1135 Waiver Template

Instructions

* Fill out the appropriate information where indicated.
* In the “To” section, choose the correct recipient based on your location.
* The information should come directly from the impacted provider to the appropriate Regional Office mailbox with a copy to the appropriate State Agency for Health Care Administration to make sure the waiver request does not conflict with any State requirements and all concerns are addressed timely.
* Updated4/1/2020 Original document can be found at [www.ashe.org/covid19resources](http://www.ashe.org/covid19resources)

**[Can include company letterhead/logo at top of page]**

**Date**

**From: [Hospital, chapter or state government name; full address; if a provider, include the provider type and CCN (Medicare provider number)]**

**To:**

[ROATLHSQ@cms.hhs.gov](mailto:ROATLHSQ@cms.hhs.gov) (Atlanta RO): Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

[RODALDSC@cms.hhs.gov](mailto:RODALDSC@cms.hhs.gov) (Dallas RO): Arkansas, Louisiana, New Mexico, Oklahoma, Texas

[ROPHIDSC@cms.hhs.gov](mailto:ROPHIDSC@cms.hhs.gov) (Northeast Consortium): Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia, New York, New Jersey, Puerto Rico, Virgin Islands, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

[ROCHISC@cms.hhs.gov](mailto:ROCHISC@cms.hhs.gov) (Midwest Consortium): Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska

[ROSFOSO@cms.hhs.gov](mailto:ROSFOSO@cms.hhs.gov) (Western Consortium): Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming, Alaska, Idaho, Oregon, Washington, Arizona, California, Hawaii, Nevada, Pacific Territories

**Subject: Request for Waivers under Section 1135 of the Social Security Act**

This is a request for waivers under Section 1135 of the Social Security Act. As you know, on March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On the same day, pursuant to section 1135 of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act to mitigate the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect on March 15, 2020, with a retroactive effective date of March 1, 2020.

**[Organization name]** is requesting a waiver under Section 1135 of the Social Security Act. Health care organizations are working to prevent non-essential persons from entering health facilities to help protect staff and patients and prevent the further spread of SARS-CoV-2. Because we often rely on outside companies to perform inspection, testing, and maintenance work within the hospital, we are requesting waivers to allow us flexibility in scheduling the work of outside companies. In other situations, our staff are relied upon for inspection, testing and maintenance and certain drills and exercises such as fire drills. It is crucial at this time that our staff be able to focus on providing direct patient care and not distracted performing this routine work. This request includes waivers of certain Conditions of Participation as documented in the following pages, which also outline an anticipated schedule to ensure that all necessary inspections, testing and maintenance are performed promptly after the current situation subsides.

**[Organization name]** understands that the emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

**[If submitting on behalf of multiple hospitals: I am submitting these waiver requests on behalf of XXX. Consider adding additional signatures or showing how they were involved in requesting the waivers]**

Please contact us immediately if you have questions or need any additional information by reaching out to **[contact name, contact title, and contact phone and contact email].**

Thank you for your prompt attention to this critical issue.

**[Signature]**

**[Printed name and title]**

**Details of Request for Waivers under Section 1135 of the Social Security Act**

**[State/Territory Name]**

**[Contact Name]**

**[Contact Title and Agency]**

**[Email]**

**[Phone]**

**[Date Submitted]**

**[Organization name]** is requesting the following additional flexibilities related to life safety inspection, testing and maintenance:

[insert Joint Commission chart here]