

**CMS 1135 Waiver / Flexibility Request and Inquiry Form**

**Organization Workflow**

CMS 1135 Waiver / Flexibility Request

# CMS 1135 Waiver / Flexibility Request and Inquiry 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 05/31/2024)**. 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](mailto:Adriane.Saunders@cms.hhs.gov).**

If you have a request or inquiry, please use this form to submit your request to CMS.

## Who are you? ?

An Organization / Provider

A Beneficiary

## What would you like to do? ?

I want to submit a waiver / flexibility request ?

I want to submit an inquiry ?

I want to provide a status update on my beneficiaries and/or healthcare facility ?

Under **Section 1135 or 1812(f) of the Social Security Act**, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers don't have to apply for an individual waiver. If there's no blanket waiver, providers can ask for an individual Section 1135 waiver.

# Submit a waiver / flexibility request

## 1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your waiver request

### Public Health Emergency (PHE) (required) \* ?

Please select one	
2021 Hurricane Ida	08/26/2021 - 11/24/2021
COVID-19	01/27/2020 - 04/20/2021
California Wildfire	08/13/2020 - 10/31/2021 CA

## 2 Provide Your Contact Information

This will help keep you updated on your request's progress

### Point of Contact ?

Who should CMS contact in response to this waiver request?

**Email address** (required) \*

**Confirm email address** (required) \*

**First name** (required) \*

**Last name** (required) \*

**Phone number**

### Organization Information ?

Who is the organization making this request?

**Organization Name** (required) \*

**State/US Territory/Federal District** (required) \* ?

Alaska x
California x
Ne

- Nebraska
- Nevada
- New York

**Organization Categories** (required) \* ?

Who is the organization making this request?

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Advocacy Group	<input type="checkbox"/> State Government	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Association	<input type="checkbox"/> Qualified Health Plan	
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Medicare Advantage / Part D Plan	<input type="checkbox"/> State Survey Agency	

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulatory Surgical Center (ASC)	<input type="checkbox"/> Nursing Homes (SNF/NF)	
<input type="checkbox"/> Community Mental Health Center (CMHC)	<input type="checkbox"/> Organ Procurement Organization (OPO)	
<input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facility (CORF)	<input type="checkbox"/> Outpatient Physical Therapy/Speech Therapy (OPT/ST)	
<input type="checkbox"/> Critical Access Hospital (CAH)	<input type="checkbox"/> Programs of All-Inclusive Care for Elderly (PACE)	
<input type="checkbox"/> End Stage Renal Disease (ESRD)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	
<input type="checkbox"/> Home Health Agencies (HHA)	<input type="checkbox"/> Religious Non-Medical Health Care Institution (RNCHI)	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Transplant Center	
<input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)		

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Palliative	
<input type="checkbox"/> Durable Medical Equipment (DME)	<input type="checkbox"/> Physician	
<input type="checkbox"/> Lab	<input type="checkbox"/> Other	<input type="text" value="Other Organization Category"/>

### Organization Identification Numbers ?

What are the identification numbers for your organization?

These numbers will be different, depending on the categories you have selected for your organization including: CCN/Provider, Medicare Contract Number, or NPI.

For the categories selected above, use:

#### IDENTIFICATION NUMBER

*Separate multiple identification numbers with a comma.*

## 3 Describe your 1135 Waiver / Flexibility Request

### Request #1

**Waiver Request Type** (required) \* ?

Click here if you do not see your Waiver Request Type

### Regulation Related to this Request ?

**Request Description** (required) \* ?

*Detail a brief summary of why the waiver is needed (For example: CAH is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. 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)) and the type of relief you are seeking.*

[+ Add another waiver request](#)

## 4 Submit your request

**Submit**

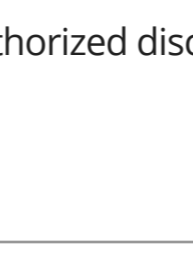
Thank You! Your request has been successfully submitted.

Your case number is <Case#>

You will also receive an email confirmation summarizing your request and providing you with additional guidance.

**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" (<https://www.hhs.gov/hipaa/for-professionals/index.html>).

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

### PHE

2021 Hurricane Ida	08/26/2021 - 11/24/2021
COVID-19	01/27/2020 - 04/20/2021
California Wildfire	08/13/2020 - 10/31/2020 CA

### State/US Territory/Federal District

Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
Armed Forces America  
Armed Forces Europe  
Armed Forces Pacific  
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  
Puerto Rico  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
US Virgin islands  
Utah  
Vermont  
Virginia  
Washington  
Washington D.C.  
West Virginia  
Wisconsin  
Wyoming

### Waiver/Flexibility Request Type

Accelerated Advanced Payment  
Accreditation Organizations: Survey, Certification, Quality and Enforcement  
Acute Care Hospital (ACH) Patient in Excluded Distinct Part Units  
Acute Care Hospitals (ACH) with Distinct Part Inpatient Psychiatric Units  
Allow individual's representative to render 1915(j) services  
Allow individual's representative to render 1915(k) services  
Allowing legally responsible individuals to render personal care services  
Allow Private Duty Nursing (PDN) services to be delivered by a graduate registered nurse and/or a graduate licensed practical nurse  
Alternate Treatment Sites  
Ambulance  
Ambulance Services - Medicare Ground Ambulance Data Collection System  
Ambulance Services - Ambulance Treat in Place  
Ambulatory Surgery Center (ASC): Survey, Certification, Quality and Enforcement  
Ambulatory Surgical Center (ASC): Payment  
Annual Wellness Visit (AWV)  
ASCs - Medical Staff  
ASCs - Nursing Services  
Bankruptcy  
Beneficiaries Notices & Signature Requirements  
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from psychiatric unit to an acute care bed and unit  
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from rehabilitation unit to an acute care bed and unit  
Care for Patients in Extended Neoplastic Disease Care Hospitals  
Care for Patients in Extended Neoplastic Disease Care Hospitals - Comprehensive Care for Joint Replacement (CJR) Model Certification  
Certified Nursing Assistants: Survey, Certification, Quality and Enforcement  
Clinical Laboratory Improvement Amendments (CLIA): Survey, Certification, Quality and Enforcement  
CMHS - Quality assessment and performance improvement (QAPI)  
CMHS - Provision of Services  
CMHS - 40 Percent Rule  
Community Health Center (CHC): Payment  
Community Mental Health Center (CHC): Payment  
Community Mental Health Center (CHC): Survey, Certification, Quality and Enforcement  
Comprehensive Outpatient Rehabilitation facilities (CORF): Payment  
Comprehensive Outpatient Rehabilitation facilities (CORF): Survey, Certification, Quality and Enforcement  
Conditions of Participation (COP)  
Cost Reports  
Critical Access Hospital (CAH): Survey, Certification, Quality and Enforcement  
Critical Access Hospital (CAH): Waive the requirements that limit the number of beds to 25 and the length of stay to 96 hours  
Critical Access Hospital (CAH): Payment  
Diabetes Self-Management: Payment  
Diabetes Self-Management: Survey, Certification, Quality and Enforcement  
Durable Medical Equipment (DME): If lost, destroyed, irreparably damaged or otherwise rendered unusable, waive requirements such that face-to-face requirements, a new physician's order and new medical necessity doc  
Eligible Practitioners  
Emergency Preparedness  
EMTALA: Payment  
EMTALA: Survey, Certification, Quality and Enforcement  
End Stage Renal Disease (ESRD): Payment  
End Stage Renal Disease (ESRD): Survey, Certification, Quality and Enforcement  
Ensuring Correct Processing of Home Health Disaster Related Claims: Allow MACs to extend auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies  
ESRD Facilities - Training Program and Periodic Audits  
ESRD Facilities - Defer Equipment Maintenance & Fire Safety Inspections  
ESRD Facilities - Emergency Preparedness  
ESRD Facilities - Ability to Delay Some Patient Assessments  
ESRD Facilities - Time Period for Initiation of Care Planning and Monthly Physician Visits  
ESRD Facilities - Dialysis Home Visits to Assess Adaptation and Home Dialysis Machine Designation  
ESRD Facilities - Home Dialysis Machine Designation - Clarification  
ESRD Facilities - Special Purpose Renal Dialysis Facilities (SPRDF) Designation Expanded  
ESRD Facilities - Dialysis Patient Care Technician (PCT) Certification  
ESRD Facilities - Transferability of Physician Credentialing  
ESRD Facilities - Expanding Availability of Renal Dialysis Services to ESRD Patients - Furnishing Dialysis Services on the Main Premises  
ESRD Facilities - Clarification for Billing Procedures  
Evaluation and Management: Payment  
Exhaustion of Part A Benefits  
Extended Repayment Schedule for Overpayments  
Extension for Inpatient Prospective Payment System (IPPS) Wage Index Revisions  
Extension for Inpatient Prospective Payment System (IPPS) Wage Index Revisions: Allows Hospital Wage Index development  
Time Table for hospitals to request revisions  
Extension for Medicare Geographic Classification Review Board (MGCRRB) Applications: Allows an extension to the deadline of application re-classification requirements  
Extension of pre-existing fee-for-service prior authorizations  
Extension of timeframe for reinstatement of services and benefits for a fair hearing request after the date of the action  
Extension of timelines for state fair hearing requests and appeals  
Federally Qualified Health Center (FQHC): Payment  
Federally Qualified Health Center (FQHC): Survey, Certification, Quality and Enforcement  
Flexibility for Medicare Telehealth Services - Eligible Practitioners  
Flexibility for Medicare Telehealth Services - Audio-Only Telehealth for Certain Services  
Flexibility for Inpatient Rehabilitation Facilities Regarding the "60 Percent Rule"  
HHAs - Initial Assessments  
HHAs - Initial Onsite Visits for HHA Aide Supervision  
HHAs - Allow OTs, PTs, and SLPs to Perform Initial and Comprehensive Assessment for all Patients  
HHAs - 12-hour Annual In-service Training Requirement for Home Health Aides  
HHAs - Detailed Information Sharing for Discharge Planning for Home Health Agencies  
HHAs - Clinical Records  
HHAs - Training and Assessment of Aides  
HHAs - Quality Assurance and Performance Improvement (QAPI)  
Home Health Agency (HHA): Timeframe for OASIS transmission  
Home Health Agency (HHA): Payment  
Home Health Agency (HHA): Survey, Certification, Quality and Enforcement  
Home Infusion Therapy: Payment  
Home Infusion Therapy: Survey, Certification, Quality and Enforcement  
Hospice: Payment  
Hospice: Survey, Certification, Quality and Enforcement  
Hospice - Waive Requirement for Hospices to Use Volunteers  
Hospice - Comprehensive Assessments  
Hospice - Waive Non-Core Services  
Hospice - Waived Onsite Visits for Hospice Aide Supervision  
Hospice - Hospice Aide Competency Testing Allow Use of Pseudo Patients  
Hospice - 12 hour Annual In-service Training Requirement for Hospice Aides  
Hospice - Annual Training  
Hospital Inpatient: Payment  
Hospital Outpatient: Payment  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - EMTALA  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Verbal Orders  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Reporting Requirements  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Patient Rights [Only for hospitals that are considered to be impacted by a widespread outbreak of COVID-19]  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Sterile Compounding  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Detailed Information Sharing for Discharge Planning for Hospitals and CAHs  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Limiting Detailed Discharge Planning for Hospitals  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medical Staff  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medical Records  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Flexibility in Patient Self Determination Act Requirements (Advance Directives)  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Physical Environment  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Telemedicine  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Physician Services  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Anesthesia Services  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Utilization Review  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Written Policies and Procedures for Appraisal of Emergencies at Off Campus Hospital Departments [With respect to surge facilities only]  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Emergency Preparedness Policies and Procedures  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Quality Assessment and Performance Improvement Program  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Nursing Services  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Food and Dietetic Services  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Respiratory Care Services  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Expanded Ability for Hospitals to Offer Long-term Care Services ("Swing-Beds") for Patients Who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medicare Graduate Medical Education (GME) Affiliation Agreement  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Personnel Qualifications  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Staff Licensure  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Status and Location  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Temporary Expansion Locations  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Responsibilities of Physicians in CAHs  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Site Neutral Payment Rate Provisions  
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CoP for COVID-19 Vaccinations  
Hospitals Classified as Sole Community Hospitals (SCHs)  
Hospitals Classified as Medicare-Dependent, Small Rural Hospitals (MDHs)  
Hospital: Survey, Certification, Quality and Enforcement  
Housing Acute Care Patients in Excluded Distinct Part Units: Allows the authority to house acute care inpatients in excluded distinct part units (where appropriate)  
ICF/IID - Staffing Flexibilities  
ICF/IID - Suspension of Community Outings  
ICF/IID - Suspend Mandatory Training Requirements  
ICF/IID - Modification of Adult Training Programs and Active Treatment  
Inpatient Rehab Facility (IRF): Survey, Certification, Quality and Enforcement  
Inpatient Rehab Facility (IRF): Payment  
Inpatient Rehabilitation Facility - Intensity of Therapy Requirement ("3-Hour Rule")  
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): Survey, Certification, Quality and Enforcement  
Intermediate Care Facility (ICF): Payment  
Lab: Payment  
Level of Care Requirement  
Life Safety Code (LSC)  
Long Term Care Hospital (LTCH) Benefit Requirements  
LTC Facilities and SNFs and/or NFs - PASRR  
LTC Facilities and SNFs and/or NFs - Resident Groups  
LTC Facilities and SNFs and/or NFs - Training and Certification of Nurse Aides  
LTC Facilities and SNFs and/or NFs - Physician Visits in Skilled Nursing Facilities/Nursing Facilities  
LTC Facilities and SNFs and/or NFs - Resident Roommates and Grouping  
LTC Facilities and SNFs and/or NFs - Resident Transfer and Discharge  
LTC Facilities and SNFs and/or NFs - Physician Services - Physician Delegation of Tasks in SNFs  
LTC Facilities and SNFs and/or NFs - Physician Services - Physician Visits  
LTC Facilities and SNFs and/or NFs - Physician Services - Note to Facilities  
LTC Facilities and SNFs and/or NFs - Quality Assurance and Performance Improvement (QAPI)  
LTC Facilities and SNFs and/or NFs - In-Service Training  
LTC Facilities and SNFs and/or NFs - Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities  
LTC Facilities and SNFs and/or NFs - Clinical Records  
LTC Facilities and SNFs and/or NFs - Paid Feeding Assistants  
Medicaid and CHIP (as of 3/13/2020)  
Medicare Appeals in Fee for Service (FFS), Medicare Advantage (MA) and Part D  
Medicare Provider Locations (Billing)  
Medicare Telehealth  
Minimum Data Set (MDS): Payment  
Modification of MDS: Survey, Certification, Quality and Enforcement  
Modification of 60-Day Limit for Substitute Billing Arrangements (Locum Tenens)  
Modification of deadline for a face-to-face encounter for 1905(a)(7) home health state plan services  
Modification of deadline for annual review of the service plan required for 1915(j) state plan benefit  
Modification of deadline for conducting annual monitoring and follow up activities for targeted case management  
Modification of deadline for conducting initial assessments for 1915(j) self-directed Personal Assistance Services  
Modification of deadline for initial evaluations of eligibility and assessments of functional needs for 1915(i) state plan benefits  
Modification of deadline for initial level of care determinations for 1915(c) HCBS waivers  
Modification of deadline for initial level of care determinations for 1915(k) state plan benefits  
Modification of deadline for level of care redeterminations for 1915(c) HCBS waivers  
Modification of deadline for initial level of care determinations for 1915(k) state plan benefits and 1915(i) HCBS waivers  
Modification of deadline for re-evaluations of eligibility and reassessments of functional needs for 1915(i) state plan benefits  
Modification of deadline for reassessments of functional need for 1915(k) state plan benefits  
Nursing Homes (SNF/NF): Survey, Certification, Quality and Enforcement  
OASIS: Payment  
OASIS: Survey, Certification, Quality and Enforcement  
Organ Procurement Organizations: Survey, Certification, Quality and Enforcement  
Outpatient Physical Therapy/Outpatient Speech Pathology: Payment  
Outpatient Physical Therapy/Outpatient Speech Pathology: Survey, Certification, Quality and Enforcement  
Part A or B Appeals  
Part A or B Claims Processing  
Part A or B Authorizations  
Part A or B Provider Audits  
Part A or B Provider Licensure Requirements  
Part A or B Provider Locations (Billing)  
Part A or B Provider: Payment  
Part B Drug Coverage  
Part B Drug Payment  
Part B Outpatient Claims  
Part B Outpatient: Payment  
Permit state and clinic to temporarily designate a clinic practitioner's location as part of the clinic facility so that clinic services may be provided via telehealth  
Physical Environment for Multiple Providers/Suppliers - Inspection, Testing & Maintenance (ITM) under the Physical Environment Conditions of Participation - Specific Physical Environment Waiver Information  
Portable X-Ray: Payment  
Portable X-Ray: Survey, Certification, Quality and Enforcement  
Preadmission Screen and Resident Review (PASARR): Survey, Certification, Quality and Enforcement  
Provider Locations  
Provider Enrollment Requirements  
Provision of clinic services within scope without supervision of physician or dentist  
Psychiatric Residential Treatment Facility (PRTF): Payment  
Psychiatric Residential Treatment Facility (PRTF): Survey, Certification, Quality and Enforcement  
Religious Nonmedical Health Care Institution Coverage (RNHC): Payment  
Religious Nonmedical Health Care Institution Coverage (RNHC): Survey, Certification, Quality and Enforcement  
RHCs and FQHCs - Certain Staffing Requirements  
RHCs and FQHCs - Physician Supervision of NPs in RHCs and FQHCs  
RHCs and FQHCs - Temporary Expansion Locations  
Rural Health Clinic: Payment  
Rural Health Clinic: Survey, Certification, Quality and Enforcement  
Safety  
Skilled Nursing Facility (SNF): 3-day Prior Hospitalization  
Skilled Nursing Facility (SNF): For beneficiaries who exhausted their SNF benefits, renewed SNF coverage without first having to start a new benefit period  
Skilled Nursing Facility (SNF): Timeframe for MDS assessments and transmission  
Special Enrollment Period  
Specific LSC for Multiple Providers - Waiver Information - Alcohol-based Hand-Rub (ABHR) Dispensers Supporting Care for Patients in LTCHs  
Specific LSC for Multiple Providers - Waiver Information - Fire Drills  
Specific LSC for Multiple Providers - Waiver Information - Temporary Construction  
Temporary provision of HCBS by entities also providing case management services under a temporary waiver of conflict of interest requirements  
Temporary provision of HCBS in specified settings that have not been determined to meet HCBS settings criteria  
Temporary suspension of fee-for-services prior authorization requirements  
Temporary suspension of Pre-Admission Screening and Annual Resident Review (PASRR) Level 1 and Level 2 assessments  
Transplant: Patient Care  
Transplant: Payment  
Transplant: Survey, Certification, Quality and Enforcement  
Waive beneficiary and provider written consent of new or amended HCBS person-centered service plans  
Waiver of certain provider enrollment requirements  
Waiver of provider conditions to allow for provisions of services in alternative settings

### Help Tooltips

#### Who are you?

This information helps CMS understand who you are so we can better assist you.

#### 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(f). 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.

#### Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

#### Provide Your Contact Information - Point of Contact

CMS uses your contact information to send responses and ask follow up questions.

#### 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.

#### Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

#### Provide Your Contact Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

#### Provide Your Contact Information - Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

#### Describe Your 1135 Waiver / Flexibility Request

CMS uses this information to route your request to the appropriate area for faster response.

#### Describe Your 1135 Waiver / Flexibility Request - Waiver Request Type dropdown

Start typing key words for your request. A list of waiver option(s) that match your key word(s) will appear to choose from.

#### Describe Your 1135 Waiver / Flexibility Request - Regulation Related to this Request dropdown

Cite the regulation(s) you are requesting be waived (if applicable).

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## Who are you? ?

- An Organization / Provider
- A Beneficiary

## What would you like to do? ?

- I want to submit a waiver / flexibility request ?
- I want to submit an inquiry ?
- I want to provide a status update on my beneficiaries and/or healthcare facility ?

## Submit an inquiry

### 1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your inquiry request

#### Public Health Emergency (PHE) (required) \* ?

2021 Hurricane Ida 08/26/2021 - 11/24/2021 ▼

### 2 Provide Your Contact Information

This will help keep you updated on your request's progress

#### Point of Contact ?

Who should CMS contact in response to this inquiry request?

**Email address** (required) \*

**Confirm email address** (required) \*

**First name** (required) \*

**Last name** (required) \*

**Zip Code** (required) \* ?

**Phone number**

#### Organization Information ?

Who is the organization making this request?

**Organization Name** (required) \*

#### Organization Categories (required) \* ?

Who is the organization making this request?

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Advocacy Group	<input type="checkbox"/> State Government	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Association	<input type="checkbox"/> Qualified Health Plan	
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Medicare Advantage / Part D Plan	<input type="checkbox"/> State Survey Agency	

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulatory Surgical Center (ASC)	<input type="checkbox"/> Nursing Homes (SNF/NF)	
<input type="checkbox"/> Community Mental Health Center (CMHC)	<input type="checkbox"/> Organ Procurement Organization (OPO)	
<input type="checkbox"/> Comprehensive Outpatient Rehabilitation Facility (CORF)	<input type="checkbox"/> Outpatient Physical Therapy/Speech Therapy (OPT/ST)	
<input type="checkbox"/> Critical Access Hospital (CAH)	<input type="checkbox"/> Programs of All-Inclusive Care for Elderly (PACE)	
<input type="checkbox"/> End Stage Renal Disease (ESRD)	<input type="checkbox"/> Psychiatric Residential Treatment Facility (PRTF)	
<input type="checkbox"/> Home Health Agencies (HHA)	<input type="checkbox"/> Religious Non-Medical Health Care Institution (RNCHI)	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Transplant Center	
<input type="checkbox"/> Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)		

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Palliative	
<input type="checkbox"/> Durable Medical Equipment (DME)	<input type="checkbox"/> Physician	
<input type="checkbox"/> Lab	<input type="checkbox"/> Other	<input type="text" value="Other Organization Category"/>

#### Organization Identification Numbers ?

What are the identification numbers for your organization?

These numbers will be different, depending on the categories you have selected for your organization including: CCN/Provider, Medicare Contract Number, or NPI.

For the categories selected above, use:

#### IDENTIFICATION NUMBER

*Separate multiple identification numbers with a comma.*

### 3 Inquiry

#### Request #1

**Topic** (required) \* ?

**Type** (required) \* ?

Click here if you do not see your type

#### Description (required) \*

*Provide a comprehensive description of your inquiry (including regulation citations if applicable).*

[Add another inquiry request](#)

### 4 Submit Your Inquiry

Thank You! Your inquiry has been successfully submitted.

Your case number is <Case#>

You will also receive an email confirmation summarizing your request and providing you with additional guidance.

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## Drop down options

**PHE**

2021 Hurricane Ida 08/26/2021 - 11/24/2021

**Topic**

Medicaid/CHIP  
Original Medicare (Part A or B)  
Medicare Advantage/Prescription Drug Plan  
Qualified Health Plans

**Type**

638 Tribal Clinics  
Original Medicare (Part A or B)  
Academia  
Medicare Advantage/Prescription Drug Plan  
Access To Care  
Qualified Health Plans  
Advocate  
Ambulance  
Ambulatory Care Center  
Appeals  
Appendix K  
Association/Society for Provider/Facility  
Attorney for Provider/Facility  
Billing Agency  
Consultant for Provider/Facility  
Critical Access Hospital  
Denials  
Dialysis Facility  
Eligibility  
Employer  
Facility  
Fair Hearings  
Federal/State Government Agency  
Federally Qualified Health Center (FQHC)  
General Public  
HCBS Waivers  
Home Health  
Hospice  
Hospital  
Insurance Company  
Long Term Care Services And Supports  
Managed Care  
Medical Supplier/DME  
Nurse/Nurse Practitioner  
Nursing Home  
Other  
Payment Methodology/Rates  
Pharmacist/Pharmacy  
Physical/Occupational Therapy  
Physician  
Physician Assistant  
Provider - Mental Health  
Provider - Other  
Provider Enrollment  
Respite  
Retainer Payments  
Rural Health Clinic  
Rural Health Clinic (RHC)  
Skilled Nursing Facility  
State Agency  
Telehealth

## Help Tooltips

### Who are you?

This information helps CMS understand who you are so we can better assist you.

### 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(f). 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

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### 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.

### Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

### Point of Contact

CMS uses your contact information to send responses and ask follow up questions.

### 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.

### Zip Code

Please enter your 5 digit zip code.

### Organization Categories

This provides CMS additional information on the type of organization requesting a inquiry. Please select all applicable organizations by reviewing the data on all three tabs (At least one category must be selected).

### Organization Identification Numbers

Indicate all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

### Inquiry - Type dropdown

Choose your inquiry type from the dropdown list.

### Inquiry - Topic dropdown

Choose from the dropdown list which category your inquiry would fall under.

**CMS 1135 Waiver / Flexibility Request and Inquiry Form**

**Beneficiary Workflow**

CMS 1135 Inquiry Request

# CMS 1135 Waiver / Flexibility Request and Inquiry 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 05/31/2024). 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](mailto:Adriane.Saunders@cms.hhs.gov).**

If you have a request or inquiry, please use this form to submit your request to CMS.

## Who are you? ?

- An Organization / Provider
- A Beneficiary

## What would you like to do? ?

- I want to submit a waiver / flexibility request ?
- I want to submit an inquiry ?
- I want to provide a status update on my beneficiaries and/or healthcare facility ?

## Submit an inquiry

### 1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) that applies to your inquiry request

**Public Health Emergency (PHE)** (required) \* ?

2021 Hurricane Ida 08/26/2021 - 11/24/2021 ▼

### 2 Provide Your Contact Information

This will help keep you updated on your request's progress

#### Point of Contact ?

Who should CMS contact in response to this inquiry request?

**Email address** (required) \*

**Confirm email address** (required) \*

**First name** (required) \*

**Last name** (required) \*

**Zip Code** (required) \* ?

**Phone number**

#### Organization Information ?

Who is the organization making this request?

**Organization Name** (required) \*

#### Organization Categories (required) \* ?

Who is the organization making this request?

General	Emergency Provider / Supplier Types	Other
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**Submit**

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Appeals  
Appendix K  
Association/Society for Provider/Facility  
Attorney for Provider/Facility  
Billing Agency  
Consultant for Provider/Facility  
Critical Access Hospital  
Denials  
Dialysis Facility  
Eligibility  
Employer  
Facility  
Fair Hearings  
Federal/State Government Agency  
Federally Qualified Health Center (FQHC)  
General Public  
HCBS Waivers  
Home Health  
Hospice  
Hospital  
Insurance Company  
Long Term Care Services And Supports  
Managed Care  
Medical Supplier/DME  
Nurse/Nurse Practitioner  
Nursing Home  
Other  
Payment Methodology/Rates  
Pharmacist/Pharmacy  
Physical/Occupational Therapy  
Physician  
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