

<b>Policy: Compliance with 1135 Waiver Declaration</b>	
Date: September 2017, Revised September 2018, October 2019	E Tag – E-0026

There may be circumstances where the President of the United States declares a major disaster or emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency normally referred to as an 1135 waive declaration. CMS will identify policies and procedures that will be implemented when the 1135 waiver authority is invoked.

It is the policy of \_\_\_\_\_ to abide by and react as necessary to the implementation of such waivers or modifications as it applies to the facility. The facility will follow the instructions provided by the federal government to review the process for submitting an Extraordinary Circumstances Exception request or an extension request for submitting quality data as part of their respective quality reporting programs.

The facility's Incident Commander may contact the CMS Region 5 office CMS to confirm that a 1135 waiver has been granted, advise that the facility is participating in a disaster response under the 1135 waiver, and advise that the facility may temporarily not be able to meet certain CMS Requirements of Participation that skilled nursing facilities are required to meet under normal operating conditions.

In addition, it is expected that state or local emergency management officials may designate such alternate sites, and would plan jointly with the facility on issues related to staffing, equipment and supplies and other issues. The facility will collaborate with their local emergency officials in such proactive planning to allow an organized and systematic response to assure continuity of care even when services at their facilities have been severely disrupted. The facility will follow its evacuation plan when directed to do so my state and/or federal officials in the event of an 1135 waiver declaration.

For potential waiver requests during an applicable event, it is helpful for requestors to clearly state, in any format they choose, information that will address the scope of the issue and the impact of the disaster including the following basic information:

- **Provider Name/Type**
- **Full Address** (including county/city/town/state)
- **CCN** (Medicare provider number)

- **Contact person** and his or her contact information for follow-up questions should the Region need additional clarification
- **A brief summary of why the waiver is needed** (e.g., CAH is sole community provider without reasonable transfer options at this point during the specified emergent event (such as 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).)
- **Consideration** - the type of relief you are seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived.

The contact information for **CMS Region V** is:

Phone: 312-886-6432

Email ROCHISC@cms.hhs.gov or ROCHIORA@cms.hhs.gov

The contact information for Ohio Department of Health is:

Phone: (614) 466-3543

Email: ODH Office of Communications at OPA@odh.ohio.gov

Additional information regarding 1135 Waivers:

- CMS - 1135 Waivers Website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html>
- CMS - 1135 Waiver Request Communication Method- Best Practice: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/What-Information-to-Provide-for-an-1135-Waiver-Request.pdf>