STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

August 13, 2026

HCLA: NH 2026-031
1135 Emergency Waiver Processes and Resources

Dear Provider/Administrator:

On Aug. 4, 2026, the federal government approved a federal disaster declaration for the wildfires burning in Eastern Washington. The declaration covers Spokane, Chelan, Ferry, Okanogan, Stevens and Yakima counties, as well as the Confederated Tribes and Bands of the Yakama Nation, Confederated Tribes of the Colville Reservation and Spokane Tribe of Indians. On Aug. 7, 2026, the Department of Health and Human Services declared a public health emergency, beginning Aug. 1, 2026.

As a result of these declarations, the HHS secretary is authorized to take certain actions, including authorizing waivers under Section 1135 of the Social Security Act. Temporary 1135 waivers allow HHS to relax certain Medicare and Medicaid requirements during emergencies. The scope of waivers is limited to a geographic area and an emergency timeframe.

CMS can issue two types of waivers: 1) a "Blanket Waiver" to providers and states when all similarly situated providers in an emergency area need relief or 2) an "Individual Waiver" to providers that file case-by-case requests.

Blanket waivers apply to all certified nursing homes facilities in an impacted area, but explicitly identified regulatory obligations are waived. The Department of Social and Health Services assessed nursing home impacts from the Eastern Washington fires and submitted a blanket waiver request to CMS for flexibilities in federal nursing home certification requirements and adjustments in performance deadlines and timetables. Approved blanket waivers are published at: https://www.cms.gov/about-cms/what-we-do/emergency-response/current-emergencies.

A Blanket waiver provides temporary regulatory flexibilities to support continued resident care and operations during the emergency. NF/SNFs do not need to submit an individual waiver request for the flexibilities covered under the blanket waiver. **Facilities should continue to follow all reporting requirements and document any use of waiver flexibilities.**

A few key considerations as NF/SNFs operate under the blanket waiver:

- Documentation is critical for any use of waiver flexibilities.

- Billing rules still apply; NF/SNFs should ensure correct coding when relying on waived requirements (e.g., no 3-day hospital stay).
- Notification requirements may apply for certain flexibilities.
- Emergency preparedness plans should remain activated and documented throughout the event.

Survey activity during emergencies is guided by CMS survey prioritization policy:

During the waiver period:

- Immediate Jeopardy (IJ) complaints remain the highest priority and must still be investigated.
- Lower-priority complaints may be completed remotely or delayed based on safety conditions.
- Standard recertification surveys may be postponed.

After the waiver period:

- Routine survey scheduling resumes.
- Backlogged complaint investigations are triaged and addressed based on risk.
- CMS may conduct focused reviews to verify that waiver flexibilities were used appropriately and safely.

If a facility needs a flexibility that is not identified within a blanket waiver, an individual 1135 request can be submitted using the CMS 1135 Waiver / Flexibility Request and Inquiry Form - CMS 1135 Form and should include an explanation of why the specific flexibility is needed (e.g., patient surge, evacuation, staff shortages). HHS provides additional guidance within the following resources:

- 1135 Medicaid Waiver/Flexibility Requests
- 1135 General Waiver/Flexibility Requests
- PHE-related Inquiry Requests
- Quick Reference Guide - Submit a Standard 1135 Medicaid Waiver/Flexibility Request

If an individual 1135 waiver is approved by HHS, the facility must notify RCS and provide relevant documentation to rcspolicy@dshs.wa.gov.

Key considerations for facilities located within areas covered by the declaration and operating under HHS waivers include:

- Reporting requirements remain in effect.
- Use of waiver flexibilities must be thoroughly documented.
- Notification requirements may apply for certain flexibilities.
- Emergency preparedness plans must remain activated and documented throughout the event.
- Survey activity during emergencies is guided by CMS survey prioritization policy.

HHS Waiver Resources:

- QSO-21-11-ALL
- Waivers & Flexibilities
- DECLARED PUBLIC HEALTH EMERGENCIES - ALL HAZARDS (Section K, Pages 25-33, specific to nursing homes and Minimum Data Set.)
- Medicare Fee-For-Service Emergency and Disaster FAQs
- CMS.gov 1135 Waivers
- CMS Public Health Emergency Web Portal
- Public Health Emergency Declaration Q&As
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fact Sheet

Community Resources

- Spokane Complex Wildfire Response Resources (updated daily)
- Department of Social and Health Services Emergency Resources
- Spokane City Emergency Management
- Disaster Assistance Center (DAC)

Thank you for your continued commitment to residents' health and safety.

For questions related to the contents of this letter, please contact rcspolicy@dshs.wa.gov.

Sincerely,

Miriam Mina, Deputy Director
Residential Care Services

DSHS: "Partnering with People"