CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

CMS 1135 General Waiver Request

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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**.

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

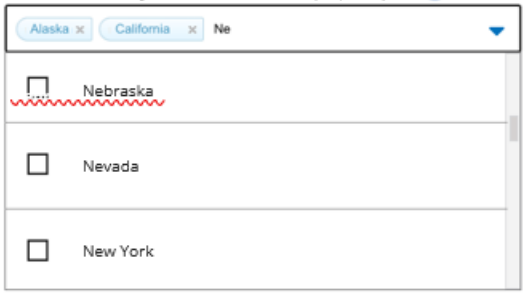
(XXX)XXX-XXXX

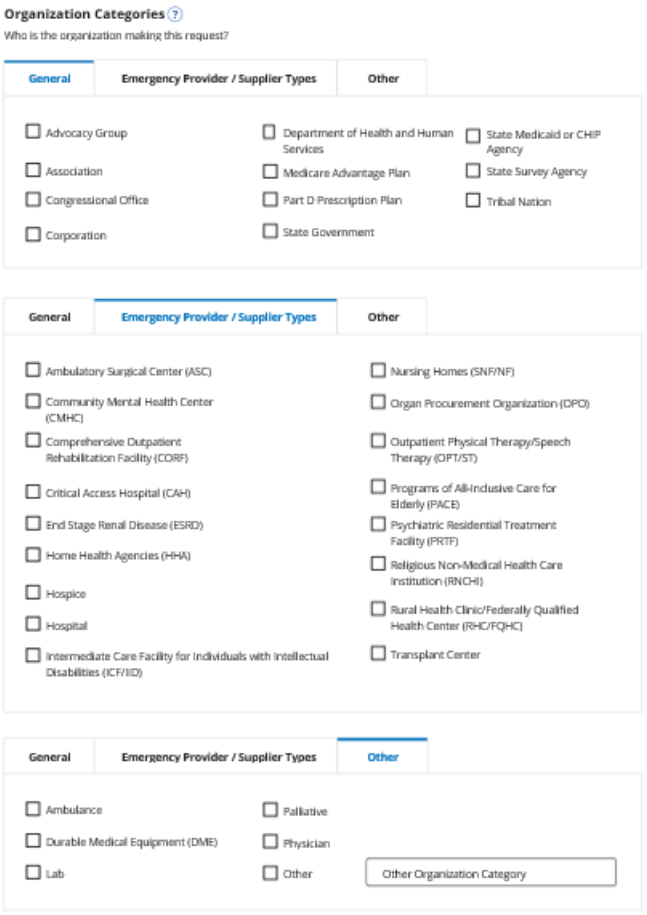
Organization Information

Who is the organization making this request?

Organization name (required) *

State/US Territory/Federal District (required) *



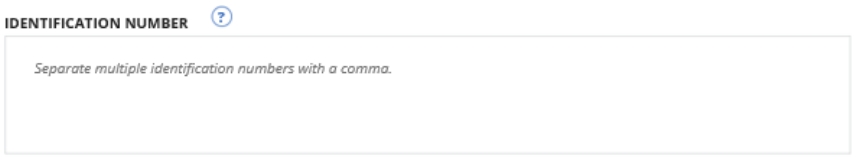


Organization Identification Numbers

What are the identification numbers for your organization?

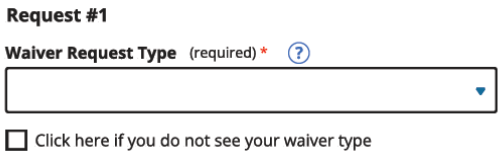
Please include all applicable identification numbers for the healthcare facilities/providers affiliated with your organization impacted by the PHE.

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



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.



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 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.

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

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
Care for Excluded Inpatient Rehabilitation Unit Patients in the Acute Care Unit of a Hospital
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): Survey, Certification, Quality and Enforcement
Comprehensive Outpatient Rehabilitation Facilities (CORF): Payment
Comprehensive Outpatient Rehabilitation facilities (CORF): Survey, Certification, Quality and Enforcement
Conditions of Participation (COP)
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
Extension for Medicare Geographic Classification Review Board (MGCRB) Applications
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
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 amount originally dispensed)
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

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

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CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

CMS 1135 Inquiry Request

CMS.gov

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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
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) *

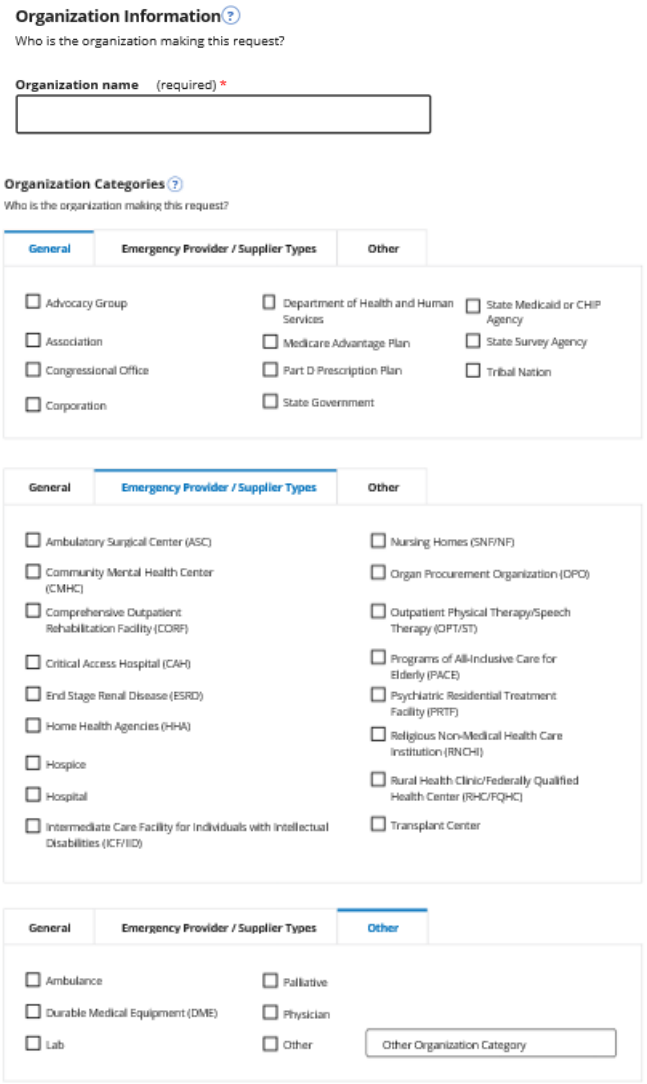
First name (required) *

Last name (required) *

Zip code (required) *

(XXX)XXX-XXXX

Phone number



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What are the identification numbers for your organization?

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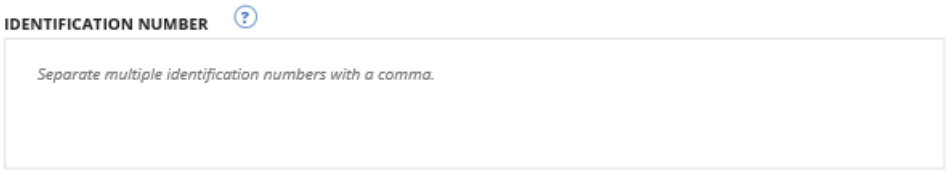
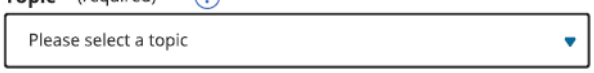


3 Inquiry

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 citaions if applicable).

Add another inquiry request

4 Submit your inquiry

Submit

Thank You! Your request has been successfully submitted.

Your case number is <Case#>

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

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Drop down options

PHE

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
Pharmacist/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
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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.gov

CMS 1135 Waiver / Flexibility Request and Inquiry Web Portal Form

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Submit a waiver / flexibility request

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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

(XXX)XXX-XXXX

Organization Information

Who is the organization making this request?

Organization name (required) *

State/US Territory/Federal District (required) *

Alaska × California × Ne

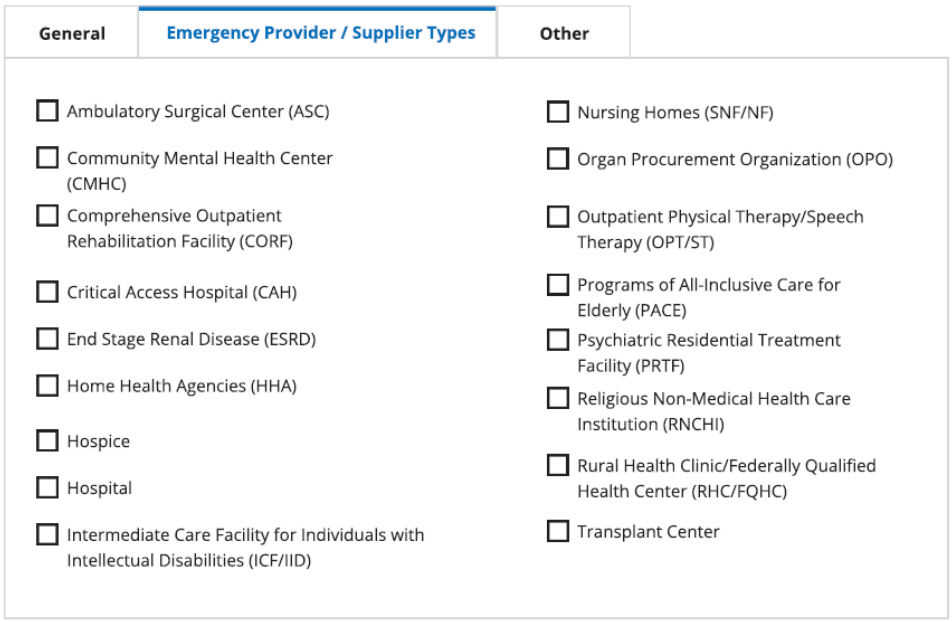
- Nebraska
- Nevada
- New York

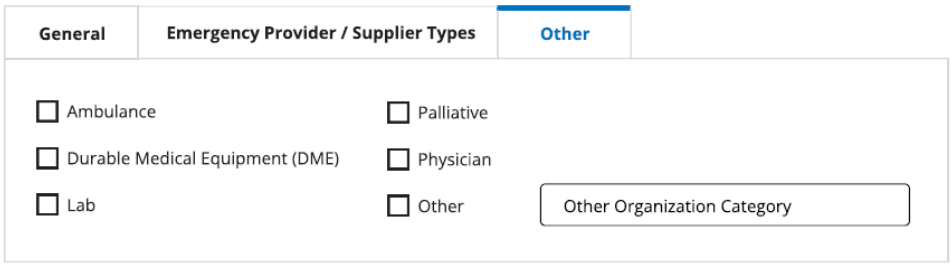
Organization Categories

Who is the organization making this request?

General | **Emergency Provider / Supplier Types** | **Other**

- [ ] Advocacy Group
- [ ] Association
- [ ] Congressional Office
- [ ] Corporation
- [ ] Department of Health and Human Services
- [ ] Medicare Advantage Plan
- [ ] Part D Prescription Plan
- [ ] State Government
- [x] State Medicaid or CHIP Agency
- [ ] State Survey Agency
- [ ] Tribal Nation





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
- [x] 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 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.

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
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.gov

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**.

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

(XXX)XXX-XXXX

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**

- Advocacy Group
- Association
- Congressional Office
- Corporation
- Department of Health and Human Services
- Medicare Advantage Plan
- Part D Prescription Plan
- State Government
- State Medicaid or CHIP Agency
- State Survey Agency
- Tribal Nation

General | **Emergency Provider / Supplier Types** | **Other**

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

General | **Emergency Provider / Supplier Types** | **Other**

- Ambulance
- Durable Medical Equipment (DME)
- Lab
- Palliative
- Physician
- Other

Other Organization Category

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
- [x] 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.

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.

> 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.

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 authorizations	and Provider Signatures-191 S(c)	Evaluations, Assessments and Person-Centered Service Plans-Reevaluation of 191 S(i) Eligibility
Medicaid Authorizations-Extend pre-existing authorizations	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 Reassessments of Need
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	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-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 (LT55)-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 (LTSSJ-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 (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 TSS)-Conflict of Interest Requirements-191 S(i)	Long Term Services and Supports (LT55)-1915(i)	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 (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration		
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.gov

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**.

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

(XXX)XXX-XXXX

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**

- [ ] Advocacy Group
- [ ] Association
- [ ] Congressional Office
- [ ] Corporation
- [ ] Department of Health and Human Services
- [ ] Medicare Advantage Plan
- [ ] Part D Prescription Plan
- [ ] State Government
- [x] State Medicaid or CHIP Agency
- [ ] State Survey Agency
- [ ] Tribal Nation

General | **Emergency Provider / Supplier Types** | **Other**

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

General | **Emergency Provider / Supplier Types** | **Other**

- [ ] Ambulance
- [ ] Durable Medical Equipment (DME)
- [ ] Lab
- [ ] Palliative
- [ ] Physician
- [ ] Other

Other Organization Category

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
- [x] I want to submit a Medicaid / CHIP waiver

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

Medicaid or CHIP State Contact Information

This is contact information for official CMS communications

State Official title (required) *

This is the Medicaid or CHIP designee for official CMS 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) *

- [x] 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 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.

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 authorizations	and Provider Signatures-191 S(c)	Evaluations, Assessments and Person-Centered Service Plans-Reevaluation
Medicaid Authorizations-Extend pre-existing authorizations	Long Term Services and Supports (LTSS)-Person-Centered Plan Beneficiary and Provider Signatures-191 S(i)	of 191 S(i) Eligibility
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 (LTSSJ-1915(i)
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	Evaluations, Assessments and Person-Centered Service Plans-Initial Independent Assessment of Need
Long Term Services and Supports (LTSSJ-HCBS Settings Requirements-191 S(i)	Long Term Services and Supports (LTSS)-1915(c)	Long Term Services and Supports (LTSS)-1915(i)
Long Term Services and Supports (LTSS)-HCBS Settings Requirements-191 S(k)	Level of Care and Person-Centered Service Plan Timelines-Initial Evaluation of Need	Evaluations, Assessments and Person-Centered Service Plans Reassessments of Need
Long Term Services and Supports (LTSSJ-HCBS Settings Requirements-HCBS services.in approved 11.15 Demonstration	Long Term Services and Supports (LT55)-1915(c)	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 (L TSSJ-Conflict of Interest Requirements-191 S(c)	Level of Care and Person-Centered Service Plan Timelines-Reevaluation	Long Term Services and Supports (LTSSJ-1915(i) 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)	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(k)	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 (LT55)-Conflict of Interest Requirements-HCBS services in approved 1115 Demonstration	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 (LTSSJ-Person-Centered Plan Beneficiary	Long Term Services and Supports (LT55)-1915(i)	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

Health Care Facility Status

CMS.gov

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.**

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) *
Flooding

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)
2779A1

Organization name (required) *
Organization, Inc.

Organization category (required) *
Nursing Homes (SNF/NF)

☐ Click here if you do not see your organization category

ZIP code (required) *
32789

City (required) *
Orlando

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

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) *
Partially Operational

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 REOUIRED field

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

100

Percentage of patients/residents **evacuated to Health Care Facilities (HCFs)**: **50%**

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 */caregiver*

49

Percentage of patients/residents evacuated **with families**: **24%**

Drilled down further of where patients and residents are evacuated

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?

- [x] 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?

- [x] 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

- ◯ Health Care Microgrid System (HCMS)
- ◯ Mixed
- ◯ Unknown
- ◯ No Power

Added 'Health Care Microgrid System (HCMS)' as an option to the "Power Loss" section

HVAC loss?

- [x] 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

- [ ] No Access (Road closure)
- [ ] Sewer Outage
- [ ] Supply / Equipment concerns
- [ ] Telephone Outage
- [ ] Water Outage
- [ ] Other

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

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

- [ ] Cyber security status
- [ ] Equipment needs
- [ ] Fuel needs
- [ ] Patient/Resident needs
- [ ] Repair status
- [ ] Staffing needs
- [ ] Supply needs
- [ ] Water needs
- [ ] Other

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

Submit

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.

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

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

Drop down options

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

Generator Type

Diesel
Gasoline
Propane
Natural
Combination
Unknown

Remaining Fuel

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

"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.

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.