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    <td style="border: none; padding: 0in"><h1>PUBLIC SUBMISSION</h1>
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    <td width="5%" style="border: none; padding: 0in"><p><b>As of:
      </b>1/15/26, 2:21 PM <br/>
      <b>Received: </b>December 05, 2025
      <br/>
      <b>Status: </b>Posted <br/>
      <b>Posted: </b>January 15, 2026
      <br/>
      <b>Category: </b>Federal Government - G0005 <br/>
      <b>Tracking
        No. </b>mit-hiy8-m4x9 <br/>
      <b>Comments Due: </b>February 03, 2026
      <br/>
      <b>Submission Type: </b>Web</p>
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<p><b>Docket: </b>CMS-2025-1624 <br/>
Religious Nonmedical Health
Care Institutions (RNHCIs) Conditions of Participation (CMS-10712)
</p>
<p><b>Comment On: </b>CMS-2025-1624-0001 <br/>
Religious Nonmedical
Health Care Institutions (RNHCIs) Conditions of Participation
(CMS-10712)
</p>
<p><b>Document: </b>CMS-2025-1624-0003 <br/>
Comment on
CMS_FRDOC_0001-4240
</p>
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<h2 class="western">Submitter Information</h2>
<p style="margin-bottom: 0in"><b>Name: </b>Anonymous Anonymous
</p>
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<h2 class="western">General Comment</h2>
<p>PROPIN CONFIDENTIAL <br/>
CMS- FRDOC_0001-4240 <br/>
OMB 0938-NEW
<br/>
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Form: CMS-10712

Agency Information Collection Activities;
Proposals, Submissions, and Approvals

Title: Religious

Nonmedical Health Care Institutions (RNHCIs) Condition of
Participation

I am requesting Approval for immediate
implementation for Conditions of Participation, under the Centers for
Medicare & Medicaid Services, the Office of Management and
Budget, the Director of the Office of Personnel Management, the
Administrator of General Services, Director, Office, Governor, Chief
Financial Officer, the Department of Commerce, the Department of
Justice, the Department of Education, the Department of the Treasury,
the Department of Interior, the Department of Justice, the Department
of Health and Human Services, the Secretary of State, the Department
of State, the Federal Bureau of Investigation, the Department of
Defense, the Department of Labor, approval by reference of
incorporation by the Director of the Federal Register, the Federal
Reserve Committee, Congress, the Commissioners of the District of
Columbia, the National Park Service, the Department of Veterans
Affairs, the Department of Energy, the Department of Environmental
Protection Administration, the Department of Transportation, and all
agencies and departments involved, on my behalf and request to allow
the choice to receive nonmedical care or treatment for religious
reasons. This Participation is required for personnel training, as a
Federally Recognized Tribe, with excepted medical and election orders
for the Administrator, to receive prompt resolutions, written
statements, to fulfill beneficial health care needs and medical care
for beneficiary entitlements and medical treatment, will allow for
strategic medical resources and authorization to share Discharge
Plans for possible assistance for plans for agency missions and
policies with information development.

I am requesting a Waiver
for the CMS form, and will provide notarized Election Statements for
this purpose. I am requesting assistance and support, for immediate
implementation of this Final Decision Declaration. Thank you

Acts
regarding the regulations for this matter:

The Administrative
Procedure Act

The Antitrust Civil Process Act

The Federal

Trade Commission Improvements Act of 1980

OPEN Government Data

Act

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</body>

</html>