1135 Waiver Request Communication Form Example

Request to Montana Department of Public Health and Human Services, Certification Bureau for 1135 Waiver Submission for continued operations.

Provider Name/Type: XYZ Hospital/Children's Hospital

Full Address (including county/city/town/state):

CCN (Medicare Provider Number):

Contact person(s) and contact information:

Brief summary of why the waiver is needed:

Example Only: XYZ Hospital is the sole community pediatric trauma center without tenable transfer options during the response to the recent earthquake. The facility is beyond capacity and lesser-injured children within the valley require basic medical intervention. XYZ Hospital needs a waiver to establish an alternate care site (ACS) for the duration of the valley-wide emergency.

This includes the following activities:

- 1. Reception of patients from the disaster area
- 2. Registration into the XYZ Hospital
- 3. Evaluation of injuries or illness presenting
- 4. Care and stabilization until:
 - a. Released or discharged to family
 - b. Transfer to a facility that has bed availability
- 5. Billing for services

Consideration: *Type of relief you are seeking or regulatory requirements or regulatory reference that the requestor is seeking to be waived.*

Example Only: XYZ Hospital is seeking the waiver to utilize the ACS for continuity of care of existing and future patients, generated by the incident, and allow for registration, and billing activities, at the ACS site.

Location:

Jack & Jill School

2500 State St. Anywhere MT 59601 T: 406-444-4444

Disaster Tents ~ 3000ft² Self-contained:

- Power
- HVAC
- Lighting
- Medical equipment

Jack & Jill School Building as required for overflow and logistical staging.

Hospital Status:

Example Only: Hospital is 75% operational 210 of 280 beds). Damage to the North end has cause the shift of operations inside the building to the south. Interim Life Safety Code Measures are being erected to prevent traffic flow into the areas effected once patient movement has been completed. This damage from the earthquake has altered operations in the following departments:

- ICS
- ED
- RTU

RTU operations are required for sustainability for the community; travel to the hillside is impeded by fractured infrastructure.

Local Healthcare Coalition and ESF-8 has requested tent operations to decrease preload of the local ED's for pediatric patients, and to provide care for those who cannot travel from the locality of the ACS site and neighboring areas, and be a resource for EMS as a point of delivery for non-critical pediatric patient care.

Staffing:

Example Only: Staffing is populated by the following resources from the community. There is a central reporting point at the Jack & Jill School where a command center is being established. Medical oversight will be provided by ED and critical care Physicians from XYZ. Credentialing for non-medical volunteers will be provided by XYZ for tent operations.

Medical staffing for ACS site:

XYZ Hospital

ABC Hospital

State, Federal, or Tribal Notification:

The Governor's office has been	en contacte	ed to ensure t	hat an emergenc	y declaration ha	as been
declared by the President	Yes	No No			

Send copies to:

Todd Boucher, Bureau Chief Certification Bureau O: 406-444-2038 F: 406-444-3456 Email: <u>mtssad@mt.gov</u>

Tony Sanfilippo, Emergency Preparedness Coordinator Certification Bureau O: 406-444-4170 F: 406-444-3456 Email: <u>mtssad@mt.gov</u>

Don McGiboney, Program Manager DPHHS – Hospital Preparedness Program O: 406-444-5942 Email: <u>DMcGiboney@mt.gov</u>

Need Immediate Help with Resources contact the following:

- Local Emergency Management
- <u>https://PHEP.formstack.com/forms/resource_request_hics_213rr</u>
- MT DPHHS Duty Officer: 406-444-3075