

Information to Include in 1135 Waiver Request to the Centers for Medicare & Medicaid Services (CMS)

- Date
- Name of Provider
- Provider Address
- County
- Certification Number (example 360000)
- Telephone Number
- Name of Contact Person Regarding Waiver
- Contact Person's E-mail Address
- Number of Beds
- Waiver Request (specific Medicare regulation where applicable)
- Justification (this information is crucial)

E-mail the request to CMS at rochisc@cms.hhs.gov.