSJ-1915(j) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(j) State Plan Benefit-Initial Assessments

Plan

Long Term Services and Supports (LT55)-1915(i) State Plan Benefit-Annual Reviews

Long Term Services and Supports (LTSSJ-1915(k) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments

Help tooltips

What would you like to do?

Choose the applicable option below.

I want to submit a waiver/flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of §1135 of the Act or §1812(I). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally speaking can be adjusted without reprogramming GMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Medicaid or CHIP State Contact Information

This is contact information for official CMS communications.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State,

Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

Provide Your Contact Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Provide Your Contact Information - Identification Number

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Describe Your 1135 Medicaid Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate area for faster response.

Describe Your 1135 Waiver / Flexibility Request - Waiver / Flexibility Request Type dropdown

Start typing key words for your request. A list of waiver option(s) that match your key word(s) will appear to choose from.

Describe Your 1135 Waiver / Flexibility Request - Description of Waiver Request

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.

CMS 1135 Medicaid/CHIP Waiver Request Standard Waiver with Additional Information



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384** (**Expires 05/31/2024**). This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

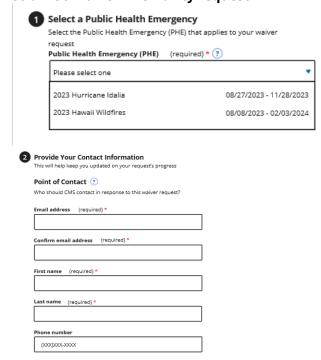
If you have a request or inquiry, please use this form to submit your request to CMS.



Under Section 1135 or 1812(f) of the Social Security Act, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers do not have to apply for an individual waiver. If there is no blanket waiver, providers can ask for an individual Section 1135 waiver.

Submit a waiver / flexibility request

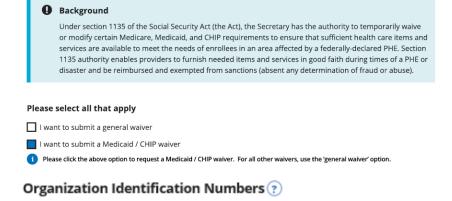


Organization Information ? Who is the organization making this request? Organization name (required) * State/US Territory/Federal District (required) * ? Nebraska Nebraska ☐ Nevada New York Organization Categories ? Who is the organization making this request? **Emergency Provider / Supplier Types** Other General Advocacy Group Department of Health and State Medicaid or CHIP **Human Services** Agency Association ☐ State Survey Agency Medicare Advantage Plan Congressional Office Part D Prescription Plan Tribal Nation State Government Corporation General **Emergency Provider / Supplier Types** Other Ambulatory Surgical Center (ASC) ■ Nursing Homes (SNF/NF) Community Mental Health Center Organ Procurement Organization (OPO) (CMHC) Comprehensive Outpatient Outpatient Physical Therapy/Speech Rehabilitation Facility (CORF) Therapy (OPT/ST) Programs of All-Inclusive Care for Critical Access Hospital (CAH) Elderly (PACE) End Stage Renal Disease (ESRD) Psychiatric Residential Treatment Facility (PRTF) Home Health Agencies (HHA) Religious Non-Medical Health Care Institution (RNCHI) Hospice Rural Health Clinic/Federally Qualified Hospital Health Center (RHC/FQHC) ☐ Intermediate Care Facility for Individuals with ■ Transplant Center Intellectual Disabilities (ICF/IID) General **Emergency Provider / Supplier Types** Other Ambulance Palliative Durable Medical Equipment (DME) Physician

Other

Other Organization Category

Lab

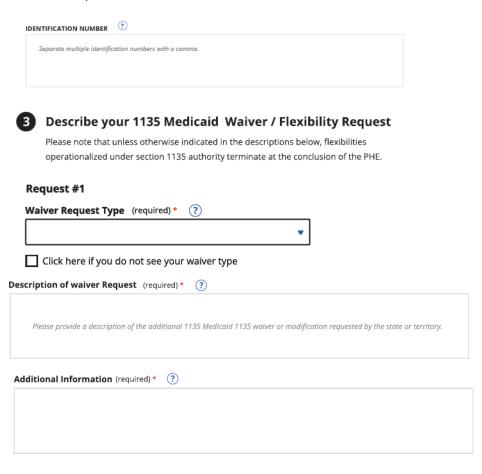


What are the identification numbers for your organization?

Add another waiver request

Please include all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

These numbers will be different depending on the categories you have selected for your organization, including: CCN/Provider, Medicare Contract Number, or NPI.



4 Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver case number is <Case#>

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

To report technical issues please email qnetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the <u>CMS PHE Emergency Web Portal</u>. For all other questions, please contact <u>Emergencies@cms.hhs.gov</u>.

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" (https://www.hhs.gov/hipaa/for-professionals/index.html).

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 Personally Identifiable Information (PII) and/or Protected Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry



A federal government website managed and paid for by the U.S Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

PHE

2023 Hurricane Idalia 08/27/2023 - 11/28/2023 2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

State/US Territory/Federal District

Alabama Alaska American Samoa Arizona

Arkansas 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 Rhode Island

South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin Wyoming

Waiver/Flexibility Request Type

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 (L TSS.L-HCBS Settings Requirements-191 S(c)

Long Term Services and Supports (LTSSJ-HCBS Settings Requirements-191

Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(k)

Long Term Services and Supports (LTSS.L-HCBS Settings Requirements-HCBS services.in approved 11.15 Demonstration Long Term Services and Supports (L TSSJ-Conflict of Interest Requirements-191

Long Term Services and Supports (L TSS)-Conflict of Interest Requirements-191

Long Term Services and Supports (L TSS.L-Conflict of Interest Requirements-191

Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration

Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary

and Provider Signatures-191

Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191

Long Term Services and Supports (LTSS.I_Person-Centered Plan Beneficiary and .Provider Signatures-191 S(k)

Long Term Services and Supports (LTSSJ-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 (LT55)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation Long Term Services and Supports (LTSSJ-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 191 S(i) Eligibility

Long Term Services and Supports (LT55)-1915(i)

and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility Long Term Services and Supports (LTSSJ-1915(j) 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 Long Term Services and Supports (LTSSJ-1915(i) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(i) State Plan Benefit-Initial Assessments Long Term Services and Supports (LT55)-1915(i) State Plan Benefit-Annual Reviews

Evaluations, Assessments

Long Term Services and Supports (LTSSJ-1915(k) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial

Help tooltips

What would you like to do?

Choose the applicable option below.

I want to submit a waiver/flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of §1135 of the Act or §1812(I). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally, speaking can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Medicaid or CHIP State Contact Information

This is contact information for official CMS communications.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State,

Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

Provide Your Contact Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Provide Your Contact Information - Identification Number

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Describe Your 1135 Medicaid Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate area for faster response.

Describe Your 1135 Waiver / Flexibility Request - Waiver / Flexibility Request Type dropdown

Start typing key words for your request. A list of waiver option(s) that match your key word(s) will appear to choose from.

Describe Your 1135 Waiver / Flexibility Request - Description of Waiver Request

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.

CMS 1135 Medicaid/CHIP Waiver Request Other Waiver with Applicable Regulation



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384** (**Expires 05/31/2024**). This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

If you have a request or inquiry, please use this form to submit your request to CMS.

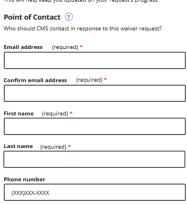


Under Section 1135 or 1812(f) of the Social Security Act, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers do not have to apply for an individual waiver. If there is no blanket waiver, providers can ask for an individual Section 1135 waiver.

Submit a waiver / flexibility request





Organization Information ? Who is the organization making this request? Organization name (required) * State/US Territory/Federal District (required) * ? Alaska x California x Ne Nebraska Nebraska ■ Nevada New York Organization Categories ? Who is the organization making this request? **Emergency Provider / Supplier Types** General Other Advocacy Group ■ Department of Health and State Medicaid or CHIP **Human Services** Agency Association Medicare Advantage Plan State Survey Agency ■ Congressional Office Part D Prescription Plan Tribal Nation State Government Corporation **Emergency Provider / Supplier Types** General Other Ambulatory Surgical Center (ASC) ■ Nursing Homes (SNF/NF) Community Mental Health Center Organ Procurement Organization (OPO) (CMHC) Comprehensive Outpatient Outpatient Physical Therapy/Speech Rehabilitation Facility (CORF) Therapy (OPT/ST) Programs of All-Inclusive Care for Critical Access Hospital (CAH) Elderly (PACE) Psychiatric Residential Treatment ☐ End Stage Renal Disease (ESRD) Facility (PRTF) ☐ Home Health Agencies (HHA) Religious Non-Medical Health Care Institution (RNCHI) Hospice Rural Health Clinic/Federally Qualified ☐ Hospital Health Center (RHC/FQHC) ☐ Transplant Center ☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)

Other

Other Organization Category

General

Lab

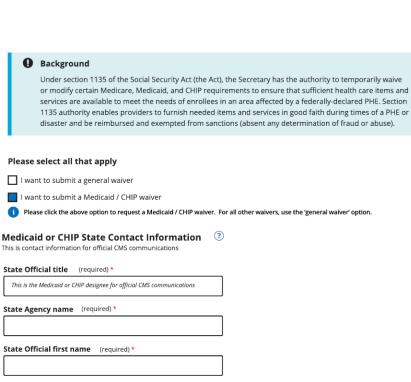
■ Ambulance

Durable Medical Equipment (DME)

Emergency Provider / Supplier Types

Palliative
Physician

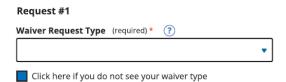
Other







Please note that unless otherwise indicated in the descriptions below, flexibilities operationalized under section 1135 authority terminate at the conclusion of the PHE.

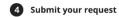


Description of waiver Request (required) * ?

Applicable Regulation (required) *

Please include the regulatory citation(s) associated with this request.





Submit

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver case number is <Case#>

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

 $To \ report\ technical\ issues\ please\ email\ \underline{qnetsupport@cms.hhs.gov}\ and\ note\ "1135\ Waiver/Flexibility"\ in\ the\ subject\ line.$

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency. Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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" (https://www.hhs.gov/hipaa/for-professionals/index.html).

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 Personally identifiable information (PII) and/or Protected Health Information (PIII). Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry



A federal government website managed and paid for by the U.S Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore MD 21244

Drop down options

PHE

2023 Hurricane Idalia 08/27/2023 - 11/28/2023 2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

State/US Territory/Federal District

Alaska American Samoa Arizona

Alabama

Arkansas California Colorado Connecticut Delaware Florida Georgia Guam Hawaii Idaho Illinois Indiana Iowa

Kansas

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 Kentucky Louisiana

Oklahoma Oregon Palau Pennsylvania

Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin Wyoming

Waiver/Flexibility Request Type

Medicaid Authorizations Suspend fee-for-service prior authorizations

Medicaid Authorizations-Extend pre-existing

<u>authorizations</u> Long Term Services and Supports (LTSS)-PASRR

Long Term Services and Supports (L <u>TSS.L</u>-HCBS Settings Requirements-191

Long Term Services and Supports (LTSSJ-HCBS Settings Requirements-191 S(i)

Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191

S(k) Long Term Services and Supports (LTSSJ_HCBS Settings Requirements-HCBS services.in approved 11 15 Demonstration Long Term Services and Supports (L TSSJ-Conflict of Interest Requirements-191

Long Term Services and Supports (L TSS)-Conflict of Interest Requirements-191

Long Term Services and Supports (L TSS.L-Conflict of Interest Requirements-191 S(k)

Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration

Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary and Provider Signatures-191

Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191

Long Term Services and Supports (LTSS.I_Person-Centered Plan Beneficiary and .Provider Signatures-191 S(k)

Long Term Services and Supports (LTSSJ-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 (LT55)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation Long Term Services and Supports (LTSSJ-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 191 S(i)

Eligibility

Long Term Services and Supports (LT55)-1915(i)

Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility Long Term Services and Supports (LTSSJ-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 (j). Evaluations,

Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan

Long Term Services and Supports (LTSSJ-1915(j) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(i)

State Plan Benefit-Initial Assessments

Long Term Services and Supports (LT55)-1915(i) State Plan Benefit-Annual Reviews

Long Term Services and Supports (LTSSJ-1915(k) State Plan Benefit-Use of Representatives Long Term Services and Supports (LTSS)-1915(k)

State Plan Benefit-Initial Assessments

Help tooltips

What would you like to do?

Choose the applicable option below.

I want to submit a waiver/flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of §1135 of the Act or §1812(I). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally, speaking can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Medicaid or CHIP State Contact Information

This is contact information for official CMS communications.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State,

Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

Provide Your Contact Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

Provide Your Contact Information - Identification Number

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

Describe Your 1135 Medicaid Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate area for faster response.

Describe Your 1135 Waiver / Flexibility Request - Waiver / Flexibility Request Type dropdown

Start typing key words for your request. A list of waiver option(s) that match your key word(s) will appear to choose from.

Describe Your 1135 Waiver / Flexibility Request - Description of Waiver Request

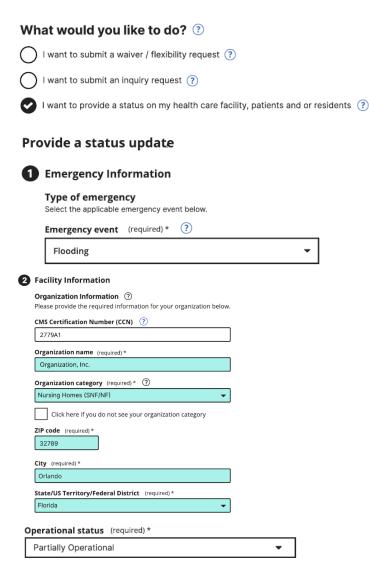
This description is auto-populated based on waiver type selected above. If this does not meet your needs, please select "Click here if you do not see your "Waiver Request Type" and enter your Waiver Request Type.

Health Care Facility Status

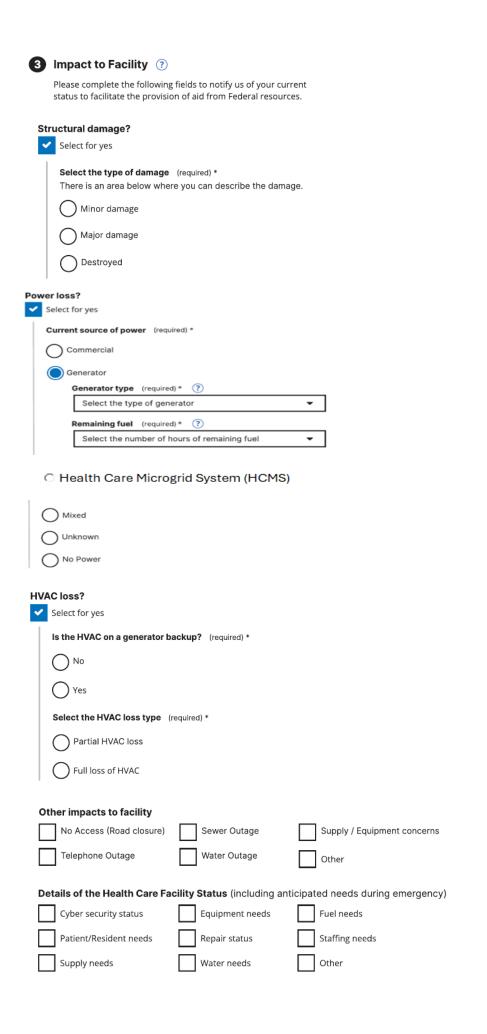


According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384 (Expires 05/31/2024)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at Adriane.Saunders@cms.hhs.gov.

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.



acuation status					
Fully Evacuated	▼				
you have sufficient staffing? (required) *					
ease let us know if your staffing numbers are sufficient	t to care for				
ur patients.					
No - we do not have sufficient staffing to care for	our residents				
Yes - we have sufficient staffing to care for our re-	sidents				
Patient/Resident Information	ntients or				
lease provide the following information about your patients or esidents in your facility.					
lumber of beds or stations (if applicable)					
lumber of patients/residents with injuries					
lumber of patient/resident fatalities					
Facility census information Please provide us with the details below regarding total number of applicable. Census (required) *	patients or residents in your facility and their dispo	osition when			
200					
Number of patients/residents evacuated to Health Care Facilities (HCFs)	Percentage of patients/residents evacuated to Health Care	50%			
100	Facilities (HCFs):				
Number of patients/residents evacuated to Non-	Percentage of patients/residents	250/			
Health Care Facilities (HCFs)	evacuated to Non-Health Care Facilities (HCFs):	25%			
50					
Number of patients/residents evacuated with	Percentage of patients/residents	24%			
family members/caregiver	evacuated with families :				
Number of patients/residents evacuated	Percentage of patients/	99%			
199	residents evacuated :	3370			
Number of patients/residents repatriated	D				
1	Percentage of patients/ residents repatriated :	1%			
Point of Contact ?					
Please provide reliable contact information to minimi	ze delay or disruption				
of direct communication and updates on the facility's					
Email address (required) *					
mjordan@organization.com					
Confirm and I address (assume the					
Confirm email address (required) *					
mjordan@organization.com					
mjordan@organization.com First name (required) *					
mjordan@organization.com					
mjordan@organization.com First name (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 <u>HIPAA Security Rule</u>.

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.

CMS Healthcare Facility Status Form



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244

Drop down options

Emergency event

Hurricanes Volcanoes Chemical Spill

Flooding Cyber Security Nuclear or Biological Terrorist

Wildfires Pandemic Event (e.g., H1 N1, Attack Mudslides COVID-19, etc.) Shootings Tornadoes Fire Other

Earthquakes Power Outage

Organization Category

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/11D)

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

Alabama Maine Oklahoma Alaska Marshall Islands Oregon Maryland American Samoa Palau Massachusetts Pennsylvania Arizona Arkansas Michigan Rhode Island California Micronesia South Carolina Colorado Minnesota South Dakota Connecticut Mississippi Tennessee Delaware Missouri Texas Florida Montana Utah Georgia Nebraska Vermont Guam Nevada Virginia New Hampshire Washington Hawaii New Jersey Washington D.C. Idaho New Mexico West Virginia Illinois New York Wisconsin Indiana North Carolina Iowa Wyoming

Kansas North Dakota Kentucky Northern Mariana Islands

Louisiana Ohio

Operational status

Fully Operational Partially Operational Closed Unknown

Evacuation status

Fully Evacuated Shelter in Place (SIP) Relocated Partially Evacuated Re-Patriation Unknown

Generator Type

Diesel Propane Combination
Gasoline Natural Unknown

Remaining Fuel

Less than 24 hours 48 to 72 hours More than 96 hours

24 to 48 hours 72 to 96 hours Unknown

Help tooltips

What would you like to do?

Choose the applicable option below.

I want to submit a waiver/flexibility request option

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.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of §1135 of the Act or §1812(t). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally speaking can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

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.

Emergency Event

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

Facility Information - Organization Information

An organization is an organized body of people with a particular purpose (e.g., State,

Corporation, Health System, etc.). Please provide the required information for your organization.

Facility Information - CMS Certification Number (CCN)

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

Facility Information - Organization Category

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

Provide Your Contact Information - Point of Contact

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

Impact to Facility

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

Generator Type

Identification of the fuel used to support the backup power supply via the generator.

Remaining Fuel

Selection of what remaining hour ranges apply to the amount of fuel available for the generator.