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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

Kentucky Flooding	xx/xx/xxxx - xx/xx/xxxx
New Mexico Straight Line Winds and Wildfire	04/05/2022 - 10/02/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 10/14/2022

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 the 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.

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Drop down options

PHE

Kentucky Flooding	xx/xx/xxxx - xx/xx/xxxx
New Mexico Straight Line Winds and Wildfire	04/05/2022 - 10/02/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 10/14/2022

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
Washington D.C.
West Virginia
Wisconsin
Wyoming

Waiver/Flexibility Request Type

Accreditation Organizations: Survey, Certification, Quality and Enforcement
Ambulatory Surgery Center (ASC): Survey, Certification, Quality and Enforcement
Ambulatory Surgical Center (ASC): Payment
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from psychiatric unit to an acute care bed and unit
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital: Allows IPPS and other acute care hospitals that need to relocate inpatients from rehabilitation unit to an acute care bed and unit
Certified Nursing Assistants: Survey, Certification, Quality and Enforcement
Clinical Laboratory Improvement Amendments (CLIA): Survey, Certification, Quality and Enforcement
Community Health Center (CHC): Payment
Community Mental Health Center (CMHC): Payment
Comprehensive Outpatient Rehabilitation facilities (CORF): Payment
Comprehensive Outpatient Rehabilitation facilities (CORF): Survey, Certification, Quality and Enforcement
Conditions of Participation (COP)
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: 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
Emergency Preparedness
EMTALA: Payment
EMTALA: Survey, Certification, Quality and Enforcement
End Stage Renal Disease (ESRD): Payment
End Stage Renal Disease (ESRD): Survey, Certification, Quality and Enforcement
Ensuring Correct Processing of Home Health Disaster Related Claims: Allow MACs to extend auto-cancellation date of Requests for Anticipated Payment (RAPs) during emergencies
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
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: Survey, Certification, Quality and Enforcement
Hospice: Payment
Hospice: Survey, Certification, Quality and Enforcement
Hospital Inpatient: Payment
Hospital Outpatient: Payment
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)
Inpatient Rehab Facility (IRF): Survey, Certification, Quality and Enforcement
Inpatient Rehab Facility (IRF): Payment
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): Survey, Certification, Quality and Enforcement
Intermediate Care Facility (ICF): Payment
Lab: Payment
Life Safety Code (LSC)
Minimum Data Set (MDS): Payment
Minimum Data Set (MDS): Survey, Certification, Quality and Enforcement
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
Portable X-Ray: Payment
Portable X-Ray: Survey, Certification, Quality and Enforcement
Preadmission Screen and Resident Review (PASARR): Survey, Certification, Quality and Enforcement
Psychiatric Residential Treatment Facility (PRTF): Survey, Certification, Quality and Enforcement
Quality
Religious Nonmedical Health Care Institution Coverage (RNHCI): Payment
Religious Nonmedical Health Care Institution Coverage (RNHCI): Survey, Certification, Quality and Enforcement
Replacement Prescription Fills: Permit Medicare payment for replacement prescription fills (for a quantity up to the
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
Transplant: Payment
Transplant: Survey, Certification, Quality and Enforcement

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(l). 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.

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

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

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

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 / Flexibility Request Type dropdown

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

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

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

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Organization Workflow

CMS 1135 Inquiry Request

CMS.gov

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What would you like to do?

- ( ) I want to submit a waiver / flexibility request
- (x) 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

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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: 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.

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Drop down options

PHE

Kentucky Flooding	xx/xx/xxxx - xx/xx/xxxx
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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.

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

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

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

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

Zip Code
Please enter your 5 digit zip code.

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

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

Inquiry - Type dropdown
Choose your inquiry type from the dropdown list.

Inquiry - Topic dropdown
Choose the dropdown list which category your inquiry would fall under.

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CMS 1135 Waiver / Flexibility Request and Inquiry Form

Beneficiary Workflow

CMS 1135 Inquiry Request

CMS.gov

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Who are you? ?

- An Organization / Provider
- A Beneficiary

What would you like to do? ?

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

Submit an inquiry

1 Select a Public Health Emergency

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Public Health Emergency (PHE) (required) * ?

Please select one

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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
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- State Medicaid or CHIP Agency
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General | Emergency Provider / Supplier Types | Other

- Ambulatory Surgical Center (ASC)
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- 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)
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- Ambulance
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- Lab
- Palliative
- Physician
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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

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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.

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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.

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Drop down options

PHE

Kentucky Flooding	xx/xx/xxxx - xx/xx/xxxx
New Mexico Straight Line Winds and Wildfire	04/05/2022 - 10/02/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 10/14/2022

Topic

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

Type

IC8 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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Form

According to the Statement 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 contained in this form is approved under OMB control number 0938-1148 (CMS-10398 #60) Medicare Fee-for-Service Collections. The required response for 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. **Do not send the completed form to this address.** **Please do not mail applications, claims, patient medical records or any documents containing sensitive information to the Pilot Reports Clearance Office. Please note that any correspondence sent to the Pilot Reports Clearance Office will not receive a response. Instead, the correspondence will be returned to the sender.** If you have questions about this form, or have questions or concerns regarding where to submit your documents, please contact Adrian Gardner@cms.hhs.gov.

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

Who are you? (*)

- I am a Representative of 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(b) of the Social Security Act. CMS can issue several blanket waivers to ease the burden on providers and facilities in disaster areas. Examples of waivers that have been issued in the past include:

- Waive a blanket waiver is issued, providers don't have to apply for an individual waiver. If there is a blanket waiver, providers can opt for an individual waiver in 1135 waiver.

Submit a waiver / flexibility request

1 Select a Public Health Emergency

Please select the Public Health Emergency that applies to your waiver request

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

Please select one

- Kentucky Flooding
- New Mexico Straight Line Winds and Wildfire
- Coronavirus Disease (2019 (COVID-19)

Section 1135 or 1915(b) of the Social Security Act. CMS can issue several blanket waivers to ease the burden on providers and facilities in disaster areas. Examples of waivers that have been issued in the past include:

- Waive a blanket waiver is issued, providers don't have to apply for an individual waiver. If there is a blanket waiver, providers can opt for an individual waiver in 1135 waiver.

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

(XXXXX) XXX-XXXX

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	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 Language Pathology	
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 (RNCHI)	
Hospice	Rural Emergency Hospital Qualifying 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	Palliative	
Durable Medical Equipment (DME)	Physician	
Lab	Other: Other Organization Category	

Medicaid or CHIP State Contact Information (*)

The contact information for official CMS communication

State Official title (required) (*)

You are Medicaid or CHIP designee for official CMS communication

State Agency name (required) (*)

State Official first name (required) (*)

State Official last name (required) (*)

State official suffix

Example, Jr.,Sr.,MD, PhD, etc

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) (*)

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please describe your request, including the affected entities, flexibilities sought/utilized under section 1135 authority terminate at the conclusion of the PHE.

Request #1

Waiver Request Type (required) (*)

Check Hospital Requirement - Allow provision of services via telehealth

Click here if you do not see your Waiver Request Type

Description of Waiver Request (*)

Please describe the specific waiver or flexibility sought, the entity and title to participate, Religious, or the jurisdiction. Section as part of the CMS facility or by the entities to which the services may be provided as telehealth services, neither the provider nor practitioner is physically present at the site. Services provided via telehealth to the practitioner's home or another location will be considered to be provided at the site - 42 C.F.R. § 440.180(a)

+ Add another waiver request

4 Submit your request

Submit

To report technical issues please email webissues@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 to the Centers for Medicare & Medicaid Services (CMS) and for other questions, please contact Hospitalcare@cms.hhs.gov.

Thank You! Your request has been successfully submitted.

Your Request - CMS Waiver case number is Case#:

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

WARNING: Intentionally identifiable health information in the system is subject to the Health Information Privacy and Accountability Act of 1996 and the Privacy Act of 1974 (5 U.S.C. 552a) Section Quoted Text contains Protected Health Information (PHI) and is subject to the Privacy Act. Questions concerning PHI can be directed from the system and not processed. For detailed information regarding safeguarding protected healthcare information or data, please refer to CMS Security Policy https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Security/

DISCLAIMER: DO NOT BE REQUIRED TO PUBLIC UNLESS AUTHORIZED BY LAW: The information is for Internal Government use only and has not been officially released. It may contain material that is privileged, confidential, protected from disclosure under public law, do not shed. Personally identifiable information (PII) and/or Protected Health Information (PHI). 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	Section
Kentucky Flooding	1135
New Mexico Straight Line Winds and Wildfire	04/25/2022 - 10/02/2022
Coronavirus Disease (2019 (COVID-19)	03/13/2020 - 10/14/2022

State/US Territory/Federal District

Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces Africa
Armed Forces Europe
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
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 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 DC
West Virginia
Wisconsin
Wyoming

Medicaid Waiver/Flexibility Request Types

Medicaid Authorizations Suspend fee-for-service prior authorizations
Medicaid Authorizations Extend pre-existing authorizations
Long Term Services and Supports 5/10/1968
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(c)
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(i)
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(k)
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(c) waivers in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(c) waivers in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Home and Community Based Requirements 1915(c) waivers in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Conflict of Interest Requirements 1915(i)
Long Term Services and Supports 5/10/1968 Conflict of Interest Requirements 1915(k)
Long Term Services and Supports 5/10/1968 Conflict of Interest Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Conflict of Interest Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Person-Centered Plan Beneficiary and Provider Signatures 1915(c)
Long Term Services and Supports 5/10/1968 Person-Centered Plan Beneficiary and Provider Signatures 1915(i)
Long Term Services and Supports 5/10/1968 Person-Centered Plan Beneficiary and Provider Signatures 1915(k)
Long Term Services and Supports 5/10/1968 Person-Centered Plan Beneficiary and Provider Signatures HCBS services in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Conflict of Interest Person-Centered Plan Beneficiary and Provider Signatures HCBS services in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968 Conflict of Interest Person-Centered Plan Beneficiary and Provider Signatures HCBS services in approved 1115 Demonstration
Long Term Services and Supports 5/10/1968

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 Department 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). Expiration date: 10/31/2022. 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, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ******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 immediately upon receipt. Sensitive information includes, but is not limited to, personally identifiable information (PII), protected health information (PHI), or any other information that is confidential or sensitive in nature. If you have questions or concerns regarding where to submit your documents, please contact Kathleen Gardner at Kathleen.Gardner@cms.hhs.gov.**

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

Who are you? (*)

- In Organization / Provider
- In 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(b) of the Social Security Act. CMS can issue several blanket waivers to ease the burden on providers in the wake of a disaster. Providers waive powers given to them by CMS and perform differently the requirements.
When a blanket waiver is issued, providers don't have to apply for an individual waiver. If there is a blanket waiver, providers can call for a blanket waiver on their behalf.

Submit a waiver / flexibility request

1 Select a Public Health Emergency

Select the Public Health Emergency (PHE) for which you are submitting a request.

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

Hurricane Ida 09/01/2021

Kentucky Flooding 04/01/2022 - 10/02/2022

New Mexico Drought Low Winds and Wildfire 04/05/2022 - 10/02/2022

Coronavirus Disease 2019 (COVID-19) 03/13/2020 - 10/14/2022

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) (?)

Guam/US Territory/Federal District (required) (?)

Guam / Territory / Federal District

- 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 Language Pathology	
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	Palliative	
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 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 pursuant to the PHE declaration and not 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 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 designee for official CMS communication.

State Official first name (required) (?)

State Official last name (required) (?)

State Official suffix

Example, Jr/Sr/Ph.D/MD/RN/PE

State Agency address (required) (?)

Address 2

City (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, including the applicable waiver, flexibility or operational under section 1135 authority terminal in the exercised of the PHE.

Request #1

Waiver Request Type (required) (?)

Physician Direction - Allow clinic services to be delivered by other licensed professionals

Click here if you do not see your Waiver Request Type

Description of Waiver Request

Pursuant to section 1115 (b)(1)(B) of the Act, allows the provisions of clinic services without the direction of a physician or dentist. 42 C.F.R. 440.90

Additional Information (required) (?)

Please list the licensed professionals the state intends to operate in clinic care.

Add another waiver request

4 Submit your request

Submit

To report technical issues please email centersupport@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 on the 1135 PHE Emergency Web Portal. For all other questions, please contact Hospitalcare@cms.hhs.gov.

Thank You! Your request has been successfully submitted.

Your Medicaid / CHIP waiver case number is 12xxxx.

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

WARNING: Deliberately 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 Waiver System that contains Protected Health Information (PHI) is a violation of Hipaa law. Systems administrators will delete any PHI found in the system. Please do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII) when using this form. HIPAA Security Rule: http://www.cms.hhs.gov/hipaa/hipaa2/regulations/security/ 45 CFR 160, 162 and 164.

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CMS 1135 Waiver/Flexibility Request and Inquiry

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Drop down options

PHE

Kentucky Flooding 04/01/2022 - 10/02/2022

New Mexico Drought Low Winds and Wildfire 04/05/2022 - 10/02/2022

Coronavirus Disease 2019 (COVID-19) 03/13/2020 - 10/14/2022

States/US Territory/Federal District

Alabama
Alaska
American Samoa
Arizona
Arkansas
Armed Forces America
Armed Forces Europe
Armed Forces Pacific
California
Colorado
Connecticut
Delaware
District
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 Mariana Islands
Ohio
Oklahoma
Oregon
Palau
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Trust Pacific Islands
Utah
Vermont
Virginia
Washington
Washington DC
West Virginia
Wisconsin
Wyoming

Medicaid Waiver/Flexibility Request Types

Medicaid Authorizations Suspend fee-for-service prior authorizations
Medicaid Authorization Extend pre-existing authorizations
Long Term Services and Supports (LTSS)-PAWM
Long Term Services and Supports (LTSS)-HCBS Waiver Requirements 1915(c)
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)-Conflict of Interest Requirements 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(b) services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(b) 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(b)
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)-Person Centered Plan and Person Centered Service Plan Timelines Revaluation of Need
Long Term Services and Supports (LTSS)-Person Centered Plan and Person Centered Service Plan Timelines Reevaluation
Long Term Services and Supports (LTSS)-Person Centered Plan and Person Centered Service Plan Timelines Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Initial Development of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Reevaluation of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Review and Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary Signature Requirements
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary Signature Requirements 1915(c)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary Signature Requirements 1915(i)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary Signature Requirements 1915(b)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary Signature Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary and Provider Signature Requirements 1915(c)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary and Provider Signature Requirements 1915(i)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary and Provider Signature Requirements 1915(b)
Long Term Services and Supports (LTSS)-Person Centered Plan Beneficiary and Provider Signature Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Person Centered Plan and Person Centered Service Plan Timelines Revaluation of Need
Long Term Services and Supports (LTSS)-Person Centered Plan and Person Centered Service Plan Timelines Reevaluation
Long Term Services and Supports (LTSS)-Person Centered Plan and Person Centered Service Plan Timelines Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Initial Development of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Reevaluation of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Person Centered Plan Evaluations, Assessments and Person Centered Service Plans Review and Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary Signature Requirements
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary Signature Requirements 1915(c)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary Signature Requirements 1915(i)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary Signature Requirements 1915(b)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary Signature Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary and Provider Signature Requirements 1915(c)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary and Provider Signature Requirements 1915(i)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary and Provider Signature Requirements 1915(b)
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Beneficiary and Provider Signature Requirements HCBS services in approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Timelines Revaluation of Need
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Timelines Reevaluation
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Timelines Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Evaluations, Assessments and Person Centered Service Plans Initial Development of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Evaluations, Assessments and Person Centered Service Plans Reevaluation of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Evaluations, Assessments and Person Centered Service Plans Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home and Community Based Services Plan Evaluations, Assessments and Person Centered Service Plans Review and Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary and Provider Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary and Provider Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Beneficiary and Provider Signature Requirements
Long Term Services and Supports (LTSS)-Home Health Plan Timelines Revaluation of Need
Long Term Services and Supports (LTSS)-Home Health Plan Timelines Reevaluation
Long Term Services and Supports (LTSS)-Home Health Plan Timelines Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home Health Plan Evaluations, Assessments and Person Centered Service Plans Initial Development of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home Health Plan Evaluations, Assessments and Person Centered Service Plans Reevaluation of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home Health Plan Evaluations, Assessments and Person Centered Service Plans Revision of Person Centered Service Plan
Long Term Services and Supports (LTSS)-Home Health Plan Evaluations, Assessments and Person Centered Service Plans Review and Revision of Person Centered Service Plan
Provider Enrollment Waive criminal background checks
Provider Enrollment Waive fingerprinting
Provider Enrollment Waive use of state provider enrollment
Provider Enrollment Freeze revalidation deadlines
Provider Enrollment Waive site visits requirements
Home Health Agency Waive Patient Assessments Face Encounters
Waive Medicaid Individuals to Render Personal Care Services
Waive Medicaid Individuals to Provide Home Health Aide Services
Waive Facility Qualifying Medicaid Beneficiary Requirements
Private Duty Nursing Weekly supervision requirements
Waive Medicaid Beneficiary Requirements to access care via telehealth
Clinic Facility Requirement Waive provision of clinic services in alternative settings
Physician Direction Allow clinic services to be directed by other licensed professionals
Waive Medicaid Beneficiary Requirements to access 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 (?)

When there's a disaster or emergency, waivers and flexibilities help health care facilities continue to provide care. Waivers and flexibilities can be granted to hospitals, critical access hospitals, ambulatory surgery centers, skilled nursing facilities, federal clinics 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 SSA. "Flexibility" refers to a flexibility in the application of a SSA requirement, or in the application of a policy or guidance, which generally can be adopted without regulation or waiver. Flexibilities are generally available to all providers and suppliers in the area affected by the emergency or disaster, and are not limited to the effects imposed 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 get timely care to as many patients as safely possible. This means we're helping Skilled Nursing Facilities, 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 changes in normal operations.

Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

Provide Your Contact Information - Point of Contact

Enter 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 of applicable US Territory 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 reviewing the drop down options (all three tabs of drop down categories 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 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

The description is auto-populated based on waiver type selected above. If this does not meet your needs, please select "Other" waiver type and provide a description of your Waiver Request. Type of your Waiver Request.

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 to average 15 minutes 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 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 immediately upon receipt. Any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, or any questions or concerns regarding where to submit your documents, please contact Kathleen Gallagher at Kathleen.Gallagher@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 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

Section 1135 or 1915(b) of the Social Security Act: CMS can issue several blanket waivers or flexibilities to ease the burden on providers and beneficiaries in times of crisis.

Section 1115 Demonstrations: CMS can approve demonstrations to test new ideas for improving Medicaid and CHIP programs. 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 or 1115 demonstration.

Submit a waiver / flexibility request

1 Select a Public Health Emergency

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

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

Please select one

Please select one
Kentucky Flooding
New Mexico Straight Line Winds and Wildfire
Coronavirus Disease 2019 (COVID-19)

section/sec.	section/sec.
09/02/2022	10/02/2022
03/13/2020	10/14/2022

2 Provide Your Contact Information

This will help know who to contact for your requests progress

Points of Contact (*)

Who should CMS contact in response to this waiver request?

Email address (required) (?)

Confirm email address (required) (?)

Please select one

First name (required) (?)

Last name (required) (?)

Phone number

(XXXXXXXXXX)

Organization Information (?)

Who is the organization making this request?

Organization Name (required) (?)

Please select one

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 (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 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, knowing that they will not be sanctioned and 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/II/III/IV/V

State Agency address (required) (?)

Address 2

City (required) (?)

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

Please select one

State Agency email address (required) (?)

Confirm State Agency email address (required) (?)

3 Describe your 1135 Medicaid Waiver / Flexibility Request

Please describe your request, including the PHE, the facilities/beneficiaries operationalized under section 1135 authority, timeline of the execution of the PHE.

Request #1

Waiver Request Type (required) (?)

Please select one

Note: If you are using your 1135 waiver or making a request for a blanket waiver for a public health emergency, please submit your request at the CMS PHE Emergency Help Desk. For all other questions, please contact Medicaid@cms.hhs.gov.

Description of Waiver Request (required) (?)

Please describe the waiver request and the PHE, and provide the waiver or modification requested by the state or territory.

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 contact emdsupport@cms.hhs.gov and note "1135 Waiver/Flexibility" in the subject line.

If you are requesting a 1135 waiver or making a request for a blanket waiver for a public health emergency, please submit your request at the CMS PHE Emergency Help Desk. For all other questions, please contact Medicaid@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 instructions.

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 law. Systems administrators will delete any PHI found in the system. Please do not include any Protected Health Information (PHI) or Personally Identifiable Information (PII) when using this form. Thank You!

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

Kentucky Flooding	section/sec.	section/sec.
New Mexico Straight Line Winds and Wildfire	09/02/2022	10/02/2022
Coronavirus Disease 2019 (COVID-19)	03/13/2020	10/14/2022

States/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
Virgin Islands
Utah
Vermont
Virginia
Washington
Washington, D.C.
West Virginia
Wisconsin
Wyoming

Medicaid Waiver/Flexibility Request Types

Medicaid Authorizations Extend pre-existing authorizations
Medicaid Authorizations Extend pre-existing authorizations
Long Term Services and Supports (LTSS)-HCBS Waiver Requirements 1915(c)
Long Term Services and Supports (LTSS)-HCBS Waiver Requirements 1915(c)
Long Term Services and Supports (LTSS)-HCBS Waiver Requirements 1915(c)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(a) or approved 1115 Demonstration
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(a)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(a)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(a)
Long Term Services and Supports (LTSS)-Conflict of Interest Requirements 1915(a) or 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(c)
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(c)
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures HCBS services in 1115 Demonstration
Long Term Services and Supports (LTSS)-1915(a) Conflict of Interest Requirements and Person-Centered Service Plan Timelines Initial Evaluation of Need
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines Reevaluation
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines Annual and Revision of Person-Centered Service Plan
Long Term Services and Supports (LTSS)-1915(a) Evaluations, Assessments and Person-Centered Service Plans Initial Independent Assessment of Need
Long Term Services and Supports (LTSS)-1915(a) Evaluations, Assessments and Person-Centered Service Plans Reassessment of Need
Long Term Services and Supports (LTSS)-1915(a) Evaluations, Assessments and Person-Centered Service Plans Review and Revision of Person-Centered Service Plan
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info of Representatives
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info of Representatives
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info of Representatives
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info of Representatives
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info of Representatives
Long Term Services and Supports (LTSS)-1915(g) State Plan Benefit Info Assessments

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?

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

What would you like to do?

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

Under **Section 1135 or 1812(f) of the Social Security Act**, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.
When a blanket waiver is issued, providers don't have to apply for an individual waiver. If there's no blanket waiver, providers can ask for an individual Section 1135 waiver.

Submit a waiver / flexibility request

1 Select a Public Health Emergency

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

Public Health Emergency (PHE) (required) *

Coronavirus Disease 2019 (COVID-19) 03/13/2020 - 10/14/2022

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) 03/13/2020 - 10/14/2022

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
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).