

## Health Care Facility Status

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal 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 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 ?

**Stakeholders now have the flexibility to submit status updates during any emergency**

**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

**Added a dedicated field to record the specific date on which the emergency event took place.**

## 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.



**Expanded the cybersecurity section that enable stakeholders to report the extent of negative impacts from cyberattacks on both patients and operational functions (These fields appear when the Cybersecurity box is checked).**

# 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