CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility 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 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

New Mexico Wildfires	xx/xx/xxxx - xx/xx/xxxx
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 07/16/2022

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.

To report technical issues please email onetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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.

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

Drop down options

PHE

New Mexico Wildfires xx/xx/xxxx - xx/xx/xxxx

Coronavirus Disease 2019 (COVID-19) 03/13/2020 - 07/16/2022

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 Distinct Part Units
Acute Care Hospitals (ACH) with Distinct Part Inpatient Psychiatric Units
Alternate Treatment Sites
Ambulance
Ambulance Services - Medicare Ground Ambulance Data Collection System
Ambulance Services - Ambulance Treat and 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
Bank-outpt
Beneficiaries Notices & Signature Requirements
Care for Excluded Inpatient Psychiatric Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from psychiatric unit to an acute care bed and unit
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from rehabilitation unit to an acute care bed and unit
Care for Patients in Extended Neonatal Intensive Care Hospitals
Care for Patients in Extended Neoplastic Disease Care Hospitals - Comprehensive Care for Joint Replacement (CJR) Model Certification
Certified Nursing Assistants: Survey, Certification, Quality and Enforcement
Clinical Laboratory Improvement Amendments (CLIA): Survey, Certification, Quality and Enforcement
CMHS - Quality assessment and performance improvement (QAPI)
CMHS - Behavioral Health Services
CMHS - 40 Percent Rule
Community Health Center (CHC): Payment
Community Mental Health Center (CMC): 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) Prior Authorization: Temporarily damaged or otherwise rendered unusable, waive requirements such that face-to-face requirements, a new physician's order and new medical necessity doc
Eligible Practitioners
Emergency Preparedness
End Stage Renal Disease
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 Periods Audits
ESRD Facilities - Defer Equipment Maintenance & Fire Safety Inspections
ESRD Facilities - Emergency Preparedness
ESRD Facilities - Ability to Waive Patient Assessments
ESRD Facilities - Time Period for Initiation of Care Planning and Monthly Physician Visits
ESRD Facilities - Dialysis Home Visits to Assess Adaptation and Home Dialysis Machine Designation
ESRD Facilities - Home Dialysis Machine Designation – Clarification
ESRD Facilities - Special Purpose Renal Dialysis Facilities (SPRDF) Designation Expanded
ESRD Facilities - Dialysis Patient Care Technician (PCT) Certification
ESRD Facilities - Transferability of Physician Orders
ESRD Facilities - Expanding Availability of Renal Dialysis Services to ESRD Patients - Furnishing Dialysis Services on the Patient's Home
ESRD Facilities - Clarification for Billing Procedures
Evaluation and Management: Payment
Evaluation 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"
Home Health Agencies (HHA)
HHAs - Waive Onsite Visits for HHA Aide Supervision
HHAs - Allow OTs, PTs, and SLPs to Perform Initial and Comprehensive Assessment for all Patients
HHAs - 12-hour Annual In-service Training Requirement for Home Health Aides
HHAs - Waive Requirement Sharing for Discharge Planning for the Home Health Agencies
HHAs - Clinical Records
HHAs - Training and Assessment of Aides
HHAs - Quality Assurance and Performance Improvement (QAPI)
Home Health Agency (HHA): Timeframe for OASIS transmission
Home Health Agency (HHA): Payment
Home Health Agency (HHA): Survey, Certification, Quality and Enforcement
Home Infusion Therapy: Payment
Home Infusion Therapy: Survey, Certification, Quality and Enforcement
Hospice: Payment
Hospice: Survey, Certification, Quality and Enforcement
Hospice - Waive Requirement for Hospices to Use Volunteers
Hospice - Comprehensive Assessments
Hospice - Waive Non-Core Services
Hospice - Waived Onsite Visits for Hospice Aide Supervision
Hospice - Hospice Aide Competency Testing Allow Use of Pseudo Patients
Hospice - 12 hour Annual In-service Training Requirement for Hospice Aides
Hospice - Annual Training
Hospital Inpatient: Payment
Hospital Inpatient: Payment
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - EMTALA
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Verbal Orders
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Reporting Requirements
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Patient Rights [Only for hospitals that are considered to be impacted by a widespread outbreak of COVID-19]
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Sterile Compounding
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Detailed Information Sharing for Discharge Planning for Hospitals and CAHs
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Limiting Detailed Discharge Planning for Hospitals
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medical Staff
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medical Records
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Flexibility inPatient Self Determination Act Requirements (Advance Directives)
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Physical Environment
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Telemedicine
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Physician Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Anesthesia Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Utilization Reviews
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Policies and Procedures for Appraisal of Emergencies or Off Campus Hospital Departments [With respect to surge facilities only]
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Emergency Preparedness Policies and Procedures
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Quality Assessment and Performance Improvement Program
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Nursing Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Food and Dietetic Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Respiratory Care Services
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Expanded Ability for Hospitals to Offer Long-term Care Services (Temporary Beds)"for Patients Who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Medicare Graduate Medical Education (GME) Affiliation Agreement
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Personnel Qualifications
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Staff Licensure
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CAH Status and Location
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Temporary Expansion Locations
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Responsibilities of Physicians in CAHs
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - Long Term Care Hospitals - Site Neutral Payment Rate Methodology
Hospitals, Psych. Hospitals, and CAHs, including Cancer Ctrs and LTCHs - CoP for COVID-19 Vaccinations
Hospitals Classified as Sole Community Hospitals (SCHs)
Hospitals Classified as Medicare-Dependent, Small Rural Hospitals (MDHs)
Hospital: Survey, Certification, Quality and Enforcement
Housing Acute Care Patients in Excluded Distinct Part Units: Allows the authority to house acute care inpatients in excluded distinct part units (where appropriate)
ICF/ID - Staffing Flexibilities
ICF/ID - Suspension of Community Outings
ICF/ID - Suspend Mandatory Training Requirements
ICF/ID - Modification of Adult Training Programs and Active Treatment
Inpatient Rehab Facility (IRF): Survey, Certification, Quality and Enforcement
Inpatient Rehab Facility (IRF): Payment
Inpatient Rehabilitation Facilities - 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 Services
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 Groups
LTC Facilities and SNFs and/or NFs - Training and Certification of Nurse Aides
LTC Facilities and SNFs and/or NFs - Physician Visits in Skilled Nursing Facilities/Nursing Facilities
LTC Facilities and SNFs and/or NFs - Resident Roommates and Grouping
LTC Facilities and SNFs and/or NFs - Resident Transfer and Discharge
LTC Facilities and SNFs and/or NFs - Physician Services - Physician Delegation of Tasks in SNFs
LTC Facilities and SNFs and/or NFs - Physician Services - Physician Visits
LTC Facilities and SNFs and/or NFs - Dietician Services - Note to Practitioner
LTC Facilities and SNFs and/or NFs - Quality Assurance and Performance Improvement (QAPI)
LTC Facilities and SNFs and/or NFs - In-Service Training
LTC Facilities and SNFs and/or NFs - Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities
LTC Facilities and SNFs and/or NFs - Clinical Records
LTC Facilities and SNFs and/or NFs - Paid Feeding Assistants
Medicare Advantage Open Enrollment Period (OEP), Medicare Advantage (MA) and Part D
Medicare Provider Location Listing
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 Institution Coverage (RNHCI): Payment
Religious Nonmedical Health Care Institution Coverage (RNHCI): Survey, Certification, Quality and Enforcement
RHCs and FQHCs - Certain Staffing Requirements
RHCs and FQHCs - Physician Supervision of NPs in RHCs and FQHCs
Rural Health Clinic 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 application option below.

I want to submit a waiver / flexibility request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (Act) or its implementing regulations that may be waived or modified under the authority of § 1135 of the Act or § 1812(f). A "flexibility" is an agency policy or procedure that can be adjusted under current authority - and generally speaking, can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents

You may use this option to report any impact on normal operations.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

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

Organization Information

An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown

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

Provide Your Contact Information - Organization Categories

This provides CMS additional information on the type of organization requesting a waiver. Please select all applicable organizations by reviewing the data on off the table (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 / Flexibility Request Type dropdown

Start typing key words for your request. A list of waiver options(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 to waived (if applicable).

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization 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 **0938-1364 (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. *****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 burden 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 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? ?

- (•) 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) ? ?

Please select one

New Mexico Wildfires	xx/xx/xxxx - xx/xx/xxxx
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 07/16/2022

2 Provide Your Contact Information

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

Point of Contact ?
Who is the point of 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: ICN/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 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.

To report technical issues please email onetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an Inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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 concerning PHI will be deleted from the system and not processed. For detailed information regarding safeguarding protected healthcare information or data, please refer to the "HIPAA Security Rule" (https://www.hhs.gov/hipaa/for-professionals/index.html).

INFORMATION NOT TO BE RELEASED TO PUBLIC UNLESS AUTHORIZED BY LAW: This information is for internal Government use only and has not been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share Publicly Identifiable Information (PII) and/or Public Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

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

Drop down options

PHE

New Mexico Wildfires	xx/xx/xxxx - xx/xx/xxxx
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 07/16/2022

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 (SSA) 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 entity 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 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 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. *****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 nor returned. 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?

- 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) *

Please select one

New Mexico Wildfires	xx/xx/xxxx - xx/xx/xxxx
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 07/16/2022

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) *

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: ECN/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 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.

To report technical issues please email onetsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting an 1135 waiver or making an inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Web Portal. For all other questions, please contact Emergencies@cms.hhs.gov.

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 concerning PHI will be deleted from the system and not processed. For detailed information regarding safeguarding protected healthcare information or data, please refer to the **HIPAA Security Rule** (https://www.hhs.gov/hipaa/for-professionals/index.html).

INFORMATION NOT TO BE RELEASED TO PUBLIC UNLESS AUTHORIZED BY LAW: This information is for internal Government use only and has not been publicly disclosed. It may contain information that is privileged, confidential, or otherwise protected from disclosure under public law. Do not share Publicly Identifiable Information (PII) and/or Public Health Information (PHI). Unauthorized disclosure may result in prosecution to the full extent of the law.

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

Drop down options

PHE

New Mexico Wildfires	xx/xx/xxxx - xx/xx/xxxx
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 07/16/2022

Topic

MedicaidCHIP
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 rearticulating 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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

According to the Statement Relocation Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. We estimate that the average burden per response for this collection is 30 minutes. This form is used to request information and collect data. The required information collection is voluntary and is authorized under section 1135 of the Social Security Act. Failure to provide requested information may delay or deny a waiver request. Information collected may be used to inform decision-making, gather the data needed and compile 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: Paperwork Reduction Act Office, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850. *****

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Medicaid waiver submission

Standard waiver with additonal 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 information collection for this form is approved under OMB control number 0938-1148 (CMS-10398 #60). Its purpose is to collect information. The time required for this information collection is estimated to average 15min 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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

Medicaid waiver submission

Other waiver type

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 0938-1148. The time required to complete this information collection is estimated on average 15min 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. Attn: PRA Reports, Room C4-26-05. *****DO NOT RETURN*** Please do not send applications, claims, payment, 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 destroyed and will not be responded to. Neither commas nor periods belong in the monetary fields of this form. If you have questions or concerns regarding where to submit your documents, please contact Solution Architect at Solutions.Support@cms.hhs.gov.**

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

Who are you? (*)

- I'm Organization or 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

Section **1135** or **1915-(f) of the Social Security Act**: CMS can issue several blanket waivers to hospitals and healthcare providers in order to assist them in providing care to those impacted by disaster or 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 call for an individual waiver 1135 waiver.

Submit a waiver / flexibility request

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) for which you are requesting a waiver.

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

Please select one...

New Mexico Wildfires	4/24/2022	4/24/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020	07/14/2022

2 Provide Your Contact Information

This will help know you updated on your requests progress.

Points 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

(xxxxxxxxxx)

Organization Information (?)

Who is the organization making this request?

Organization Name (required) *

State/US Territory/Federal District (required) *

Please select one...

- 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 Pathology (OPT/SP)
- Programs of All-Inclusive Care for Elderly (PACE)
- Psychiatric Residential Treatment Facility (PRTF)
- Religious Non-Medical Health Care Institution (RNHCI)
- 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 (SSA), 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 meet the needs of individuals in an area affected by a federally declared PHE. Section 1135 authority enables providers to furnish needed items and services in good faith to patients in need, but cannot be 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 button 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 designee for official CMS communications

State Official first name (required) *

State Official last name (required) *

State Official suffix

Example: Jr, Sr, Esquire, MD, PhD, RN

State Agency address (required) *

Address 2

City (required) *

State/US Territory/Federal District (required) *

Zip code (required) *

xxxxx

State Agency email address (required) *

Confirm State Agency email address (required) *

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please describe your request in detail. Include the date, facilities/providers/population affected and/or 1135 authority terminal in the conclusion of the PHE.

Request #1

Waiver Request Type (required) *

Please describe your request in detail. Include the date, facilities/providers/population affected and/or 1135 authority terminal in the conclusion of the PHE.

Description of Waiver Request (required) *

Please describe your request in detail. Include the date, facilities/providers/population affected and/or 1135 authority terminal in the conclusion of the PHE.

Applicable Regulation (required) *

Please include the regulatory citation(s) associated with this request

+ Add another waiver request

4 Submit your request

Submit

To report technical issues please email: prepassist@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting a 1135 waiver or making an inquiry about a public health emergency, please submit your request at the CMS PHE Emergency Help Desk. For all other questions, please contact Prepassist@cms.hhs.gov.

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: Deliberately identifiable false 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 Waiver System that contains Protected Health Information (PHI) is a violation of Hipaa Rules. Systems Security Rules and Privacy Act Rules. Please do not submit any Protected Health Information (PHI). Please do not submit any Personally Identifiable Information (PII). Please review the HIPAA Rules: https://www.cms.hhs.gov/hipaa/hipaa2/default.asp#hipaa101.

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 this information with persons who are not Government employees or contractors. If 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 U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244

Drop down options

PHE

New Mexico Wildfires	4/24/2022	4/24/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020	07/14/2022

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
- Maryland
- Massachusetts
- Michigan
- 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
- Foreign Islands
- Utah
- Vermont
- Virginia
- Washington
- Virgin Islands
- West Virginia
- Wisconsin
- Wyoming

Medicaid Waiver/Flexibility Request Types

- Medicaid Authorizations Suspend for service prior authorizations
- Medicaid Authorizations Extend pre-existing authorizations
- Long Term Services and Supports 1915(c)-HCBS
- 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)-Person Centered Planning and Provider Signatures 1915(c) 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)-Person Centered Planning and Provider Signatures 1915(c)
- Long Term Services and Supports 1915(c)-Conflict of Interest Requirements HCBS services in approved 1115 Demonstration
- Long Term Services and Supports 1915(c)-Person Centered Plan Beneficiary and Provider Signatures 1915(c)
- Long Term Services and Supports 1915(c)-Person Centered Plan Beneficiary and Provider Signatures 1915(c)
- Long Term Services and Supports 1915(c)-Person Centered Plan Beneficiary and Provider Signatures 1915(c)
- Long Term Services and Supports 1915(c)-Person Centered Plan Beneficiary and Provider Signatures HCBS services in approved 1115 Demonstration
- Long Term Services and Supports 1915(c)-1915(a) Level of Care and Person Centered Service Plan Timeline Initial Extension of Need
- Long Term Services and Supports 1915(c)-1915(c) Level of Care and Person Centered Service Plan Timeline Reevaluation
- Long Term Services and Supports 1915(c)-Level of Care and Person Centered Service Plan Timeline Reassessment
- Long Term Services and Supports 1915(c)-Level of Care and Person Centered Service Plan Timeline Initial Extension of Need
- Long Term Services and Supports 1915(c)-Level of Care and Person Centered Service Plan Timeline Reevaluation
- Long Term Services and Supports 1915(c)-Level of Care and Person Centered Service Plan Timeline Reassessment
- Long Term Services and Supports 1915(c)-1915(c) Evaluations, Assessments and Person Centered Service Plans Independent Assessment of Need
- Long Term Services and Supports 1915(c)-1915(c) Evaluations, Assessments and Person Centered Service Plans Reassessment of Need
- Long Term Services and Supports 1915(c)-1915(c) Evaluations, Assessments and Person Centered Service Plans Review and Revision of Plans
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefits-Use of Representatives
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefits-Use of Representatives
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Initial Assessments
- Long Term Services and Supports 1915(c)-1915(c)-1915(g) State Plan Benefit-Annual Reassessments
- Home Health Care Services Transitioning Medicaid Beneficiaries to Face Encounters
- Use of Legally Responsible Individuals to Render Personal Care Services
- Use of Legally Responsible Individuals to Render Personal Care Services
- Private Duty Nursing Modify prescription requirements
- Private Duty Nursing Modify supervision requirements
- Home Health Care Services Transitioning Medicaid Beneficiaries to Face Encounters
- Clinic Facility Requirement-Allow provision of clinic services in alternative settings
- Physician Direction Allow clinic services to be directed by other licensed practitioners
- Clinic Facility Requirement-Allow clinic services for other 21-live 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 (?)

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people as possible. Under section 1135 of the Social Security Act, the Secretary of the U.S. Department of Health and Human Services (HHS) can waive certain Medicare, Medicaid, and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of individuals in an area affected by a federally declared PHE. Section 1135 authority enables providers to furnish needed items and services in good faith to patients in need, but cannot be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

"Waiver" refers to a waiver or modification of a statutory requirement of the Social Security Act (SSA) or regulations implementing the SSA, or of requirements imposed by the Secretary of HHS under section 1115 of the SSA (U.S.C. 1315). A "waiver" is an agency policy or procedure that can be adopted under current statutory authority. Waivers can be used to ensure that beneficiaries have access to care, services, and supplies and 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 (?)

When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people as possible. Under section 1135 of the Social Security Act, the Secretary of the U.S. Department of Health and Human Services (HHS) can waive certain Medicare, Medicaid, and CHIP requirements to accommodate the needs of those impacted by an emergency or disaster.

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 seek 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 requested information for your organization.

Organization Information - State/US Territory/Federal District dropdown

Choose all applicable States, US Territories and/or Federal District from which 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 reviewing the tabs at the top of the dropdown (the tabs are category-based).

Provide Your Contact Information - Medicaid or CHIP State Contact Information

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

Describe Your 1135 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

This description is auto-populated based on waiver type selected above. If this does not meet your needs, please select "Other" from the waiver type and enter your Waiver Request Type and describe your Waiver Request Type.

CMS.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Waiver / Flexibility Request

COVID-19 PHE

Medicaid waiver

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 Office, 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) *

Coronavirus Disease 2019 (COVID-19) 03/31/2020 - 07/16/2022

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
- [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 (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

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

Coronavirus Disease 2019 (COVID-19) 03/31/2020 - 07/16/2022

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's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

I want to submit an inquiry request option
When there's a disaster or emergency, waivers and flexibilities help health care facilities give timely care to as many people who've been affected as possible. This means we're helping States, Federal Districts and U.S. territories to make sure people with Medicare and/or Medicaid continue to have access to care.

I want to provide a status update on my patients and/or healthcare facility residents
You may use this option to report any impact on normal operations.

Select a Public Health Emergency
Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact
CMS uses your contact information to send responses and ask follow up questions.

Organization Information
An organization is an organized body of people with a particular purpose (e.g., State, Corporation, Health System, etc.). Please provide the required information for your organization.

Organization Information - State/US Territory/Federal District dropdown
Choose all applicable States, US Territories and/or Federal Districts where your healthcare facilities are located.

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