The specific State Dept. of Health should provide responses to the following basic questions for any impacted provider seeking a potential 1135 waiver:

- **Provider Name/Type**
- **Full Address (including county/city/town/state) CCN (Medicare provider number)**
- **Contact person and his or her contact information for follow-up questions should the Region need additional clarification**
- **Brief summary of why the waiver is needed. **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).**
- **Consideration – Type of relief you are seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived.**

There is no specific form or format that is required to submit the information but it is helpful to clearly state the scope of the issue and the impact.

If a waiver is requested, 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.

**Email Addresses for CMS Regional Offices:**

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

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


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