WAIVER PROCESS

1. Healthcare Institution must determine the rules that need to be waived based on the situation and the facility’s inability to meet the requirements of the rule.
2. One rule per form will need to be identified and the information completed as requested on the form.
3. Arizona Department of Health Services will review the information provided by the Healthcare Institution.
4. ADHS will then approve, modify or deny each of the rules being requested.
5. ADHS will forward the information to the Provider.
6. Each rule waiver will be time limited and the Healthcare Institution will need to return to compliance at the time of the termination or will need to submit an additional request following the steps of 1-5 if there is not the ability for the facility to return to compliance with the applicable waived rule.

FORM ON FOLLOWING PAGE
FACILITY IDENTIFICATION

FACILITY NAME: ____________________________ LICENSE NUMBER ______

ADDRESS: ____________________________ CITY:_______ ZIP:______________

PROVIDER TYPE: ________COUNTY:_______ REQUEST DATE/TIME: _______

REQUESTER NAME: _______________________________ POSITION:__________

REQUESTER PHONE #:____________________ REQUESTER E-MAIL __________

RULE REQUESTED TO BE WAIVED

SPECIFIC STATUTE/RULE: ____________________________ (example R9-10-100)

LANGUAGE OF THE STATUTE/RULE BEING REQUESTED TO BE WAIVED:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

JUSTIFICATION:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TIME NEEDED FOR THE WAIVER:  ______________________

ACTION TAKEN PRIOR TO WAIVER REQUEST:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

FORWARD FORM TO ADHS:  heoc_ops@sirenaz.gov

ADHS RESPONSE

  o APPROVED:   YES   NO
  o DENIED:     YES   NO
  o MODIFIED:   YES   NO

COMMENTS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ADHS SIGNATURE: ____________________________ DATE:_____ TIME______

12/07/2011