

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? ?

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 ?

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	
2023 Destructive Storms and Tornadoes_Mar.	XX/XX/XXXX - XX/XX/XXXX
Coronavirus Disease 2019 (COVID-19)	03/13/2020 - 05/11/2023

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	<input type="checkbox"/> Medicare Advantage / Part D Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Association	<input type="checkbox"/> State Government	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Qualified Health Plan	
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Medicaid or CHIP 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

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

Thank You! Your request has been successfully submitted.

Your case number is <Case#>

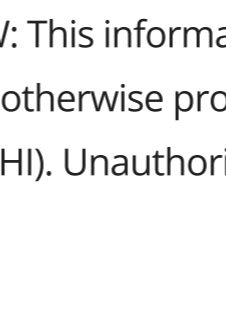
You will also receive an email confirmation summarizing your request and providing you with additional guidance.

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

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

WARNING: Individually identifiable health information in this system is subject to the Health Information Portability and Accountability Act of 1996 and the Privacy Act of 1974. Submission to the 1135 Waivers System that contains Protected Health Information (PHI) is a violation of these Acts. **Questions containing PHI will be deleted from the system and not processed.** For detailed information regarding safeguarding protected healthcare information or data, please refer to the "HIPAA Security Rule" (<https://www.hhs.gov/hipaa/for-professionals/index.html>).

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



Drop down options

PHE
2023 Destructive Storms and Tornadoes_Mar. XX/XX/XXXX - XX/XX/XXXX
Coronavirus Disease 2019 (COVID-19) 03/13/2020 - 05/11/2023

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(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).