



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

1135 Waiver Request– National Emergency H1N1

Dear Colleague:

On October 24, 2009 the President of the United States declared a national H1N1 emergency. This presidential action will enable us to prepare, as needed, for a rapid and over whelming increase in illness across the nation. This declaration allows the Secretary of Health and Human Services, if necessary; to temporarily waive certain standard Federal requirements to enable health care facilities to implement emergency operations plans to deal with the 2009 H1N1 influenza pandemic in the United States.

In order to determine the need and geographic scope of any 1135 waiver issued, the Centers of Medicare and Medicaid Services (CMS) will immediately start tracking and categorizing waiver requests. CMS has directed state Medicaid agencies to start reporting daily, 1135 Waiver requests from facilities.

The facilities are to report the following:

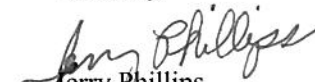
1. Facility Name, Type, CCN, City, and State
2. Specific requirement requested for waiver
3. Justification for waiver
4. Expected duration of need

**Alternate care sites should be within the campus or attached to an existing licensed facility*

CMS will maintain the information in their office and utilize it for 1135 Waiver recommendations. Please note that requests are to be submitted using the attached template, which can be downloaded at www.FightTheFluLA.com. All requests must be sent to Faith Roussell-Willis, Medicaid Emergency Preparedness Manager, via fax at 225-376-4689 or email at faith.roussell@la.gov.

We appreciate your assistance with these requirements. Should you have questions or concerns please contact Faith Roussell at 225-342-1139.

Sincerely,


Jerry Phillips
Medicaid Director

JLP/taw

Attachment

2009 H1N1 - National Emergency 1135 Waiver Request

Date of Request:	
FACILITY INFORMATION	
Facility Name:	
Address :	
City, State, Zip	
Facility Type:	
CCN:	
POINT OF CONTACT	
Name:	
Email:	
Primary Phone:	
Secondary Phone:	
Fax:	
JUSTIFICATION FOR WAIVER	
EXPECTED DURATION OF NEED	
Email Request to: Faith Roussell Willis (faith.roussell@la.gov) or fax to (225) 376-4689	

Attach additional sheet if needed