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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

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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.**

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

Who are you?

- (x) An Organization / Provider
- ( ) A Beneficiary

What would you like to do?

- (x) 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	10/18/2021 - 01/16/2022

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

(XXX)XXX-XXXX

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

- [ ] Advocacy Group
- [ ] Association
- [ ] Corporation
- [ ] Medicare Advantage / Part D Plan
- [ ] State Government
- [ ] Qualified Health Plan
- [ ] State Medicaid or CHIP Agency
- [ ] State Survey Agency
- [ ] Tribal Nation

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulatory Surgical Center (ASC)
- [ ] Community Mental Health Center (CMHC)
- [ ] Comprehensive Outpatient Rehabilitation Facility (CORF)
- [ ] Critical Access Hospital (CAH)
- [ ] End Stage Renal Disease (ESRD)
- [ ] Home Health Agencies (HHA)
- [ ] Hospice
- [ ] Hospital
- [ ] Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- [ ] 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

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulance
- [ ] Durable Medical Equipment (DME)
- [ ] Lab
- [ ] Palliative
- [ ] Physician
- [ ] Other — 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 Personally Identifiable Information (PII) and/or Protected Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

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Drop down options

PHE

2021 Hurricane Ida 08/26/2021 - 11/24/2021
COVID-19 10/14/2021 - 01/16/2022

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 District Part Units
Acute Care Hospitals (ACH) with District Part Inpatient Psychiatric Units
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 inpatient psychiatric units 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
Certification Licensing 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
End Stage Renal Disease
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 Records 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 - Certification
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 (MGCRB) Applications; Allows an extension to the deadline of application re-classification requirements
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 - Waive Home 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 Assessments of Aides
HHAs - Quality Assessment 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 Crs and LTCHs - EMTALA
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Verbal Orders
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Reporting Requirements
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Patient Rights (Only for hospitals that are not accredited by a national accreditation organization)
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Sterile Compounding
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Detailed Information Sharing for Discharge Planning for Hospitals and CAHs
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Limiting Detailed Discharge Planning for Hospitals
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Medical Staff
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Medical Records
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Flexibility inPatient Self Determination Act Requirements (Advance Directives)
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Physical Environment
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Telemedicine
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Physician Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Anesthesia Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Utilization Review
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Written Policies and Procedures for Appraisal of Emergencies off Campus Hospital Departments (With respect to surge facilities only)
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Emergency Preparedness Policies and Procedures
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Temporary Expansion Locations
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs 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 Crs and LTCHs - Medicare Graduate Medical Education (GME) Affiliation Agreement
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - CAH Personnel Qualifications
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - CAH Staff Licensure
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - CAH Status and Location
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs 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 Crs and LTCHs - Responsibilities of Physicians in CAHs
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Long Term Care Hospitals - Site Neutral Payment Rate Provisions
Hospitals, Psych. Hospitals, and CAHs, including Cancer Crs and LTCHs - Coll 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 District Part Units: Allows the authority to house acute care inpatients in excluded district part units (where appropriate)
ICF/IID - Quality Assurance
ICF/IID - Submission 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 - Physical Environment
LTC Facilities and SNFs and/or NFs - Resident Grievances
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 - Delegation of Nursing Administration 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 - Participation Assessments
Medicare Appeals in Fee for Service (FFS), Medicare Advantage (MA) and Part D
Medicare Provider Locations (Billing)
Medicare Telehealth
Minimum Data Set (MDS): Payment
Minimum Data Set (MDS): Survey, Certification, Quality and Enforcement
Modification of 60-Day Limit for Substitute Billing Arrangements (Locum Tenens)
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
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
Practitioner Locations
Provider Enrollment Requirements
Psychiatric Residential Treatment Facility (PRTF): Payment
Psychiatric Residential Treatment Facility (PRTF): Survey, Certification, Quality and Enforcement
Religious Nonmedical Health Care Institutions (RNHCI): Payment
Religious Nonmedical Health Care Institutions Survey Certification (RNHCI): Survey, Certification, Quality and Enforcement
RHCs and FQHCs - Provider Enrollment 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
Transplant: Patient Care
Transplant: Payment
Transplant: Survey, Certification, Quality and Enforcement
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 which 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 which 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).

CMS.gov

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Organization Workflow

CMS 1135 Inquiry Request

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

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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 — 08/06/2021 - 11/24/2021

2 Provide Your Contact Information

This will help help 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) *

XXXXX

Phone number

XXX(XXX-XXXX

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

- Advocacy Group
- Association
- Corporation
- Medicare Advantage / Part D Plan
- State Government
- Qualified Health Plan
- State Medicaid or CHIP Agency
- State Survey Agency
- Tribal Nation

General | Emergency Provider / Supplier Types | Other

- Ambulatory Surgical Center (ASC)
- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Critical Access Hospital (CAH)
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- 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

General | Emergency Provider / Supplier Types | Other

- Ambulance
- Durable Medical Equipment (DME)
- Lab
- Palliative
- Physician
- Other — 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 per

For the categories selected above, use:

IDENTIFICATION NUMBER

Separate multiple identification numbers with a comma.

3 Inquiry

Request #1

Topic (required) *

Please select an option

Type (required) *

Please select an option

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

Submit

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 — 08/06/2021 - 11/24/2021
- COVID-19 — 10/18/2021 - 01/16/2022

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 as possible. Waivers and flexibilities can help Hospitals, Critical Access Hospitals, 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.

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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Beneficiary Workflow

CMS 1135 Inquiry Request

CMS.gov

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 06/31/2024). 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 required to complete or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Paperwork Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *****DO 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 below approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or returned. If you have questions or concerns regarding where to submit your requests or documents, please contact Adrian Sanders at Adrian.Sanders@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 help 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) *

XXXXX

Phone number

XXX(XXX-XXXX

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

- Advocacy Group
- Association
- Corporation
- Medicare Advantage / Part D Plan
- State Government
- Qualified Health Plan
- State Medicaid or CHIP Agency
- State Survey Agency
- Tribal Nation

General | Emergency Provider / Supplier Types | Other

- Ambulatory Surgical Center (ASC)
- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Critical Access Hospital (CAH)
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- 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

General | Emergency Provider / Supplier Types | Other

- Ambulance
- Durable Medical Equipment (DME)
- Lab
- Palliative
- Physician
- Other — 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) *

Please select an option

Type (required) *

Please select an option

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

Submit

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.

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 I 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 laws. Do not share Personally Identifiable Information (PII) and/or Protected Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

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Drop down options

PHE

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

COVID-19 | 10/18/2021 - 01/16/2022

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

Dentals

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

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.

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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Medicaid waiver submission

Standard waiver

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 **0938-1148 (Expires 09/31/2024)**. This is 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, Baltimore, Maryland 21244-1850.

Electronic Office of Civil Rights Complaints, 200 Independence Ave, SW Washington, DC 20201 *****Do Discover!*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the HHS Disparate Clearance Office. Please note that any correspondence with attachments containing personally identifiable information sent through unsecured electronic mail (email) is unsecured and may be intercepted or viewed. Telephone or facsimile is a more secure alternative.** Please do not send applications or concerns regarding Medicare to this address. Instead, forward or contact Medicare at Medicare.gov/contacts.html.gov.

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

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) *

2021 Hurricane Ida	08/26/2021 - 11/04/2021

2 Provide Your Contact Information

This will help keep you updated on your request or inquiry.

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) *

Phone number

(XXXXX-XXXX)

Organization Information (*)

Tell us how a provider is impacted.

Organization name (required) *

State/US Territory/Federal District (required) *

Alabama - (AL)	AL

- Nebraska
- Nevada
- New York

Organization Categories (required) *

Who is the organization making this request?

General	Emergency Provider / Supplier Types	Other
Advocacy Group	State Government	Tribal Nation
Association	Qualified Health Plan	
Corporation	State Medicaid or CHIP Agency	
Medicare Advantage / Part D Plan	State Survey Agency	

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

General	Emergency Provider / Supplier Types	Other
Ambulance	Pallative	
Durable Medical Equipment (DME)	Physician	
Lab	Other	Other Organization Category

Background

Under section 1135 of the Social Security Act (the Act), the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to beneficiaries during an emergency period. Section 1135(b)(5) of the Act, as amended by the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (PRSAA) and by section 3713 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), provides that a PHE or disaster and the institutional and noninstitutional from sanctions (absent any determination of fraud or abuse).

Please select all that apply

- I want to submit a general waiver
- I want to submit a Medicaid / CHIP waiver

Please click the above option to request a Medicaid / CHIP waiver. For all other waivers, use the "general waiver" option.

Medicaid or CHIP State Contact Information (*)

This is relevant information for official CMS communications.

State Official title (required) *

(This is the Medicaid or CHIP designee for official CMS communications)

Name Agency name (required) *

State Official first name (required) *

State Official last name (required) *

State Official suffix

(Example, including JD, MD, PhD, RN)

State Agency address (required) *

Address 2

City (required) *

State/US Territory/Federal District (required) *

Zip code (required) *

(XXXXX-XXXX)

State Agency email address (required) *

Confirm State Agency email address (required) *

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please note that unless otherwise indicated in the descriptions below, flexibilities operationalized under section 1135 authority terminate at the conclusion of the PHE.

Request #1

Waiver Request Type (required) *

Click here if you do not see your Waiver Request Type	Clear

Description of Waiver Request (*) Max 4096

Transport Section 1135(b)(8)(A)(iii) permits the state and cities to temporarily designate a cities jurisdiction's location as part of the cities facility only to the extent necessary so that cities services may be provided via telehealth when the patient is in a temporary location within the cities jurisdiction. Section 1135(b)(8)(A)(iii) also permits cities jurisdiction's home to be another location will be considered to be provided at the cities site. 42 U.S.C.§ 1320-5(b)

4 Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver case number is: **C-00000**

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. Unauthorized use or disclosure of this information may result in prosecution to the fullest extent of the law.

Learning Portal will be developed in open and an processor for detailed information regarding administrative and governmental transformation of data, please refer to the TAPM Security Rule? https://www.cms.gov/faqs/for-architects/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 approved for release to the public. Unauthorized use or disclosure of this information may result in prosecution to the fullest extent of the law. Unauthorized use or disclosure of personally identifiable information (PII) and/or Protected Health Information (PHI) Unauthorized disclosure may result in prosecution to the fullest extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry

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Drop down options

PHE

2021 Hurricane Ida	08/26/2021 - 11/24/2021
COVID-19	10/18/2021 - 01/10/2022

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 Marianas 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

Medicaid/Waiver Flexibility/Waiver Types

Medicaid Authorizations Suspend Pre-Service prior authorizations
Long Term Services and Supports (LTSS) Flexibilities
Long Term Services and Supports (LTSS) PASRR
Long Term Services and Supports (LTSS)-HCBS Settings Requirements 1915(c)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements 1915(i)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements 1915(k)
Long Term Services and Supports (LTSS)-Certification of Institutional Level of Care Services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Certification of Institutional Level of Care Services 1915(c)
Long Term Services and Supports (LTSS)-Certification of Institutional Level of Care Services 1915(i)
Long Term Services and Supports (LTSS)-Certification of Institutional Level of Care Services 1915(k)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures 1915(c)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures 1915(i)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures 1915(k)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS) 1915(c) Level of Care and Person-Centered Service Plan Timelines Initial Evaluation
Long Term Services and Supports (LTSS) 1915(i) Level of Care and Person-Centered Service Plan Timelines Reevaluation
Long Term Services and Supports (LTSS) 1915(k) Level of Care and Person-Centered Service Plan Timelines Reviews and Reevaluations
Long Term Services and Supports (LTSS) 1915(c) Evaluations, Assessments and Person-Centered Service Plans Initial Evaluation of 1915(c) Eligibility
Long Term Services and Supports (LTSS) 1915(i) Evaluations, Assessments and Person-Centered Service Plans Reevaluation of 1915(i) Eligibility
Long Term Services and Supports (LTSS) 1915(k) Evaluations, Assessments and Person-Centered Service Plans Initial Reevaluation of 1915(k) Eligibility
Long Term Services and Supports (LTSS) 1915(c) Evaluations, Assessments and Person-Centered Service Plans Reevaluation
Long Term Services and Supports (LTSS) 1915(c) Evaluations, Assessments and Person-Centered Service Plans Review and Revision of the Person-Centered Service Plan
Long Term Services and Supports (LTSS) 1915(i) Evaluations, Assessments and Person-Centered Service Plans Review and Revision of the Person-Centered Service Plan
Long Term Services and Supports (LTSS) 1915(k) State Plan Benefits Initial Assessments
Long Term Services and Supports (LTSS) 1915(k) State Plan Benefits Reassessments
Long Term Services and Supports (LTSS) 1915(k) State Plan Benefits Person-Centered Service Plan Reviews
Long Term Services and Supports (LTSS) 1915(k) State Plan Benefits Level of Care Determinations
Long Term Services and Supports (LTSS) 1915(k) State Plan Benefits Person-Centered Service Plan
Long Term Services and Supports (LTSS) Nursing Facility Level of Care Determinations
Long Term Services and Supports (LTSS) Nursing Facility Level of Care Determinations of Benefits
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices State Fair Hearings Timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices Continuation of Benefits Timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices Continuation of Benefits Notices
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices adverse benefit appeals filing timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits Notices overturn appeals timelines
Provider Enrollment Waive Fingerprinting requirements
Provider Enrollment Waive criminal background checks
Provider Enrollment Waive site visits
Provider Enrollment Allow out-of-state provider reimbursement
Provider Enrollment Waive Provider Agreements
Provider Enrollment Waive licensing requirements
Home Health State Plan Services Telemedicine/Face-to-Face Encounters
Home Health State Plan Services Home Health Care Plan Requirements
Physician Electronic Prescribing Timeline - Monitoring and Follow-Up Activities
Private Duty Nursing Monthly prior authorization requirements
Private Duty Nursing Monthly supervision requirements
Clinic Facility Requirements Allow provision of clinic services via telehealth
Clinic Facility Requirements Allow provision of clinic services in alternate settings
Physician Direction Allow services to be directed by other licensed professionals
Physician Direction Allow rendered psychiatric services for under 21 to be directed by other licensed professionals
Other Section 1135 Waiver Flexibilities

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 need it as possible. Waivers are been effected as possible. This means we're helping providers and facilities, in particular, to be able to continue to provide 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 (SSA) or its implementing regulations that may be waived or modified under the authority of § 1135 of the SSA. "Flexibility" refers to a flexibility or modification of a requirement that is not subject to a waiver authority — and generally speaking, can be implemented without a waiver. Flexibilities are available to CMS partners. CMS recognizes that these waivers and flexibilities as necessary and appropriate to accommodate the needs of those affected by the emergency.

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 need it as possible. Waivers are been effected as possible. This means we're helping providers and facilities, in particular, to be able to continue to provide 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 on internal 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 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 U.S. Territories and/or Federal District 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 categories by hovering the cursor on all three tabs (At least one category must be selected).

Provide Your Contact Information - Medicaid or CHIP State Contact Information

This is the Medicaid or CHIP designee for official CMS communications.

Describe your 1135 Medicaid Waiver / Flexibility Request - Waiver Request Type dropdown

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

Describe your 1135 Medicaid Waiver / Flexibility Request - Description of Waiver Request

This description is pre-populated based on waiver type selected above. If this does not meet your needs, please select "Click here if you do not see your Waiver Request Type" and enter your Waiver Request Type.

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Medicaid waiver submission

Standard waiver with additional information

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 06/31/2026)**. This is a voluntary information collection. To send comments regarding this information collection or suggestions for reducing burden, please contact the Paperwork Reduction Office, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Send comments to PRA@cms.hhs.gov. Please do not send your completed form to this address. CMS Security Boulevard, Mail Stop N3-06-05, Baltimore, Maryland 21244-1850. *****DO NOT SEND*** 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 sent to the PRA Reports Clearance Office will be considered non-responsive and will significantly delay processing of your form. Do not send any sensitive information to whom. If you have questions or concerns regarding where to send your completed form, please contact Kathleen Sarsfield-Abbott at Kathleen.Sarsfield-Abbott@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 waivers even when there's a disaster or emergency. Period waivers are given out to 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 waiver. CMS reviews

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)

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

2 Provide Your Contact Information

You will only be as contacted if your request is complete

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) *

Phone number

(XXXXXX-XXXX

Organization Information (*)

Is you the Organization making this request?

Organization name (required) *

Organization Category (required) *

Who is the organization making this request?

- General
- Emergency Provider / Supplier Types
- Other

- Advocacy Group
- Association
- Corporation
- Medicare Advantage / Part D Plan
- State Government
- Tribal Nation
- Qualified Health Plan
- State Medicaid or CHIP Agency
- State Survey Agency

- General
- Emergency Provider / Supplier Types
- Other

- Ambulatory Surgical Center (ASC)
- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Critical Access Hospital (CAH)
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFIID)
- 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 Facilities
- Religious Non-Medical Health Care Institution (RNCHI)
- Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)
- Transplant Center

- General
- Emergency Provider / Supplier Types
- Other

- Ambulance
- Durable Medical Equipment (DME)
- Lab
- Palliative
- Physician
- Other — Other Organization Category

Background

Under section 1135 of the Social Security Act (the Act), the Secretary has the authority to temporarily waive or modify certain requirements of the Medicare, Medicaid, and CHIP programs and hospitals participating in those programs in order to ensure that sufficient health care items and services are available to meet the needs of the population affected by a declared emergency or disaster. Section 1135 authority extends waivers to providers and suppliers participating in any health care delivery system, including, but not limited to, qualified health plans (QHPs) offered in a Marketplace and to institutional and exempted from sanctions (absent any determination of fraud or abuse).

Please select all that apply

- I want to submit a general waiver
- I want to submit a Medicaid / CHIP waiver
- Please click the above option to request a Medicaid / CHIP waiver. For all other waivers, use the "general waiver" option.

Medicaid or CHIP State Contact Information

This is contact information for official CMS communications

State Official title (required) *

This is the Medicaid or CHIP agency for official CMS communications

State Agency name (required) *

State Official last name (required) *

State Official suffix

Examples, including JD, MD, PhD, RN

State Agency address (required) *

Address 2

City (required) *

State/US Territory/Federal District (required) *

State Agency email address (required) *

Confirm State Agency email address (required) *

Describe your 1135 Medicaid Waiver / Flexibility Request

Please Note that unless otherwise indicated in the descriptions below, Healthcare operationalized under section 1135 authority remains at the conclusion of the PHE.

Request #1

Waiver Request Type (required) *

Physician Services - Telehealth services to be directed by other licensed professionals

Click here if you do not see your Waiver Request Type

Description of Waiver Request (required) *

Read only

Additional Information (required) *

Please list the licensed professional the state intends to oversee in short text.

Add another waiver request

Submit your request

Submit

Thank You! - Your request has been successfully submitted.

Your Medicaid / CHIP waiver 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. Unauthorized disclosure of this information is a violation of the Privacy Act. Protected Health Information (PHI) is a subset of Protected Health Information (PII). Questions concerning PII will be deferred from the system and not processed. For detailed information regarding safeguarding protected healthcare information or PII, please refer to the Office for Civil Rights website located at https://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

INFORMATION YET 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 laws. Do not share or disseminate this information without the proper Protected Health information (PHI), Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry

A federal government website managed and paid for by the Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

Drop down options

PHE

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

COVID-19 — 10/18/2021 - 01/16/2022

State/US Territory/Federal District

Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces America
Armed Forces Europe
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
District of Columbia
Georgia
Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Marshall Islands
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Marianas Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
Samoa, American
South Dakota
Tennessee
Texas
US Virgin Islands
Utah
Vermont
Virginia
Washington
Washington D.C.
West Virginia
Wisconsin
Wyoming

Medicaid Waiver/Flexibility Request Types

Medicaid Authorizations Suspend fee-for-service prior authorizations
Medicaid Authorizations Suspend managed care authorizations
Long Term Services and Supports (LTSS)/HCBS
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(c)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(i)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-1915(k)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(c)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(i)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-1915(k)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(c)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(i)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-1915(k)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Participant
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation of Participant
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan
Long Term Services and Supports (LTSS)-1915(c) Assessments and Person-Centered Service Plans-Initial Evaluation of 1915(c)Eligibility
Long Term Services and Supports (LTSS)-1915(c) Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 1915(c)Eligibility
Long Term Services and Supports (LTSS)-1915(c) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of Participant
Long Term Services and Supports (LTSS)-1915(c) Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of Person-Centered Service Plan
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Use of Representatives
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Use of Representatives
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Annual Reviews
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Initial Assessments
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Initial Assessments
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Annual Reassessments
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Level of Care Determinations
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Level of Care Determinations
Long Term Services and Supports (LTSS)-1915(c) State Plan Benefits-Fair Hearings-External Fair Hearings
Fee for Service and Eligibility Fair Hearings-External Interview for reinstatement of benefits
Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify state fair hearing timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify state fair hearing timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify continuation of benefits timelines
Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Modify continuation of benefits timelines
Provider Enrollment-Allow out-of-state provider reimbursement
Provider Enrollment-Pause revalidation deadlines
Provider Enrollment-Pause revalidation deadlines
Home Health Care Services-Timeframe (Face-to-Face Encounters)
Use of Legally Responsible Individuals to Render Personal Care Services
Electronic Visit Verification-Timeline - Monitoring and Follow-Up Activities
Prevent Duty Nursing Home Preadmission requirements
Prevent Duty Nursing Home Preadmission requirements
Clinic Facility Requirements-Allow provision of clinic services via telehealth
Clinic Facility Requirements-Allow provision of clinic services in alternative settings
Physician Services-Allow provision of physician services via telehealth
Physician Services-Allow required psychiatric services for under 21 to be directed by other licensed professionals
Other Section 1135 Waiver Flexibilities

Help Toolbox

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. Under section 1135 of the Social Security Act, the Secretary has the authority to temporarily waive or modify certain requirements of the Medicare, Medicaid, and CHIP programs and hospitals participating in those programs in order to ensure that sufficient health care items and services are available to meet the needs of the population affected by a declared emergency or disaster.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (SSA) or its implementing regulations that may be waived or modified under the authority of 1135 of the SSA. "Flexibility" refers to a flexibility in the application of requirements of the Medicare program, Medicaid, and CHIP. Generally, waivers and flexibility can be adjusted without negotiating CMS 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

Use this option to request information about how to access help health care facilities gave timely care to as many people without discrimination as possible. This means waiving Medicare, Medicaid, and CHIP rules so that such people with medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my beneficiaries 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 will follow up questions.

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health Plan, 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 class-of-of-three calls (at least one category must be selected).

Provide Your Contact Information - Medicaid or CHIP State Contact Information

This is the Medicaid or CHIP designee for official CMS communications.

Describe your 1135 Medicaid Waiver / Flexibility Request - Waiver Request Type dropdown

We use this information to route your request to the appropriate area for faster response.

Describe your 1135 Medicaid Waiver / Flexibility Request - Description of Waiver Request drop down

This description is pre-populated based on waiver type selected above. Please, tell us more about your needs, please select "Click here if you do not see your Waiver Request Type" and enter your Waiver Request Type.

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Medicaid submission

Other waiver type

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 **0938-1148 (Expires 09/30/2024)**. This is voluntary information collection. The purpose of this information collection is to obtain information from state agencies seeking to waive certain requirements of the Medicaid, Children's Health Insurance Program, and Basic Health Program statutes, and to request information from state agencies seeking to exercise flexibilities in the Medicaid program. Examples of such requests include, but are not limited to, 1115 Demonstrations, 1915(b) Waivers, Section 1915(i) State Plan Amendments, 1915(c) Home and Community-Based Services Waivers, and 1915(k) Community First Choice State Plan Amendments. Section 1115 Demonstrations, Section 1915(b) Waivers, Section 1915(i) State Plan Amendments, 1915(c) Home and Community-Based Services Waivers, and 1915(k) Community First Choice State Plan Amendments *****Do Not Send*** these do not applications, claims, payment, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence that contains sensitive information or personally identifiable information (including but not limited to medical records) will be returned to the sender without review. If you have questions or concerns regarding where to submit your documents, please contact Adriane Burton at Adriane.Burton@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 1115 or 1915(b) of the Social Security Act**, CMS can issue special waivers when there's a disaster or emergency. Waiver requests can be made by state agencies or by Medicare Advantage or Medicaid managed care plans.
When a federal waiver is issued, providers don't have to apply for or individual waivers. If there's no blanket waiver, providers can ask for an individual waiver. 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)*

2021 Hurricane Ida — 08/26/2021 - 11/04/2021

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)*

Phone number

(XXXXXX-XXXX

Organization Information *(?)*

Who is the organization seeking the request?

Organization name *(required)*

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

Alabama — Alabama — No

- Nebraska
- Nevada
- New York

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

Who is the organization making this request?

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

- Advocacy Group
- Association
- Corporation
- Medicare Advantage / Part D Plan
- State Government
- Qualified Health Plan
- State Medicaid or CHIP Agency
- State Survey Agency
- Tribal Nation

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

- Ambulatory Surgical Center (ASC)
- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Critical Access Hospital (CAH)
- End Stage Renal Disease (ESRD)
- Home Health Agencies (HHA)
- Hospice
- Hospital
- Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/IID)
- 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 Institutions (RNHCI)
- Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)
- Transport Center

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

- Ambulance
- Durable Medical Equipment (DME)
- Lab
- Pallative
- Physican
- Other — Other Organization Category

Background

Under section 1135 of the Social Security Act (the SA), the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to beneficiaries during an emergency period. Section 1135(b)(5) of the SA defines an "emergency period" as a period in which a disaster or emergency declared by a Federal official or a State official pursuant to a public health emergency declaration of PHE or disaster and for reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Please select all that apply

- I want to submit a general waiver
- I want to submit a Medicaid / CHIP waiver
- *Please click the above option to request a Medicaid / CHIP waiver. For all other waivers, use the "general waiver" option.*

Medicaid or CHIP State Contact Information *(?)*

This is a state contact information for an official CMS communication

State Official title *(required)*

This is the Medicaid or CHIP agency for official CMS communications

State Agency name *(required)*

State Official first name *(required)*

State Official last name *(required)*

State Official suffix

State Agency address *(required)*

Address 2

City *(required)*

Zip code *(required)*

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

Confirm State Agency email address *(required)*

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please note that unless otherwise requested in the form, Medicaid waivers operationalized under section 1135 authority terminate at the conclusion of the PHE.

Request #1

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

- Click here if you do not see your Waiver Request Type

Should Exceptional circumstances require additional Waiver Request Types, please let us know in the comments. Being Proactive saves waiver review time.

Description of Waiver Request *(required)* *(?)*

Please provide a description of the additional Medicaid 1135 waiver or modification requested by the state or territory.

Applicable Regulation *(required)* *(?)*

Please include the regulation number and the corresponding section if applicable.

- Add another waiver request

4 Submit your request

Submit

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver 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 as amended. Unauthorized disclosure of protected health information is a violation of HIPAA and the Privacy Act and may be subject to civil or criminal sanctions. Unauthorized disclosure of protected health information may also be subject to other laws, such as laws governing the medical identity theft crime. Please contact the CMS Security Officer at cms_ciso@cms.hhs.gov for detailed information regarding safeguarding protected health information or contact your CMS Security Officer.

INFORMATION NOT TO BE RELEASED TO PUBLIC UNLESS AUTHORIZED BY LAW: This information is for internal Government use only and may not been released to the public. Unauthorized disclosure of sensitive but unclassified, confidential, or proprietary information may be subject to civil and criminal sanctions. Unauthorized disclosure may result in prosecution to the full extent of the law.

CMS 1135 Waiver/Flexibility Request and Inquiry

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Drop down options

PHE

2021 Hurricane Ida — 08/26/2021 - 11/04/2021
COVID-19 — 10/14/2021 - 01/14/2022

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
- West Virginia
- Wisconsin
- Wyoming

Medicaid Waiver/Flexibility Request Types

- Medicaid Authorizations Suspend fee-for-service prior authorizations
- Medicaid Authorizations Extend prior existing authorizations
- Long Term Services and Supports 1915(c) PASRR
- Long Term Services and Supports 1915(c) Conflict of Interest Requirements 1915(c)
- Long Term Services and Supports 1915(c) HCBS Settings Requirements 1915(c)
- Long Term Services and Supports 1915(c) HCBS Settings Requirements 1915(c)
- Long Term Services and Supports 1915(c) Non-Medical Services in HCBS services in approved 1115 Demonstration
- Long Term Services and Supports 1915(c) Conflict of Interest Requirements 1915(c)
- Long Term Services and Supports 1915(c) Conflict of Interest Requirements 1915(c)
- Long Term Services and Supports 1915(c) Conflict of Interest Requirements 1915(c)
- Long Term Services and Supports 1915(c) Conflict of Interest Requirements (HCB) services in approved 1115 Demonstration
- Long Term Services and Supports 1915(c) Person-Centered Plan Development and Provider Signatures 1915(b)
- Long Term Services and Supports 1915(c) Person-Centered Plan Development and Provider Signatures 1915(b)
- Long Term Services and Supports 1915(c) Person-Centered Plan Development and Provider Signatures 1915(b)
- Long Term Services and Supports 1915(c) Person-Centered Plan Development and Provider Signatures HCBS services in approved 1115 Demonstration
- Long Term Services and Supports 1915(c) Level of Care and Person-Centered Service Plan Timelines Initial Evaluation of Services
- Long Term Services and Supports 1915(c) Level of Care and Person-Centered Service Plan Timelines Reevaluation
- Long Term Services and Supports 1915(c) Level of Care and Person-Centered Service Plan Timelines Review and Revision of Person-Centered Service Plan
- Long Term Services and Supports 1915(c) Evaluations, Assessments and Person-Centered Service Plans Initial Evaluation of Services
- Long Term Services and Supports 1915(c) Evaluations, Assessments and Person-Centered Service Plans Reevaluation of 1915(c) Eligibility
- Long Term Services and Supports 1915(c) Evaluations, Assessments and Person-Centered Service Plans Initial Independent Assessment of Need
- Long Term Services and Supports 1915(c) Evaluations, Assessments and Person-Centered Service Plans Reassessment of Need
- Long Term Services and Supports 1915(c) Evaluations, Assessments and Person-Centered Service Plans Review and Revision of Person-Centered Service Plan
- Long Term Services and Supports 1915(c) State Plan Benefits Initial Assessments
- Long Term Services and Supports 1915(c) State Plan Benefits Annual Reassessments
- Long Term Services and Supports 1915(c) State Plan Benefits Level of Care Redetermination
- Long Term Services and Supports 1915(c) State Plan Benefits Review and Revision of Person-Centered Service Plan
- Long Term Services and Supports 1915(c) State Plan Benefits Person-Centered Service Plan Review
- Long Term Services and Supports 1915(c) State Plan Benefits Person-Centered Service Plan Revision
- Long Term Services and Supports 1915(c) State Plan Benefits Level of Care Redetermination
- Fee-for-Service and Eligibility Fair Hearings-External for hearing request timelines
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Medical Assistance
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly timelines to resolve appeals
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly state fair hearings timelines
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly continuation of benefits timelines
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly authorization decision timelines
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly expedited appeals timelines
- Managed Care Appeals, Fair Hearings, and Continuation of Benefits-Monthly expedited appeals timelines
- Provider Enrollment Waive site visits
- Provider Enrollment Waive fingerprinting requirement
- Provider Enrollment Waive site visits
- Provider Enrollment Allow out of state provider reimbursement
- Provider Enrollment Waive fingerprinting requirement
- Provider Enrollment Waive licensure requirements
- Home Health State Plan Services Telemedicine (Face-to-Face Encounter)
- Home Health Expand telehealth individuals to Render Personal Care Services
- Targeted Case Management Timeline - Monitoring and Follow-Up Activities
- Home Health Waive Face-to-Face Encounter requirement
- Home Crisis Nursing Monthly supervision requirements
- Ohio Facility Requirement Allow provision of clinic services via telehealth
- Ohio Facility Requirement Allow Ohio Medicaid Assessment Partnership (OMAP)
- Physician Directive Allow clinic services to be directed by other licensed professionals
- Physician Directive Allow rendered psychiatric services for under 21 to be directed by other licensed professionals
- Other Section 1135 Waiver Flexibilities

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

Under section 1115 of the Social Security Act, CMS can issue special waivers each year facilities give care to as many people as have 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 or regulation that CMS has the authority to waive or modify under section 1115 of the Social Security Act or 1915(b) of the Social Security Act or 1915(i) or 1915(k) of the Social Security Act or Section 1915(c) of the Social Security Act. Unauthorized policy changes or policies that can be adjusted under current authority - and generally speaking, can be adjusted without regressing CMS systems. CMS recommends that states submit waiver requests as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

Under section 1115 of the Social Security Act, CMS can issue special waivers each year facilities give long care to as many people as have 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 can 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 follow-up questions.

Organization Information

Please provide information about yourself or your organization, such as your name, a particular practice (e.g., State, Corporation, Health System, etc.). Please provide the requested information in the general section.

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 hovering the mouse over the tabs (or all three tabs (all three category must be selected).

Provide Your Contact Information - Medicaid or CHIP State Contact Information

This is the Medicaid or CHIP designee for official CMS communications.

Describe your 1135 Medicaid Waiver / Flexibility Request - Waiver Request Type dropdown

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

Describe your 1135 Medicaid Waiver / Flexibility Request - Description of Waiver Request drop down

Please provide a description of the waiver request and/or modification request with a particular focus on the "Waiver Request Type" and enter your Waiver Request Type" and enter your Waiver Request Type.

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Covid PHE
General waiver submission

CMS.gov

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.**

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

Who are you?

- (x) An Organization / Provider
- ( ) A Beneficiary

What would you like to do?

- (x) 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) *

COVID-19 — 10/18/2021 - 01/16/2022

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) *

Phone number
(XXX)XXX-XXXX

Organization Information
Who is the organization making this request?

Organization name (required) *

State/US Territory/Federal District (required) *

Alaska x | California x | Tw

- [ ] Nebraska
- [ ] Nevada
- [ ] New York

Organization Categories (required) *
Who is the organization making this request?

General | Emergency Provider / Supplier Types | Other

- [ ] Advocacy Group
- [ ] Association
- [ ] Corporation
- [ ] Medicare Advantage / Part D Plan
- [ ] State Government
- [ ] Qualified Health Plan
- [x] State Medicaid or CHIP Agency
- [ ] State Survey Agency
- [ ] Tribal Nation

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulatory Surgical Center (ASC)
- [ ] Community Mental Health Center (CMHC)
- [ ] Comprehensive Outpatient Rehabilitation Facility (COPF)
- [ ] Critical Access Hospital (CAH)
- [ ] End Stage Renal Disease (ESRD)
- [ ] Home Health Agencies (HHA)
- [ ] Hospice
- [ ] Hospital
- [ ] Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- [ ] 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

General | Emergency Provider / Supplier Types | Other

- [ ] Ambulance
- [ ] Durable Medical Equipment (DME)
- [ ] Lab
- [ ] Palliative
- [ ] Physician
- [ ] Other — Other Organization Category

This portal cannot be utilized for Covid-19-PHE related Medicaid 1135 waiver submissions.

This portal cannot be utilized for Covid-19-PHE related Medicaid 1135 waiver submissions. If your organization is a State Medicaid Agency and would like to request flexibilities pursuant to section 1135 of the Social Security Act (Act), which grants the Secretary of the United States Department of Health and Human Services authority to temporarily waive or modify certain Medicare, Medicaid and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area affected by a federally-declared public health emergency (PHE), please complete the 1135 Medicaid & CHIP Checklist available at Section 1135 Waiver Flexibilities | Medicaid.

Once you have completed the checklist, please submit via email to: Medicaid_1135_Requests@cms.hhs.gov for CMS review.

Please select all that apply

- [x] I want to submit a general waiver
- [ ] I want to submit a Medicaid / CHIP waiver

Medicaid 1135 waivers for COVID-19 PHE cannot be submitted through this portal. Please see info box above.

Drop down options

PHE

2021 Hurricane Ida	08/26/2021 - 11/24/2021
COVID-19	10/18/2021 - 01/16/2022

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

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 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).