



IHA Section 1135 Waiver Request for All Illinois Hospitals Summary of Key Approved Provisions

The Centers for Medicare & Medicaid Services (CMS) has approved a portion of IHA's Section 1135 waiver request on behalf of all Illinois hospitals. The approval, which mirrors approvals given to other states, includes, but is not limited to, the following:

- **Emergency Medical Treatment and Active Labor Act (EMTALA).** This will allow hospitals, psychiatric hospitals, and CAHs to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, in accordance with the state emergency preparedness or pandemic plan.
- **Physical Environment:** Waived requirements under the Medicare conditions at 42 C.F.R. §482.41 and §485.623 to allow for flexibilities during hospital, psychiatric hospital, and CAH surges. CMS will permit non-hospital buildings/space to be used for patient care and quarantine sites, provided that the location is approved by the State (ensuring safety and comfort for patients and staff are sufficiently addressed). This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients.
- **Verbal Orders. Waived** §482.23, §482.24 and §485.635(d)(3) to allow for additional flexibilities related to verbal orders where readback verification is still required but authentication may occur later than 48 hours. This will allow for more efficient treatment of patients in a surge situation. (Check for the specific rules that were waived)
- **Medical Records Timing.** 42 C.F.R. §482.24(c)(4)(viii) and §485.638(a)(4)(iii). Waived requirements related to medical records to allow flexibility in completion of medical records within 30 days following discharge and for CAHs that all medical records must be promptly completed. This flexibility will allow clinicians to focus on the patient care at the bedside during the pandemic.
- **Medical Staff.** 42 C.F.R. §482.22(a) and §485.627(a). Waived requirements to allow for physicians whose privileges will expire to continue practicing at the hospital or CAH and for new physicians to be able to practice in the hospital or CAH before full medical staff/governing body review and approval.
- **Discharge Planning for Hospitals.** 42 C.F.R. §482.43(c) Waived all the requirements and subparts related to post-acute care services, so as to expedite the safe

discharge and movement of patients among care settings, and to be responsive to fluid situations in various areas of the country. (See details)

- **Reporting Requirements.** Waived the requirements at 42 C.F.R. §482.13(g) (1)(i)-(ii) which require hospitals to report patients in an intensive care unit whose death is caused by their disease process but who required soft wrist restraints to prevent pulling tubes/IVs may be reported later than close of business next business day. Due to current hospital surge, CMS waived this requirement to ensure hospitals are focusing on increased care demands and patient care.
- **Sterile Compounding.** 42 C.F.R. §482.25(b)(1) and §485.635(a)(3). Waived requirements in order to allow used face masks to be removed and retained in the compounding area to be re-donned and reused during the same work shift in the compounding area only. This will conserve scarce face mask supplies which will help with the impending shortage of medications.
- **Patient Rights.** 42 C.F.R. §482.13. Waived requirements under this section only for hospitals which are considered to be impacted by a widespread outbreak of COVID-19. Hospitals that are located in a State which has widespread confirmed cases (i.e., 6-50 or more confirmed cases), as updated under the CDC States Reporting Cases of COVID-19 to CDC.
- **Detailed Information Sharing for Discharge Planning for Hospitals and CAHs:** Waived the requirement to provide detailed information regarding discharge planning as outlined in 42 C.F.R. §482.43(a)(8), §482.61(e), and 485.642(a)(8). (See details)
- **Flexibility in Patient Self Determination Act Requirements (Advance Directives):** Waived the requirements at section 1902(a)(58) and 1902(w)(1)(A) for Medicaid, 1852(i) (for Medicare Advantage); and 1866(f) and 42 CFR 489.102 for Medicare, which require hospitals and CAHs to provide information about its advance directive policies to patients. We are waiving this requirement to allow for staff to more efficiently deliver care to a larger number of patients. This would not apply to the requirements at §482.13(a) for hospitals and at §485.608(a) for CAHs to receive information about the presence of a policy regarding the facility's recognition of advanced directives.