HPP Patient Movement

Emergency Declaration
Licensing Waiver Process
Objectives

• Review of State Licensing Process
  – Based on Exercise feedback
    • Providers
    • ADHS Leadership and Staff
    • Local and County Authorities

– Efficiency gains:
  • Provider
  • County
  • Arizona Department of Health Services (ADHS)
Waiver Authorities

- Arizona State Licensing
- Centers for Medicare and Medicaid Services
Protocol for Requesting State Waiver

Requirements to request a state waiver include the following:

Director of the Arizona Department of Health Services can approve waiver for specific rule(s) *only* after the Governor has signed a State of Emergency Declaration.
Protocol for Requesting State Waiver

State waiver is limited to:

- **Geographic Area**
  - County
  - State
  - Location of emergency- domino effect

- **Specific Events**
  - H1N1
  - Natural disaster
  - Flooding
  - Winter storm
Protocol for Requesting State Waiver

Requesting Facility Must:

Communicate the following to the Arizona Department of Health Services (ADHS)-Division of Licensing (DLS):

• Describe why the emergency waiver is being requested.
• Identify what rule(s) are being requested to be waived.
• Provide anticipated timeframe for which the facility is requesting the waiver.
• Each rule waiver will be time limited and the Healthcare Institution will need to return to compliance at the termination time or
• Each facility will need to submit an additional request for the rule and new timeframe
Waiver Documents

• One Page Request Form
  – Documents the type of waiver request
    • Immediate 48 hour waiver
      – 48 hours begin at the time and date of the Emergency Declaration by the Governor of Arizona
    • Post 48 hour waiver
      – Request Process utilized 48 hours post the Emergency Declaration

• Rule set spreadsheet based on each provider type

  www.azdhs.gov
Steps to Initiate Waiver in a Licensed Healthcare Facility

• Be located in an affected area that does not allow you to continue to provide services while maintaining compliance with the Rules and Regulations
• Notify the Arizona Department of Health Services Health Emergency Operations Center via email; phone call; messenger services
• Provider to complete the ADHS request form provided on the ADHS web site
• Once ADHS EOC is notified the request will be reviewed and facility notified of approval or other recommendations
• At time of this notification the ADHS EOC will provide the facility with the correct spreadsheet for the provider to prepare for additional waivers post 48 hours
### FACILITY REQUEST FOR STATUTE AND RULES WAIVER DURING A DECLARED EMERGENCY BY THE GOVERNOR

<table>
<thead>
<tr>
<th>Name of Licensed Facility</th>
<th>Requestor Signature:</th>
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<tr>
<td>_________________________</td>
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<thead>
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<th>License Number</th>
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<thead>
<tr>
<th>Date Waiver Request</th>
<th>Contact email:</th>
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<td>___________________</td>
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<thead>
<tr>
<th>Type of Waiver Requested</th>
<th>Contact Phone Number:</th>
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<tbody>
<tr>
<td>Immediate</td>
<td>___________________</td>
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<tr>
<td>1st 48 hrs</td>
<td>___________________</td>
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Specific rule - Attach Rule set with identified rule(s) requested identified Post 48 hrs of declaration Other:

Comments:
<table>
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<th>Type of Waiver Approved</th>
<th>Immediate</th>
<th>1st 48 hrs</th>
<th>Other:</th>
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<tbody>
<tr>
<td>Specific rule - Attach Rule set with identified rule(s) approved</td>
<td>Post 48 hrs of declaration</td>
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Example of Non Waived Rules
Immediate Waiver Rules not waived include:

| ARIZONA ADMINISTRATIVE CODE UNCLASSIFIED |
| R9-10-ARTICLE 17 OUTPATIENT Surgery Center |

**R9-10-1702. Administration**

B. The governing authority shall appoint an administrator who shall have authority and responsibility to manage the facility. The administrator shall:

3. Develop and implement written administrative policies and procedures governing:

   h. Emergency treatment and disaster plan; and

**R9-10-1712. Emergency Standards**

B. The administrator shall ensure the development of a written disaster plan of operation with procedures to be followed in the event of a fire or threat to patient safety and shall ensure that an emergency evacuation route is posted in every room where patients may be present, except restrooms.
Facility -1
Requesting waiver for:
Rule-1
Rule-2
Rule-3

Facility -2
Requesting waiver for:
Rule-1
Rule-2
Rule-3

Facility -3
Requesting waiver for:
Rule-1
Rule-2
Rule-3

Approval by the Facility EOC

State Declaration

ADHS
HEOC
CMS Waiver Process
Conditions of Participation
or
Conditions for Coverage
Protocol for Requesting Centers for Medicare and Medicaid Services (CMS) Waiver

Waiver or Modification of Regulatory Requirements based on Section 1135(b) of the Social Security Act are as follows:

1. Presidential declared state of emergency under Stafford Act or National Emergency Act; and

2. A waiver or modification is invoked by the Secretary of the Department of Health and Human Services.
CMS Waiver or Modification

The Secretary of State will Invoke when the Emergency

- Poses a risk that sufficient healthcare items and services may not be available to meet the needs of individuals enrolled in Medicare, Medicaid and CHIP programs.

- Providers are unable to comply with one or more of these requirements as a result of the emergency situation.
Requesting Facility Must:

- **Request directly to CMS with a copy to State Survey Agency (DLS) for what rule(s) to be waived in §1135 of the Social Security Act**

- **Submit a justification of need for a waiver; information to support the request for waiver should be clear & concise**
Protocol for Requesting CMS Waiver (Contd.)

CMS will do the Following:

• CMS Waiver Validation Team in consultation with State Survey Agency (DLS) will review request to ensure if request is justifiable.

• Case-by-case determinations will be made.

• Response time is usually **within 3-business days** of receipt.

• You **must operate under normal rules and regulations** UNLESS you have been granted modifications under 1135 waiver authority from specific requirements.
CMS Waiver Request Form

INFORMATION NEEDED TO REQUEST

1135 CMS WAIVER

The following information to be completed for each waiver item requested

E-Mail request to both of the following addresses

- ROSFOSC@cms.hhs.gov
- HEOC_OPS@siren.gov

San Francisco Regional Office

Arizona State Agency
CMS Waiver Form
<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>CMS Provider #:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
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<th>State:</th>
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<tr>
<th>Provider Type:</th>
<th>County:</th>
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<table>
<thead>
<tr>
<th>Waiver Requested: (Regulation)</th>
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<table>
<thead>
<tr>
<th>Requester Name:</th>
<th>Requester E-Mail:</th>
<th>Requester Phone:</th>
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<table>
<thead>
<tr>
<th>Justification:</th>
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<tr>
<th>Time Needed for Waiver: Date(s)/Hours</th>
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<th>Action Taken Prior to Waiver Request:</th>
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<table>
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<th>CMS Approval</th>
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<th>CMS Signature</th>
<th>Date:</th>
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<tr>
<td>Time:</td>
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</table>
CMS Waiver Validation Team in consultation with State Survey Agency (DLS) will review request to ensure if request is justifiable; response time is usually within 3-business days.
Questions

Thoughts

Thank you for your continued collaboration with the Department