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.

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:


To Begin: Select “I want to submit a waiver/flexibility request.”
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.
1135 Waiver/Flexibility Request Form

What would you like to do?
- 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 is 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
   - Coronavirus Disease 2019 (COVID-19)

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
   - First name (required)*
     First
   - Last name (required)*
     Last
   - Phone number
     123-456-7890

Retype your email address confirmation. Do not copy/paste.
Enter your phone number. (optional)
**Organization Information**

Who is the organization making this request?

**Organization name (required)***

Tranquil Days Nursing Home

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

- New York
- New Jersey

**Organization Categories (required)***

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.

<table>
<thead>
<tr>
<th>General</th>
<th>Emergency Provider/Supplier Types</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Ambulatory Surgical Center (ASC)</td>
<td>□ Community Mental Health Center (CMHC)</td>
<td></td>
</tr>
<tr>
<td>□ Comprehensive Outpatient Rehabilitation Facility (CORF)</td>
<td>□ Critical Access Hospital (CAH)</td>
<td></td>
</tr>
<tr>
<td>□ End Stage Renal Disease (ESRD)</td>
<td>□ Critical Access Hospital (CAH)</td>
<td></td>
</tr>
<tr>
<td>□ Hospice</td>
<td>□ Home Health Agencies (HHA)</td>
<td></td>
</tr>
<tr>
<td>□ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)</td>
<td>□ Hospital</td>
<td></td>
</tr>
<tr>
<td>□ Outpatient Physical Therapy/Speech Therapy (OPT/ST)</td>
<td>□ Nursing Homes (SNF/NF)</td>
<td></td>
</tr>
<tr>
<td>□ Psychiatric Residential Treatment Facility (PRF)</td>
<td>□ Organ Procurement Organization (OPO)</td>
<td></td>
</tr>
<tr>
<td>□ Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC)</td>
<td>□ Programs of All-Inclusive Care for Elders (PACE)</td>
<td></td>
</tr>
<tr>
<td>□ Transplant Center</td>
<td>□ Religious Non-Medical Health Care Institution (RNMHC)</td>
<td></td>
</tr>
</tbody>
</table>

**Identification Number***

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.

<table>
<thead>
<tr>
<th>IDENTIFICATION NUMBER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100323, 100326, 100327</td>
<td></td>
</tr>
</tbody>
</table>
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.
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.

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 # CS1115389 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