

## **CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form**

CMS 1135 General Waiver Request

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal 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).**

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

**What would you like to do?** ?

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

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 do not have to apply for an individual waiver. If there is 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 Hurricane Idalia	08/27/2023 - 11/28/2023
2023 Hawaii Wildfires	08/08/2023 - 02/03/2024

## 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  California  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"/> Department of Health and Human Services	<input type="checkbox"/> State Medicaid or CHIP Agency
<input type="checkbox"/> Association	<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Government	

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulatory Surgical Center (ASC)	<input type="checkbox"/> Nursing Homes (SNF/PNF)	
<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?

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

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

#### IDENTIFICATION NUMBER ?

Separate multiple identification numbers with a comma.

### 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 type

## Regulation Related to this Request

## Request Description (required) \*

*Detail a brief summary of why the waiver is needed (For example: CAH is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, tornado, fires, or flu outbreak). CAH needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific)) and the type of relief you are seeking.*

 [Add another waiver request](#)

### 4 Submit your request

Submit

**Thank You! Your request has been successfully submitted.**

Your case number is <Case#>

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

To report technical issues please email [qnetsupport@cms.hhs.gov](mailto: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](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

2023 Hurricane Idalia 08/27/2023 - 11/28/2023  
2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

## State/US Territory/Federal District

Alabama	Maine	Oklahoma
Alaska	Marshall Islands	Oregon
American Samoa	Maryland	Palau
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Rhode Island
California	Micronesia	South Carolina
Colorado	Minnesota	South Dakota
Connecticut	Mississippi	Tennessee
Delaware	Missouri	Texas
Florida	Montana	Utah
Georgia	Nebraska	Vermont
Guam	Nevada	Virginia
Hawaii	New Hampshire	Washington
Idaho	New Jersey	Washington D.C.
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Northern Mariana Islands	
Louisiana	Ohio	

## Waiver/Flexibility Request Type

Accreditation Organizations: Survey, Certification, Quality and Enforcement	EMTALA: Survey, Certification, Quality and Enforcement	Certification, Quality and Enforcement
Ambulatory Surgery Center (ASC): Survey, Certification, Quality and Enforcement	End Stage Renal Disease (ESRD): Payment	OASIS: Payment
Ambulatory Surgical Center (ASC): Payment	End Stage Renal Disease (ESRD): Survey, Certification, Quality and Enforcement	OASIS: Survey, Certification, Quality and Enforcement
Care for Excluded Inpatient Psychiatric Unit Patients in the Acute Care Unit of a Hospital	Ensuring Correct Processing of Home Health Disaster Related Claims	Organ Procurement Organizations: Survey, Certification, Quality and Enforcement
Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital	Extension for Medicare Geographic Classification Review Board (MGCRB) Applications	Outpatient Physical Therapy/Outpatient Speech Pathology: Payment
Certified Nursing Assistants: Survey, Certification, Quality and Enforcement	Federally Qualified Health Center (FQHC): Payment	Outpatient Physical Therapy/Outpatient Speech Pathology: Survey, Certification, Quality and Enforcement
Clinical Laboratory Improvement Amendments (CLIA): Survey, Certification, Quality and Enforcement	Federally Qualified Health Center (FQHC): Survey, Certification, Quality and Enforcement	Portable X-Ray: Payment
Community Health Center (CHC): Payment	Home Health Agency (HHA): Timeframe for OASIS transmission	Portable X-Ray: Survey, Certification, Quality and Enforcement
Community Mental Health Center (CMHC): Survey, Certification, Quality and Enforcement	Home Health Agency (HHA): Payment	Preadmission Screen and Resident Review (PASARR): Survey, Certification, Quality and Enforcement
Comprehensive Outpatient Rehabilitation Facilities (CORF): Payment	Home Health Agency (HHA): Survey, Certification, Quality and Enforcement	Psychiatric Residential Treatment Facility (PRTF): Survey, Certification, Quality and Enforcement
Comprehensive Outpatient Rehabilitation facilities (CORF): Survey, Certification, Quality and Enforcement	Home Infusion Therapy: Survey, Certification, Quality and Enforcement	Quality
Conditions of Participation (COP)	Hospice: Payment	Religious Nonmedical Health Care Institution Coverage (RNHCI): Payment
Critical Access Hospital (CAH): Survey, Certification, Quality and Enforcement	Hospice: Survey, Certification, Quality and Enforcement	Religious Nonmedical Health Care Institution Coverage (RNHCI): 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 <a href="#">hours</a>	Hospital Inpatient: Payment	Replacement Prescription Fills: Permit Medicare payment for replacement prescription fills (for a quantity up to the amount originally dispensed)
Critical Access Hospital (CAH): Payment	Hospital Outpatient: Payment	Rural Health Clinic: Payment
Diabetes Self-Management: Survey, Certification, Quality and Enforcement	Hospital: Survey, Certification, Quality and Enforcement	Rural Health Clinic: 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 <a href="#">order</a> and new medical necessity doc	Housing Acute Care Patients in Excluded Distinct Part Units	Safety
Emergency Preparedness	Inpatient Rehab Facility (IRF): Survey, Certification, Quality and Enforcement	Skilled Nursing Facility (SNF): 3-day Prior Hospitalization
EMTALA: Payment	Inpatient Rehab Facility (IRF): Payment	Skilled Nursing Facility (SNF): For beneficiaries who exhausted their SNF benefits, renewed SNF coverage without first having to start a new <a href="#">benefit period</a>
	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID): Survey, Certification, Quality and Enforcement	Skilled Nursing Facility (SNF): Timeframe for MDS assessments and transmission
	Intermediate Care Facility (ICF): Payment	Transplant: Payment
	Lab: Payment	Transplant: Survey, Certification, Quality and Enforcement
	Life Safety Code (LSC)	
	Minimum Data Set (MDS): Payment	
	Minimum Data Set (MDS): Survey, Certification, Quality and Enforcement	
	Nursing Homes (SNF/NF): Survey,	

## Help tooltips

### 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(t). 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.

#### **Organization 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).

#### **Organization Information - Identification Number**

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

#### **Describe Your 1135 Waiver / Flexibility Request**

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

#### **Describe Your 1135 Waiver / Flexibility Request - Waiver Request Type dropdown**

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

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

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

#### **Describe Your 1135 Waiver / Flexibility Request - Description**

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

## **CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form**

CMS 1135 Inquiry Request



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What would you like to do? [?](#)

- I want to submit a waiver / flexibility request [?](#)
- I want to submit an inquiry request [?](#)
- I want to provide a status on my healthcare facility, patients and or residents [?](#)

### Submit an inquiry

#### 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 Hurricane Idalia	08/27/2023 - 11/28/2023
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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 waiver request?

Email address (required) \*

Confirm email address (required) \*

First name (required) \*

Last name (required) \*

Zip code (required) \* [?](#)

Phone number

### Organization Information ?

Who is the organization making this request?

Organization name (required) \*

### Organization Categories ?

Who is the organization making this request?

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Advocacy Group	<input type="checkbox"/> Department of Health and Human Services	<input type="checkbox"/> State Medicaid or CHIP Agency
<input type="checkbox"/> Association	<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Government	

General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulatory Surgical Center (ASC)	<input type="checkbox"/> Nursing Homes (SNF/NP)	
<input type="checkbox"/> Community Mental Health Center (CMHC)	<input type="checkbox"/> Organ Procurement Organization (DPO)	
<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?

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

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


#### IDENTIFICATION NUMBER ?

Separate multiple identification numbers with a comma.

## 3 Inquiry

### Request #1

Topic (required) \* ?

Type (required) \* 

Please select a topic 

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#>

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## Drop down options

### PHE

2023 Hurricane Idalia 08/27/2023 - 11/28/2023  
2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

### Topic

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

### Type

683 Tribal Clinics  
Access to Care  
Academia  
Advocate  
Ambulatory Care Center  
Ambulance  
Association/Society for Provider/Facility  
Appeals  
Appendix K  
Attorney for Provider/Facility  
Billing Agency  
Consultant for Provider/Facility  
Critical Access Hospital  
Denials  
Dialysis Facility  
Eligibility  
Facility  
Fair Hearings  
Federally Qualified Health Center (FQHC)  
General Public  
Home Health  
Hospice  
Hospital  
Long Term Care Services and Supports  
Managed Care  
Medical Supplier/DME  
Nurse/Nurse Practitioner  
Payment Methodology/Rates  
Pharmacists/Pharmacy  
Physical/Occupational Therapy  
Physician  
Physician Assistant  
Provider Enrollment  
Provider - Mental Health  
Provider - Other  
Respite  
Rural Health Clinic  
Skilled Nursing Facility  
State Agency  
Telehealth

## Help tooltips

### 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 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.

#### Provide Your Contact Information - Zip Code

Please enter your five digit zip code.

#### 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 - 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).

#### Organization Information - Identification Number

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

### Topic

Choose your topic from the dropdown list below.

### Type

Choose your inquiry type from the dropdown list below.

**CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form**

CMS 1135 Medicaid/CHIP Waiver Request  
Standard Waiver

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

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- I want to submit an inquiry request 
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When a blanket waiver is issued, providers do not have to apply for an individual waiver. If there is 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 Hurricane Idalia	08/27/2023 - 11/28/2023
2023 Hawaii Wildfires	08/08/2023 - 02/03/2024

## 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"/> Department of Health and Human Services	<input checked="" type="checkbox"/> State Medicaid or CHIP Agency
<input type="checkbox"/> Association	<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Government	

General	Emergency Provider / Supplier Types	Other
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General	Emergency Provider / Supplier Types	Other
<input type="checkbox"/> Ambulance <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Lab	<input type="checkbox"/> Palliative <input type="checkbox"/> Physician <input type="checkbox"/> Other	<input type="text" value="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 enrollees in an area affected by a federally-declared PHE. Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster 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 option to request a Medicaid / CHIP waiver. For all other waivers, use the 'general waiver' option.

### Organization Identification Numbers

What are the identification numbers for your organization?

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

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

IDENTIFICATION NUMBER 

*Separate multiple identification numbers with a comma.*




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

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

#### Request #1

Waiver Request Type (required) \* 

Click here if you do not see your waiver type

Description of waiver Request (required) \* 

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

### 4 Submit your request

Submit

**Thank You! Your request has been successfully submitted.**

Your Medicaid / CHIP waiver case number is <Case#>

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

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 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](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

2023 Hurricane Idalia 08/27/2023 - 11/28/2023

2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

## 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  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Northern Mariana Islands  
Ohio

Oklahoma  
Oregon  
Palau  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
Washington D.C.  
West Virginia  
Wisconsin  
Wyoming

### Waiver/Flexibility Request Type

Medicaid Authorizations-Suspend fee-for-service prior [authorizations](#)  
Medicaid Authorizations-Extend pre-existing [authorizations](#)  
Long Term Services and Supports (LTSS)-PASRR  
Long Term Services and Supports (L [TSSJ](#))-HCBS Settings Requirements-191 S(c)  
Long Term Services and Supports (LTSSJ)-HCBS Settings Requirements-191 S(i)  
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(k)  
Long Term Services and Supports ([LTSSJ](#))-HCBS Settings Requirements-HCBS services.in approved 11.15 Demonstration  
Long Term Services and Supports (L [TSSJ](#)-Conflict of Interest Requirements-191 S(c)  
Long Term Services and Supports (L [TSS](#))-Conflict of Interest Requirements-191 S(i)  
Long Term Services and Supports (L [TSSJ](#)-Conflict of Interest Requirements-191 S(k)  
Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services.in approved 1115 [Demonstration](#)  
Long Term Services and Supports (LTSSJ)-Person-Centered Plan Beneficiary

and Provider Signatures-191 S(c)  
Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191 S(i)  
Long Term Services and Supports ([LTSSJ](#))-Person-Centered Plan Beneficiary and Provider Signatures-191 S(k)  
Long Term Services and Supports (LTSSJ)-Person-Centered Plan Beneficiary and Provider Signatures-HCBS services in approved 1115 Demonstration  
Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Need  
Long Term Services and Supports (LT55)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Reevaluation  
Long Term Services and Supports (LTSSJ)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan  
Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 191 S(i) Eligibility  
Long Term Services and Supports (LT55)-1915(i)

Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility  
Long Term Services and Supports (LTSSJ)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need  
Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans Reassessments of Need  
Long Term Services and Supports (LTSS)-[1915 \(i\)](#) Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan  
Long Term Services and Supports (LTSSJ)-1915(i) State Plan Benefit-Use of Representatives  
Long Term Services and Supports (LTSS)-1915(i) State Plan Benefit-Initial Assessments  
Long Term Services and Supports (LT55)-1915(i) State Plan Benefit-Annual Reviews  
Long Term Services and Supports (LTSSJ)-1915(k) State Plan Benefit-Use of Representatives  
Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments

## Help tooltips

### 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(t). 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.

#### **Medicaid or CHIP State Contact Information**

This is contact information for official CMS communications.

#### **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 - Identification Number**

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

#### **Describe Your 1135 Medicaid 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 - Description of Waiver Request**

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

**CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form**

CMS 1135 Medicaid/CHIP Waiver Request  
Standard Waiver with Additional Information

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal 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).**

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

What would you like to do?

- I want to submit a waiver / flexibility request
- I want to submit an inquiry request
- I want to provide a status on my healthcare facility, patients and or residents

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 do not have to apply for an individual waiver. If there is 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 Hurricane Idalia	08/27/2023 - 11/28/2023
2023 Hawaii Wildfires	08/08/2023 - 02/03/2024

#### 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"/> Department of Health and Human Services	<input checked="" type="checkbox"/> State Medicaid or CHIP Agency
<input type="checkbox"/> Association	<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Government	

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"/>

### 1 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 enrollees in an area affected by a federally-declared PHE. Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster 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

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

## Organization Identification Numbers ?

What are the identification numbers for your organization?

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

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

IDENTIFICATION NUMBER ?

*Separate multiple identification numbers with a comma.*

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

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

#### Request #1

Waiver Request Type (required) \* ?

Click here if you do not see your waiver type

Description of waiver Request (required) \* ?

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

Additional Information (required) \* ?

[+ Add another waiver request](#)

## 4 Submit your request

Submit

**Thank You! Your request has been successfully submitted.**

Your Medicaid / CHIP waiver case number is <Case#>

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

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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](mailto:Emergencies@cms.hhs.gov).

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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

2023 Hurricane Idalia 08/27/2023 - 11/28/2023

2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

### State/US Territory/Federal District

Alabama	Maine	Oklahoma
Alaska	Marshall Islands	Oregon
American Samoa	Maryland	Palau
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Rhode Island
California	Micronesia	South Carolina
Colorado	Minnesota	South Dakota
Connecticut	Mississippi	Tennessee
Delaware	Missouri	Texas
Florida	Montana	Utah
Georgia	Nebraska	Vermont
Guam	Nevada	Virginia
Hawaii	New Hampshire	Washington
Idaho	New Jersey	Washington D.C.
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Northern Mariana Islands	
Louisiana	Ohio	

### Waiver/Flexibility Request Type

Medicaid Authorizations-Suspend fee-for-service prior <a href="#">authorizations</a>	and Provider Signatures-191 S(c)	Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility
Medicaid Authorizations-Extend pre-existing <a href="#">authorizations</a>	Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191 S(i)	Long Term Services and Supports (LTSSJ-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need
Long Term Services and Supports (LTSS)-PASRR	Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary and Provider Signatures-191 S(k)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans
Long Term Services and Supports (L TSSJ-HCBS Settings Requirements-191 S(c)	Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary and Provider Signatures-HCBS services in approved 1115 Demonstration	Reassessments of Need Long Term Services and Supports (LTSS), <a href="#">1915 (i)</a> Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(i)	Long Term Services and Supports (LT55)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Need	Long Term Services and Supports (LTSSJ-1915(i) State Plan Benefit-Use of Representatives
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(k)	Long Term Services and Supports (LTSSJ-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan	Long Term Services and Supports (LTSS)-1915(i) State Plan Benefit-Initial Assessments
Long Term Services and Supports (L TSSJ-Conflict of Interest Requirements-191 S(c)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 191 S(i) Eligibility	Long Term Services and Supports (LTSSJ-1915(k) State Plan Benefit-Use of Representatives
Long Term Services and Supports (L TSSJ-Conflict of Interest Requirements-191 S(i)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 191 S(i) Eligibility	Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments
Long Term Services and Supports (L TSSJ-Conflict of Interest Requirements-191 S(k)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 191 S(i) Eligibility	
Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 <a href="#">Demonstration</a>	Long Term Services and Supports (LTSSJ-Person-Centered Plan Beneficiary	

### Help tooltips

#### 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(t). 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.

### **Medicaid or CHIP State Contact Information**

This is contact information for official CMS communications.

### **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 - Identification Number**

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

### **Describe Your 1135 Medicaid 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 - Description of Waiver Request**

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

## **CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form**

CMS 1135 Medicaid/CHIP Waiver Request  
Other Waiver with Applicable Regulation

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal 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).**

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

What would you like to do?

I want to submit a waiver / flexibility request

I want to submit an inquiry request

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

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 do not have to apply for an individual waiver. If there is 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 Hurricane Idalia	08/27/2023 - 11/28/2023
2023 Hawaii Wildfires	08/08/2023 - 02/03/2024

#### 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"/> Department of Health and Human Services	<input checked="" type="checkbox"/> State Medicaid or CHIP Agency
<input type="checkbox"/> Association	<input type="checkbox"/> Medicare Advantage Plan	<input type="checkbox"/> State Survey Agency
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Part D Prescription Plan	<input type="checkbox"/> Tribal Nation
<input type="checkbox"/> Corporation	<input type="checkbox"/> State Government	

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"/>

## 1 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 enrollees in an area affected by a federally-declared PHE. Section 1135 authority enables providers to furnish needed items and services in good faith during times of a PHE or disaster 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

**1** 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 communications*

**State Agency name** (required) \*

**State Official first name** (required) \*

**State Official last name** (required) \*

**State Official suffix**

*Examples, including, JD, MD, PhD, RN*

**State Agency address** (required) \*

**Address 2**

**City** (required) \*

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

**Zip code** (required) \*

XXXXX

**State Agency email address** (required) \*

**Confirm State Agency email address** (required) \*

## 3 Describe your 1135 Medicaid Waiver / Flexibility Request

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

### Request #1

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

Click here if you do not see your waiver type

**Description of waiver Request** (required) \* ?

*Please provide a description of the additional 1135 Medicaid 1135 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**

**Thank You! Your request has been successfully submitted.**

Your Medicaid / CHIP waiver case number is <Case#>

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

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 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](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

2023 Hurricane Idalia 08/27/2023 - 11/28/2023  
2023 Hawaii Wildfires 08/08/2023 - 02/03/2024

### State/US Territory/Federal District

Alabama	Maine	Oklahoma
Alaska	Marshall Islands	Oregon
American Samoa	Maryland	Palau
Arizona	Massachusetts	Pennsylvania
Arkansas	Michigan	Rhode Island
California	Micronesia	South Carolina
Colorado	Minnesota	South Dakota
Connecticut	Mississippi	Tennessee
Delaware	Missouri	Texas
Florida	Montana	Utah
Georgia	Nebraska	Vermont
Guam	Nevada	Virginia
Hawaii	New Hampshire	Washington
Idaho	New Jersey	Washington D.C.
Illinois	New Mexico	West Virginia
Indiana	New York	Wisconsin
Iowa	North Carolina	Wyoming
Kansas	North Dakota	
Kentucky	Northern Mariana Islands	
Louisiana	Ohio	

### Waiver/Flexibility Request Type

Medicaid Authorizations-Suspend fee-for-service prior <a href="#">authorizations</a>	and Provider Signatures-191 S(c)	Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility
Medicaid Authorizations-Extend pre-existing <a href="#">authorizations</a>	Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191 S(i)	Long Term Services and Supports (LTSSJ-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need
Long Term Services and Supports (LTSS)-PASRR	Long Term Services and Supports (LTSSJ)-Person-Centered Plan Beneficiary and Provider Signatures-191 S(k)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans
Long Term Services and Supports (L <a href="#">ISSJ</a> )-HCBS Settings Requirements-191 S(c)	Long Term Services and Supports (LTSSJ)-Person-Centered Plan Beneficiary and Provider Signatures-HCBS services in approved 1115 Demonstration	Reassessments of Need Long Term Services and Supports (LTSS) <a href="#">1915 (i)</a> Evaluations, Assessments and Person-Centered Service Plans-Review and Revision of the Person-Centered Service Plan
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(i)	Long Term Services and Supports (LTSS)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Need	Long Term Services and Supports (LTSSJ-1915(i) State Plan Benefit-Use of Representatives
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(k)	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(i) State Plan Benefit-Initial Assessments
Long Term Services and Supports (L <a href="#">ISSJ</a> )-HCBS Settings Requirements-HCBS services in approved 11.15 Demonstration	Long Term Services and Supports (LTSSJ)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan	Long Term Services and Supports (LT55)-1915(i) State Plan Benefit-Annual Reviews
Long Term Services and Supports (L TSSJ)-Conflict of Interest Requirements-191 S(c)	Long Term Services and Supports (LTSSJ)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan	Long Term Services and Supports (LTSSJ-1915(k) State Plan Benefit-Use of Representatives
Long Term Services and Supports (L TSS)-Conflict of Interest Requirements-191 S(i)	Long Term Services and Supports (LTSSJ)-1915(c) Level of Care and Person-Centered Service Plan Timelines-Review and Revision of Person-Centered Service Plan	Long Term Services and Supports (LTSS)-1915(k) State Plan Benefit-Initial Assessments
Long Term Services and Supports (L <a href="#">ISSJ</a> )-Conflict of Interest Requirements-191 S(k)	Long Term Services and Supports (LTSS)-1915(i) Evaluations, Assessments and Person-Centered Service Plans-Initial Evaluation of 191 S(i) Eligibility	
Long Term Services and Supports (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 <a href="#">Demonstration</a>	Long Term Services and Supports (LTSSJ)-Person-Centered Plan Beneficiary	

## Help tooltips

### 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(t). 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.

### **Medicaid or CHIP State Contact Information**

This is contact information for official CMS communications.

### **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 - Identification Number**

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

### **Describe Your 1135 Medicaid 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 - Description of Waiver Request**

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

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

Health Care Facility Status

## CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal 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).**

Sometimes the normal operations of a healthcare provider are disrupted by emergencies or disasters. Please document the current status of your organization including impact to beneficiaries.

### What would you like to do? [?](#)

- I want to submit a waiver / flexibility request [?](#)
- I want to submit an inquiry request [?](#)
- I want to provide a status on my health care facility, patients and or residents [?](#)

### Provide a status update

#### 1 Emergency Information

##### Type of emergency

Select the applicable emergency event below.

Emergency event (required) \* [?](#)

Removed the PHE drop-down from Section 1

#### 2 Facility Information

##### Organization Information [?](#)

Please provide the required information for your organization below.

CMS Certification Number (CCN) [?](#)

Organization name (required) \*

Organization category (required) \* [?](#)

Click here if you do not see your organization category

ZIP code (required) \*

City (required) \*

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

Moved CMS CCN to be the first item in Section 2 so that the blue shaded fields are auto-populated if a valid CCN is provided

Added a check box just in case the health care facility doesn't see their organization category

Operational status (required) \*

**Evacuation status**

Fully Evacuated

**Do you have sufficient staffing?** (required) \*

Please let us know if your staffing numbers are sufficient to care for your patients.

No - we do not have sufficient staffing to care for our residents

Yes - we have sufficient staffing to care for our residents

Added the 'Do you have sufficient staffing?' section

**Patient/Resident Information**

Please provide the following information about your patients or residents in your facility.

**Number of beds or stations (if applicable)**

200

**Number of patients/residents with injuries**

**Number of patient/resident fatalities**

**Facility census information**

Please provide us with the details below regarding total number of patients or residents in your facility and their disposition when applicable.

**Census** (required) \*

200

Changed the 'Census' section to a REQUIRED field

**Number of patients/residents evacuated to Health Care Facilities (HCFs)**

100

Percentage of patients/residents evacuated to Health Care Facilities (HCFs):

50%

Drilled down further of where patients and residents are evacuated

**Number of patients/residents evacuated to Non-Health Care Facilities (HCFs)**

50

Percentage of patients/residents evacuated to Non-Health Care Facilities (HCFs):

25%

**Number of patients/residents evacuated with family members**

49

Percentage of patients/residents evacuated with families:

24%

**Number of patients/residents evacuated**

199

This field auto-calculates based on information entered in the above fields

99%

**Number of patients/residents repatriated**

1

Added this field to capture the number of patients/residents repatriated

1%

**Point of Contact** ?

Please provide reliable contact information to minimize delay or disruption of direct communication and updates on the facility's operational status.

**Email address** (required) \*

mjordan@organization.com

**Confirm email address** (required) \*

mjordan@organization.com

**First name** (required) \*

Mike

**Last name** (required) \*

Jordan

**Phone number**

### 3 Impact to Facility ?

Please complete the following fields to notify us of your current status to facilitate the provision of aid from Federal resources.

#### Structural damage?

Select for yes

##### Select the type of damage (required) \*

There is an area below where you can describe the damage.

- Minor damage
- Major damage
- Destroyed

#### Power loss?

Select for yes

##### Current source of power (required) \*

- Commercial
- Generator

##### Generator type (required) \* ?

Select the type of generator ▼

##### Remaining fuel (required) \* ?

Select the number of hours of remaining fuel ▼

- Mixed
- Unknown
- No Power

#### HVAC loss?

Select for yes

##### Is the HVAC on a generator backup? (required) \*

- No
- Yes

##### Select the HVAC loss type (required) \*

- Partial HVAC loss
- Full loss of HVAC

#### Other impacts to facility

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> No Access (Road closure) | <input type="checkbox"/> Sewer Outage | <input type="checkbox"/> Supply / Equipment concerns |
| <input type="checkbox"/> Telephone Outage         | <input type="checkbox"/> Water Outage | <input type="checkbox"/> Other                       |

#### Details of the Health Care Facility Status (including anticipated needs during emergency)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cyber security status  | <input type="checkbox"/> Equipment needs | <input type="checkbox"/> Fuel needs     |
| <input type="checkbox"/> Patient/Resident needs | <input type="checkbox"/> Repair status   | <input type="checkbox"/> Staffing needs |
| <input type="checkbox"/> Supply needs           | <input type="checkbox"/> Water needs     | <input type="checkbox"/> Other          |

Added  
'Supply/Equipment  
Concerns' to the  
'Other Impacts to  
Facility' section

Added the 'Details  
of the Health Care  
Facility Status'  
section to the form

---

**Submit**

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**CMS Healthcare Facility Status Form**



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

## Emergency event

Hurricanes  
Flooding  
Wildfires  
Mudslides  
Tornadoes  
Earthquakes

Volcanoes  
Cyber Security  
Pandemic Event (e.g., H1 N1,  
COVID-19, etc.)  
Fire  
Power Outage

Chemical Spill  
Nuclear or Biological Terrorist  
Attack  
Shootings  
Other

## Organization Category

Ambulatory Surgical Center (ASC)  
Community Mental Health Center (CMHC)  
Comprehensive Outpatient Rehabilitation Facility (CORF)  
Critical Access Hospital (CAH)  
Community Mental Health Center (CMHC)  
End Stage Renal Disease (ESRD)  
Home Health Agencies (HHA)  
Hospice  
Hospital  
Intermediate Care Facility for Individuals with Intellectual  
Disabilities (ICF/11D)

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  
Other

## 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  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Northern Mariana Islands  
Ohio

Oklahoma  
Oregon  
Palau  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
Washington D.C.  
West Virginia  
Wisconsin  
Wyoming

## Operational status

Fully Operational      Partially Operational      Closed      Unknown

## Evacuation status

Fully Evacuated      Shelter in Place (SIP)  
Partially Evacuated      Re-Patriation      Relocated  
Unknown

## Generator Type

Diesel      Propane      Combination  
Gasoline      Natural      Unknown

## Remaining Fuel

Less than 24 hours      48 to 72 hours      More than 96 hours  
24 to 48 hours      72 to 96 hours      Unknown

## Help tooltips

### 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**

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.

### **Emergency Event**

This option should be used if your facility has been impacted by an emergency event that has not been declared a PHE.

### **Facility Information - 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.

### **Facility Information - CMS Certification Number (CCN)**

Indicate the applicable identification number for the healthcare facility/provider affiliated with your organization impacted by the emergency event.

### **Facility Information - Organization Category**

This provides CMS additional information on the type of organization providing this healthcare facility status information.

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

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

### **Impact to Facility**

Physical, electrical, power, environmental, etc. impacts to facility.

### **Generator Type**

Identification of the fuel used to support the backup power supply via the generator.

### **Remaining Fuel**

Selection of what remaining hour ranges apply to the amount of fuel available for the generator.