

## CMS 1135 Waiver / Flexibility Request and Inquiry Form

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1384 (Expires 05/31/2024)**. This is a **voluntary** information collection. The time required to complete this information collection is estimated to average **1 hour** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Adriane Saunders at [Adriane.Saunders@cms.hhs.gov](mailto:Adriane.Saunders@cms.hhs.gov).**

### 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 request ?
- I want to submit an inquiry request ?

## 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	7/26/2022 - 10/24/2022
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**

#### 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 ?

Who is the organization making this request?

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

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

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

#### Organization Identification Numbers ?

What are the identification numbers for your organization?

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

For the categories selected above, use:

**NAME-OF-IDENTIFICATION-NUMBER**

### 3 Describe your 1135 Waiver / Flexibility Request ?

Select the type of request you are making. Depending on your request type, we may ask you for additional information.

#### Request #1

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

Click here if you do not see your Waiver Request Type

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

Please select a County (required) \* ?

**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 [qnetsupport@cms.hhs.gov](mailto:qnetsupport@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 Web Portal](#). For all other questions, please contact [Emergencies@cms.hhs.gov](mailto: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.

## Drop down options

### PHE

Kentucky Flooding 07/26/2022 - 10/24/2022

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  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Marshall Islands  
Maryland  
Massachusetts  
Michigan  
Micronesia  
Minnesota  
Mississippi  
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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(f). A "flexibility" is an agency policy or procedure that can be adjusted under current authority – and generally speaking, can be adjusted without reprogramming CMS's systems. CMS will implement these waivers and flexibilities as necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster.

#### I want to submit an inquiry request option

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

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

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

#### Select a Public Health Emergency

Select the applicable Public Health Emergency from the dropdown list.

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

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

#### Organization Information

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

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

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

#### Provide Your Contact Information - Organization Categories

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

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

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

#### Describe Your 1135 Waiver / Flexibility Request

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

#### Describe Your 1135 Waiver / Flexibility Request - Waiver / 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).

#### Please select a State/US Territory/Federal District

[add new content here]

#### Please select a county

[add new content here]