

Health Care Facility Status

CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

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 08/31/2026). 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.

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 health care facility, patients and or residents ?

Please select one of the following options ?

Submit a new Healthcare Facility Status ?

Update an existing Healthcare Facility Status ?

Provide a status update

1 Emergency Information

Emergency event date
Select the date on which the emergency event occurred.

Emergency event date (required) * ?

MM/DD/YYYY

Type of emergency
Select the applicable emergency event below.

Emergency event (required) * ?

Flooding

2 Facility Information

Organization Information ?

Please provide the required information for your organization below.

CMS Certification Number (CCN) ?

Organization name (required) *

Organization category (required) * ?

Click here if you do not see your organization category

ZIP code (required) *

City (required) *

State/US Territory/Federal District (required) *

Operational status (required) *

Evacuation status

Do you have sufficient staffing? (required) *

Please let us know if your staffing numbers are sufficient to care for your patients.

No - we do not have sufficient staffing to care for our residents

Yes - we have sufficient staffing to care for our residents

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 (required) *

Number of patients/residents evacuated to Health Care Facilities (HCFs)

Percentage of patients/residents evacuated to Health Care Facilities (HCFs):

50%

Number of patients/residents evacuated to Non-Health Care Facilities (HCFs)

Percentage of patients/residents evacuated to Non-Health Care Facilities (HCFs):

25%

Number of patients/residents evacuated with family members

Percentage of patients/residents evacuated with families:

24%

Number of patients/residents evacuated

Percentage of patients/residents evacuated:

99%

Number of patients/residents repatriated

Percentage of patients/residents repatriated:

1%

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

Destroyed

Power loss?

Select for yes

Current source of power (required) *

Commercial

Generator

Generator type (required) * ?

Remaining fuel (required) * ?

Mixed

Unknown

No Power

HVAC loss?

Select for yes

Is the HVAC on a generator backup? (required) *

No

Yes

Select the HVAC loss type (required) *

Partial HVAC loss

Full loss of HVAC

Other impacts to facility

No Access (Road closure) Sewer Outage Supply / Equipment concerns

Telephone Outage Water Outage Other

Details of the Health Care Facility Status (including anticipated needs during emergency)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Cyber security status | <input type="checkbox"/> Equipment needs | <input type="checkbox"/> Fuel needs |
| <input type="checkbox"/> Patient/Resident needs | <input type="checkbox"/> Repair status | <input type="checkbox"/> Staffing needs |
| <input type="checkbox"/> Supply needs | <input type="checkbox"/> Water needs | <input type="checkbox"/> Other |

Do other HCFs depend upon medical technology or Electronic Health Records (EHRs) from the impacted HCF(s)?

If ambulance diversion is applicable, what type of patients are being diverted to other HCFs not impacted by the incident?

If applicable, are elective surgeries being delayed or canceled?

Has access to EHRs been lost or at a "READ ONLY" state?

Does the HCF have a loss of email functionality?

Does the HCF have a loss of internet functionality?

Has the HCF reverted to paper charting?

If ancillary services (e.g., pharmacy, dietary, etc.) were negatively impacted, which ancillary services were impacted?

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.



Drop down options

Emergency event

Hurricanes
Flooding
Wildfires
Mudslides
Tornadoes
Earthquakes

Volcanoes
Cyber Security
Pandemic Event (e.g., H1 N1,
COVID-19, etc.)
Fire
Power Outage

Chemical Spill
Nuclear or Biological Terrorist
Attack
Shootings
Other

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
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

Operational status

Fully Operational Partially Operational Closed Unknown

Evacuation status

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

Cybersecurity

Ambulance Diversion

Multiple
OB/Labor & Delivery

STEMI
Internal Disaster

Trauma
ED Saturation

Stroke
Other

Ancillary Services

Multiple
Beh. & Mental Health
Diabetes Education
Med Spa
Occupational Therapy
Sleep Laboratory Svcs
Wound Care

ALL
Blood Test
Genetic Testing
Medical Day Care
Pharmacy Services
Speech Therapy
Other

Allergy Services
Cardiac Monitoring
Home Infusion Care
Mobile Diagnostic Svcs
Physical Therapy
Telemedicine
Radiology/Ventilator Svcs

Audiology
Care Delivery Services
Laboratory Tests
Nutrition and Food Svcs
Private Duty Nursing
Respiratory/Ventilator Svcs