CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CLINICAL STANDARDS & QUALITY

QUICK REFERENCE GUIDE

Submit an 1135 Waiver/Flexibility Request

With very limited exception, the new web system should be used for all 1135 waiver requests and/or PHE-related inquiries submitted on or after January 11, 2021. Waiver requests related to the Physician Self-Referral (Stark Law) should not be submitted via the new web portal. For these requests, please visit: https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Spotlight for additional information.

Please complete all fields on the form in the order they appear, as outlined in the 4 simple steps below. There are several optional fields. However, your form will be more easily processed if you complete them.

Keyboard-only users can use the Tab key to move from field to field, the arrow keys to navigate to the item they wish to select, and the space bar to make a selection.

A Submit button will appear at the bottom of the form once you have completed all the required fields. Required fields are marked with (required)* following the field name.

If you need additional information about a field, hover over the question mark icon ⓘ to the right of the field.

Using either of the two recommended browsers (Google Chrome or Mozilla Firefox), navigate to the web portal at:

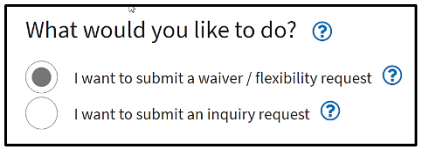
CMS PHE Emergency Web Portal

Microsoft Edge and Safari are also supported browsers.

The form is also available from the CMS.gov Current Emergencies portal:

https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Resources/Waivers-and-flexibilities

To Begin: **Select "I want to submit a waiver/flexibility request."**



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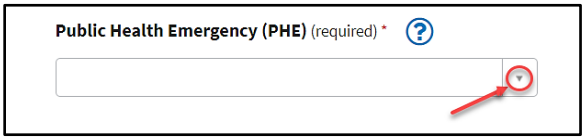
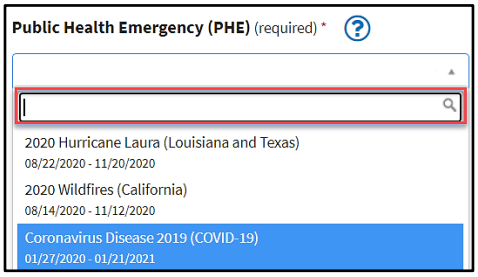
Step 1: Select the Public Health Emergency (PHE) for which you are making your request.

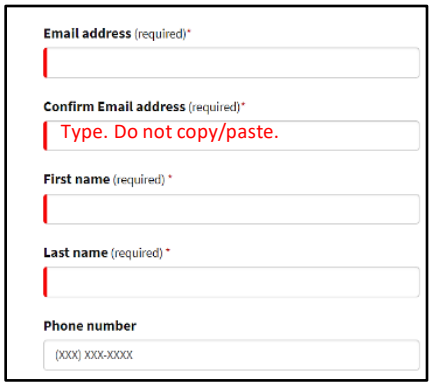
- Make a selection from the dropdown list by clicking on the down arrow. You can also begin typing the name of your emergency in the field search bar to find your Public Health Emergency.





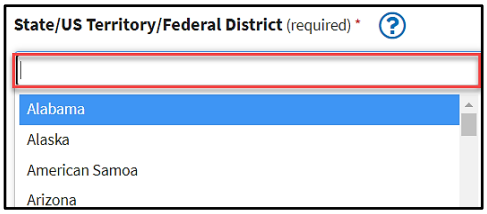
Step 2: Provide your contact information and your organization information.

- You must retype your email address in the Confirm Email address field. The copy/paste tool will not work.
- Your telephone number is an optional field, but all others are required. We encourage you to enter your phone number in the event there is a need to contact you directly.

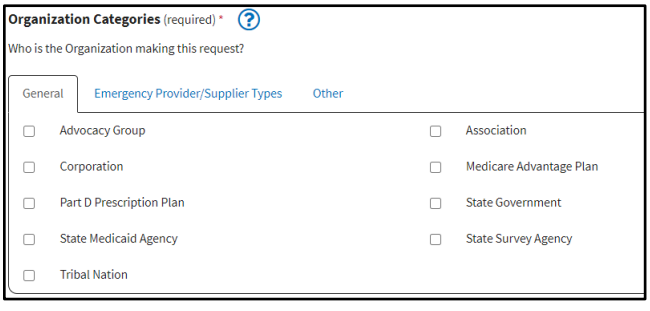


- Complete the Organization name field by typing the name of your organization in the field.

- Complete the State/US Territory/ Federal District field by selecting all locations covered by this request from the dropdown list or by typing the name or abbreviation for each location in the field search bar. Be sure to include them all!

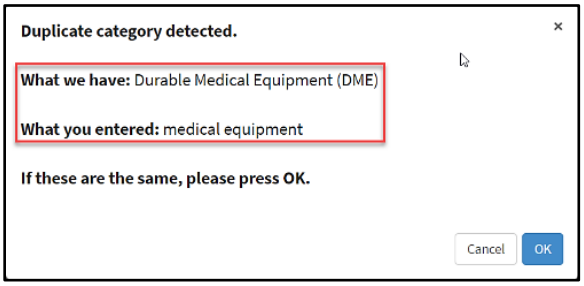


- Select the Organization Categories that best describe your organization. Select a checkbox or checkboxes to describe your organization from any of the three tabs: General, Emergency Provider/Supplier Types, or Other. At least one checkbox is required, but

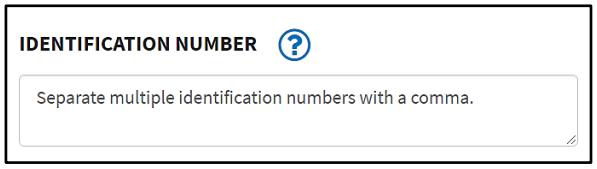


you may select multiple checkboxes.

- If you can't find an appropriate organization category, go to the Other tab and select the Other checkbox. Type an organization category in the text field that appears.
- If your entry in the Other text field matches an existing Organization Category, a pop-up message lets you know that a duplicate category exists.
  - If they are identical, select OK. The system will select the checkbox for the appropriate existing organization category.
  - If not, select Cancel and the system accepts the text field entry.

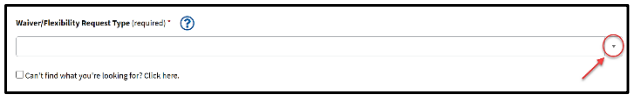


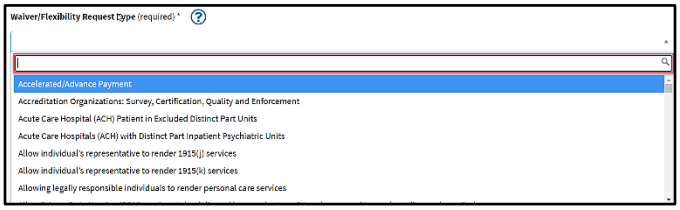
- Enter ALL applicable CMS identification numbers in the Identification Number field. If you are entering multiple identification numbers, separate them with commas. These numbers will be different depending on the categories you have selected for your organization, including: CCN/Provider, Medicare Contract Number, or NPI.



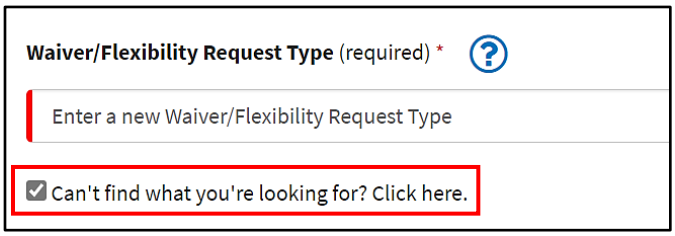
Step 3: Describe your waiver/flexibility request.

- For Waiver/Flexibility Request Type, select from the options in the dropdown box by clicking on the down arrow to see the choices, or you can type in the name of the waiver/flexibility in the search bar to find your waiver/flexibility request.

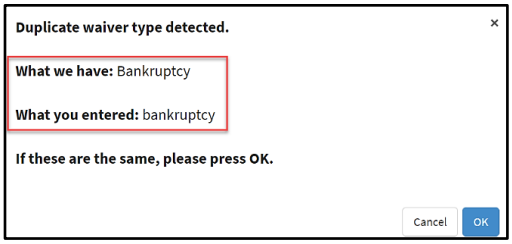




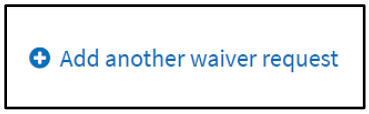
- If you can't find an appropriate waiver/flexibility type in the dropdown menu, click the checkbox for “Can’t find what you’re looking for? Click here.” The field will convert to a text box where you can type in the name of a new waiver/flexibility request type.



- If your entry matches an existing waiver/flexibility request type, a pop-up message lets you know that a duplicate waiver type exists.
  - If they are identical, select OK. The system will deselect the checkbox, remove the new waiver type you entered in the field, and select the existing waiver/flexibility type.
  - If not, select Cancel and the system accepts the new waiver/flexibility type that you entered.

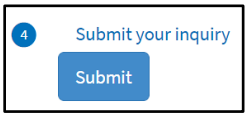


- For Regulation Related to this Request, enter details of any regulations related to this request. The regulation citation(s) will help us understand for which part of the regulation you are requesting a waiver. This question is optional. However, your form will be more easily processed if this field is completed.
- For Request Description, please provide a brief summary of why the waiver is needed and the type of relief you are seeking. 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)*.
- If you have additional waiver/flexibility requests, click “Add another waiver request” and the system will display the fields to enter an additional request. You may add as many additional requests as needed. For any additional request created in error, delete the request by clicking the red trash can icon.

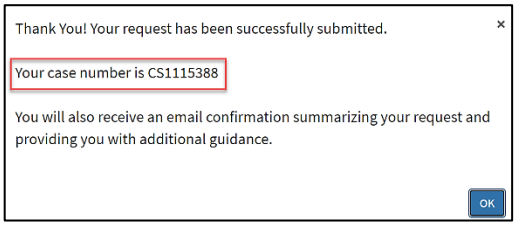


Step 4: Submit the form.

- The Submit button will display when all required fields are completed.



- When you click the Submit button, a confirmation message with your Case number will appear on the screen. You will also receive an email confirmation summarizing your request and providing you with additional guidance.



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1135 Waiver/Flexibility Request 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-XXXX (Expires XX/XX/XXXX)**. 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?

Hover over any question mark icon to see more information about the field.

- (●) I want to submit a waiver / flexibility request
- ( ) I want to submit an inquiry request

Select "I want to submit a waiver/flexibility request."

Under **Section 1135 or 1812(f) of the Social Security Act**, CMS can issue several blanket waivers when there's a disaster or emergency. Blanket waivers prevent gaps in the access to care for beneficiaries affected by the emergency.

When a blanket waiver is issued, providers 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 request

Public Health Emergency (PHE) (required) *

Coronavirus Disease 2019 (COVID-19) ×

Click on the down arrow to find your PHE selection or begin typing the name of your PHE in the field search bar.

2 Provide Your Contact Information

This will help us keep you updated on your request's progress

Point of Contact

Who should CMS contact in response to this waiver request?

Email address (required)*

email@email.com

Confirm Email address (required)*

email@email.com

Retype your email address confirmation. Do not copy/paste.

First name (required) *

First

Last name (required) *

Last

Phone number

(XXX) XXX-XXXX

Enter your phone number. (optional)

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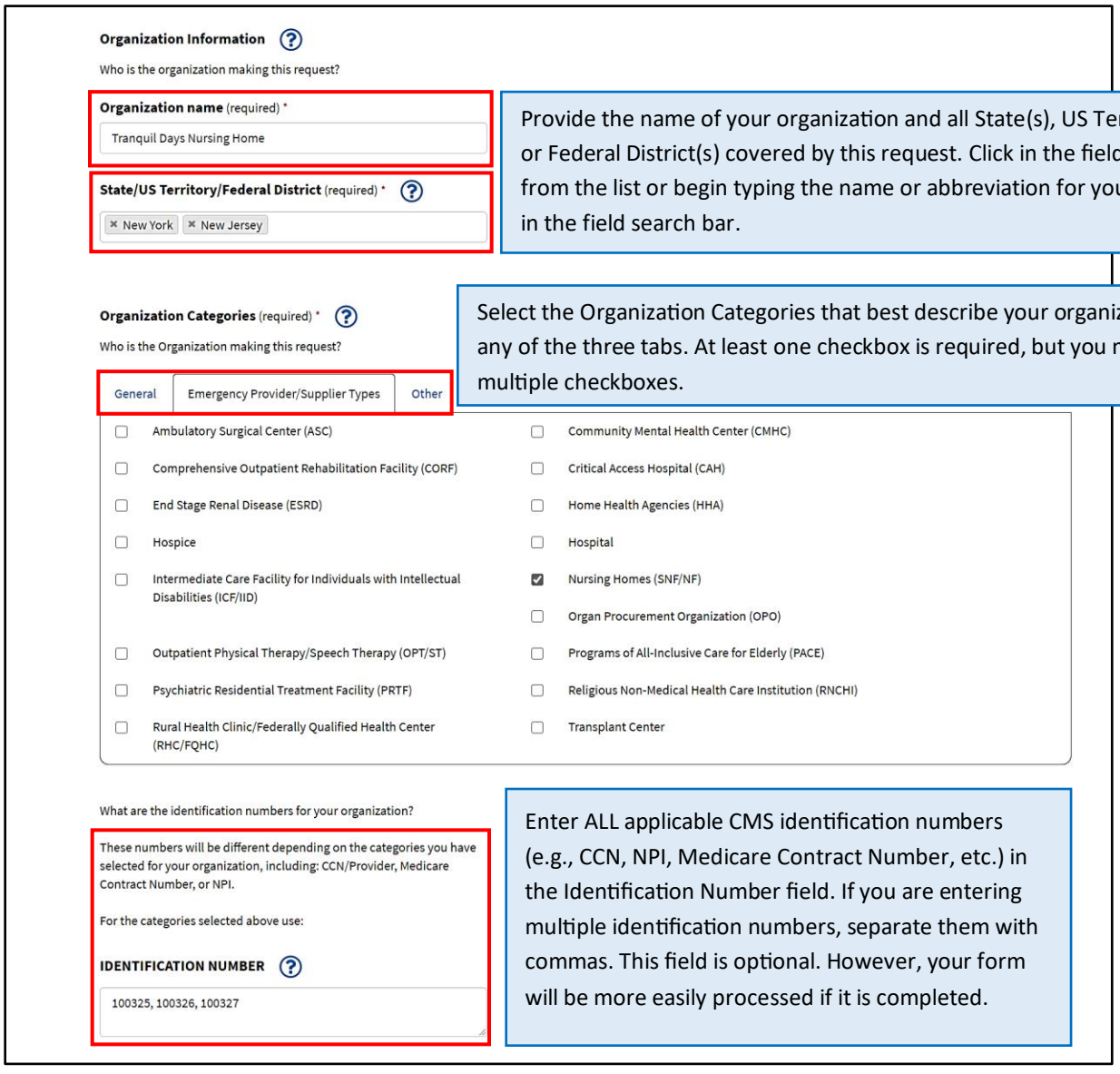
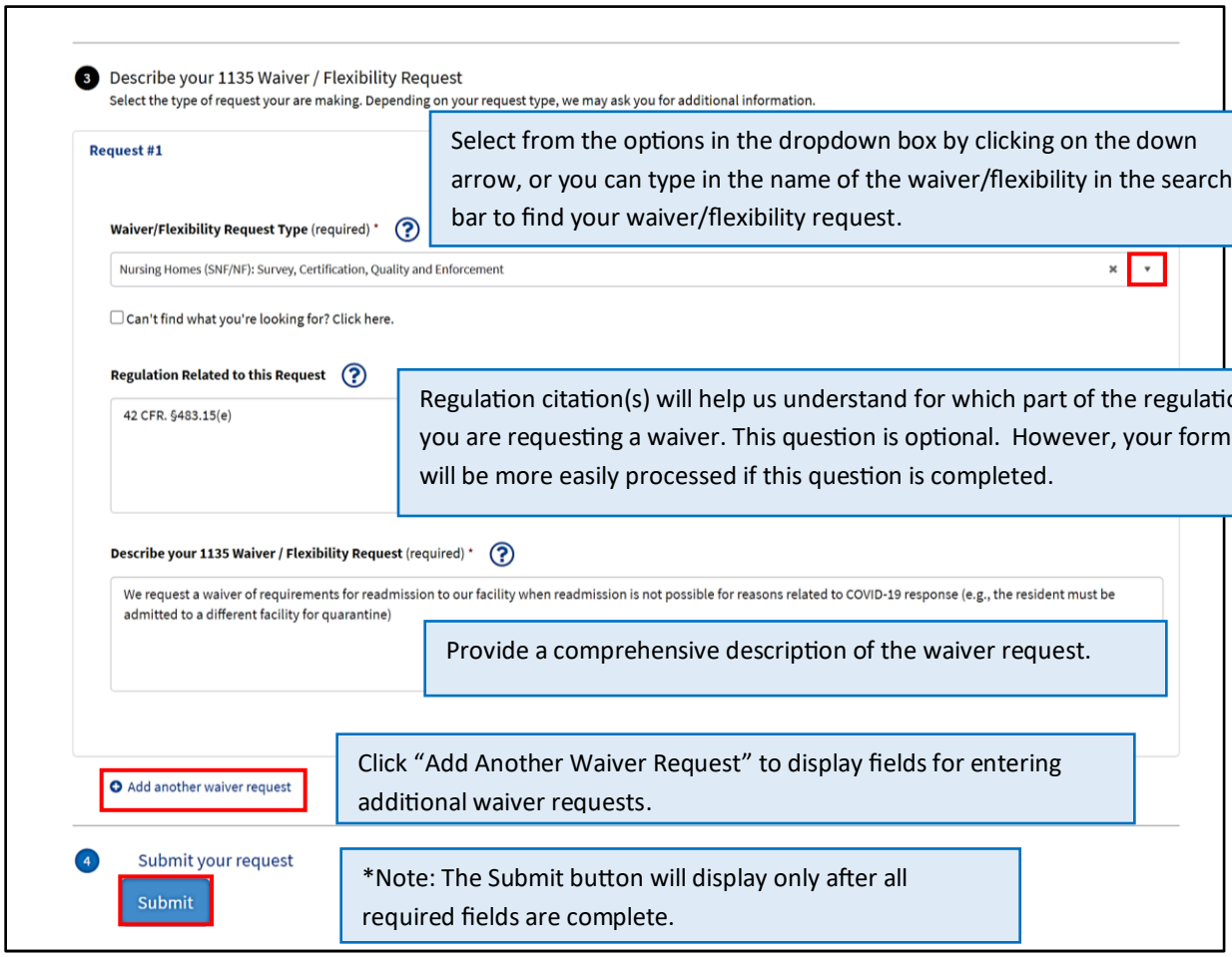


Provide the name of your organization and all State(s), US Territory(ies) or Federal District(s) covered by this request. Click in the field and select from the list or begin typing the name or abbreviation for your location(s) in the field search bar.

Select the Organization Categories that best describe your organization from any of the three tabs. At least one checkbox is required, but you may select multiple checkboxes.

Enter ALL applicable CMS identification numbers (e.g., CCN, NPI, Medicare Contract Number, etc.) in the Identification Number field. If you are entering multiple identification numbers, separate them with commas. This field is optional. However, your form will be more easily processed if it is completed.


3 Describe your 1135 Waiver / Flexibility Request
Select the type of request your are making. Depending on your request type, we may ask you for additional information.
Request #1
Waiver/Flexibility Request Type (required) *
Nursing Homes (SNF/NF): Survey, Certification, Quality and Enforcement
Can't find what you're looking for? Click here.
Regulation Related to this Request
42 CFR. §483.15(e)
Describe your 1135 Waiver / Flexibility Request (required) *
We request a waiver of requirements for readmission to our facility when readmission is not possible for reasons related to COVID-19 response (e.g., the resident must be admitted to a different facility for quarantine)
Add another waiver request
4 Submit your request
Submit
Select from the options in the dropdown box by clicking on the down arrow, or you can type in the name of the waiver/flexibility in the search bar to find your waiver/flexibility request.
Regulation citation(s) will help us understand for which part of the regulation you are requesting a waiver. This question is optional. However, your form will be more easily processed if this question is completed.
Provide a comprehensive description of the waiver request.
Click "Add Another Waiver Request" to display fields for entering additional waiver requests.
*Note: The Submit button will display only after all required fields are complete.

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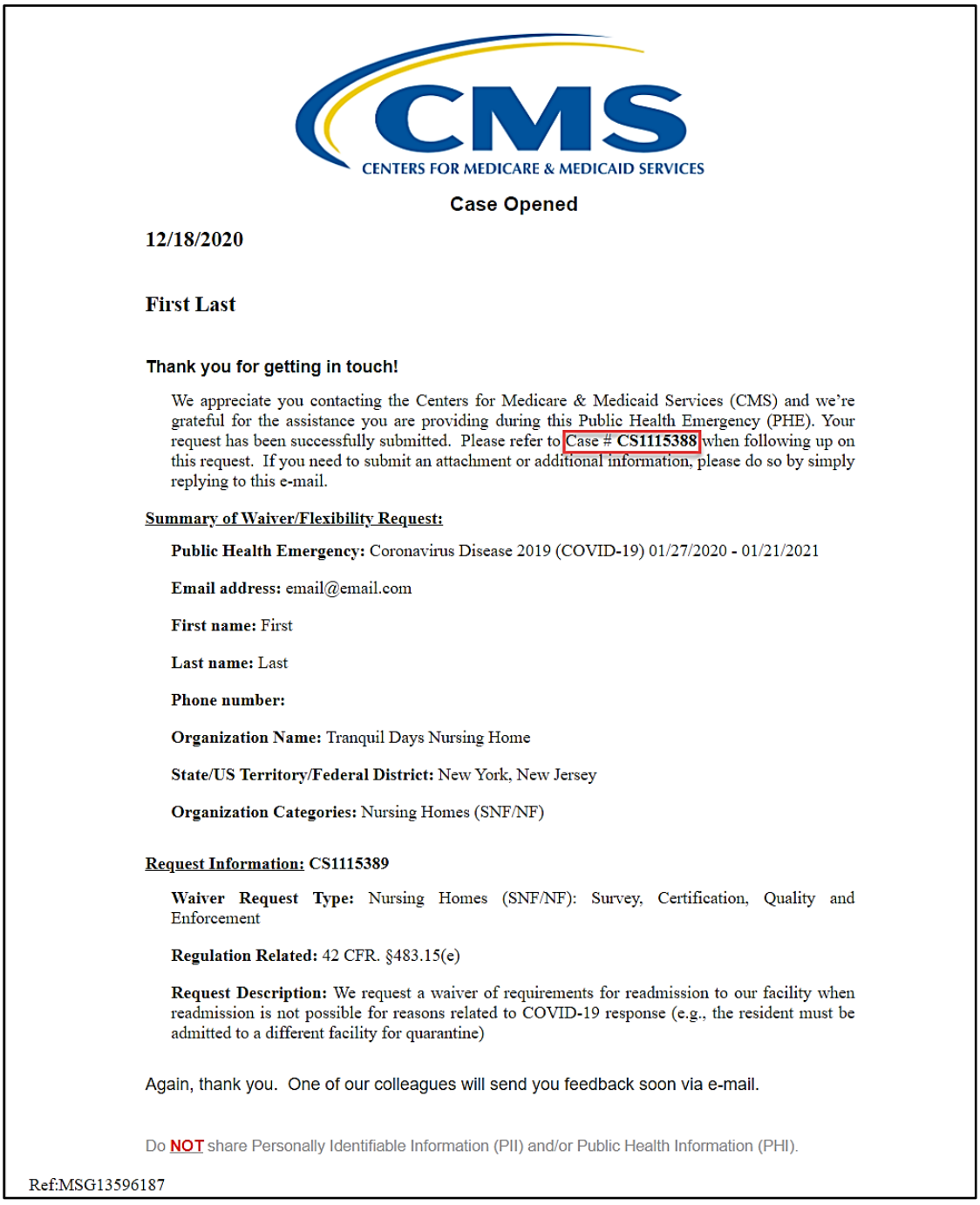
You will receive a system-generated email confirming that we have received your request. The email will include the case number that has been assigned to your request, which you can reference in any follow-up communications with CMS.



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Case Opened

12/18/2020

First Last

Thank you for getting in touch!

We appreciate you contacting the Centers for Medicare & Medicaid Services (CMS) and we're grateful for the assistance you are providing during this Public Health Emergency (PHE). Your request has been successfully submitted. Please refer to Case # **CS1115388** when following up on this request. If you need to submit an attachment or additional information, please do so by simply replying to this e-mail.

Summary of Waiver/Flexibility Request:

Public Health Emergency: Coronavirus Disease 2019 (COVID-19) 01/27/2020 - 01/21/2021

Email address: email@email.com

First name: First

Last name: Last

Phone number:

Organization Name: Tranquil Days Nursing Home

State/US Territory/Federal District: New York, New Jersey

Organization Categories: Nursing Homes (SNF/NF)

Request Information: **CS1115389**

Waiver Request Type: Nursing Homes (SNF/NF): Survey, Certification, Quality and Enforcement

Regulation Related: 42 CFR. §483.15(e)

Request Description: We request a waiver of requirements for readmission to our facility when readmission is not possible for reasons related to COVID-19 response (e.g., the resident must be admitted to a different facility for quarantine)

Again, thank you. One of our colleagues will send you feedback soon via e-mail.

Do **NOT** share Personally Identifiable Information (PII) and/or Public Health Information (PHI).

Ref:MSG13596187