

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 STATUE/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

- APPROVED: YES NO
- DENIED: YES NO
- MODIFIED: YES NO

COMMENTS:

ADHS SIGNATURE: _____ DATE: _____ TIME _____