**INSTRUCTIONS**

Please read these instructions before completing and submitting the Waiver Extension Application form. The Department may ask for additional information.

**Checklist for completing the Waiver Extension Application form:**

* Complete Sections 1 and 2.
* A copy of proof document(s).
* Sign and date.
* Email the completed application and all documents to: [CHARSgeneral@doh.wa.gov](mailto:CHARSgeneral@doh.wa.gov).

**Timeline for submitting applications**: October 1 – November 16, 2023

**Timeline for award notifications**: November 30, 2023

Background information

[Engrossed Second Substitute House Bill (E2SHB) 1272](https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1272-S2.SL.pdf?q=20220510131550), [RCW 43.70.052(6)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapps.leg.wa.gov%2FRCW%2Fdefault.aspx%3Fcite%3D43.70.052&data=05%7C01%7Cwendi.gilreath%40doh.wa.gov%7C4d2eae6ae15942156f4e08db99e18345%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638272966204491520%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=moadigJWScFeXS95p%2FbI4p3xm3pL7DE73sKSLrHW54U%3D&reserved=0),  [WAC 246-455-020](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx%3Fcite%3D246-455-020&data=05%7C01%7Cwendi.gilreath%40doh.wa.gov%7C4d2eae6ae15942156f4e08db99e18345%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638272966204491520%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=pE%2BAMMHzWednd2TRZKlR2RjokoLykQgnPZzuSGatRNU%3D&reserved=0) , and [WAC 246-455-025](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.leg.wa.gov%2FWAC%2Fdefault.aspx%3Fcite%3D246-455-025&data=05%7C01%7Cwendi.gilreath%40doh.wa.gov%7C4d2eae6ae15942156f4e08db99e18345%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638272966204491520%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LO2fwlJLTSrOoicOll7ICy3DNbs5%2FOYQhMvmmG5vM5s%3D&reserved=0)

requires hospitals to report patient discharge information related to race, ethnicity, gender identity, sexual orientation, preferred language, any disability, and zip code of primary residence. It also requires the Department of Health (DOH) to develop a waiver and grant process to assist hospitals that are certified by the Centers for Medicare and Medicaid Services as a critical access hospital or a sole community hospital or qualifies as a Medicare dependent hospital to comply with the requirements.

**Waiver Extensions Eligibility:**

Extensions to the initial waiver are available for hospitals that may need more time. A hospital must apply for an extension prior to the initial waiver expiring. If a hospital does not apply for an extension before the initial waiver expires, the hospital must immediately collect and report the new patient demographic data and is not eligible for an additional waiver. [WAC 246-455-035](https://app.leg.wa.gov/wac/default.aspx?cite=246-455-035) outlines waiver extensions.

A hospital applying for a waiver extension based on an economic hardship or technological limitation not reasonably in the control of the hospital may apply for **up to two** (2) extensions on the initial waiver, for a total of three waivers.

A hospital applying for a waiver extension based on other exceptional circumstances has **no** limit on the number of waiver extensions.

Reason for Waiver Extension

A hospital that receives a waiver extension must report new patient demographic data elementsstarting December 1, 2024.

Hospitals must identify the reason they applied for a waiver extension by selecting either (1) economic hardship, (2) technological limitation that is not reasonably in the control of the hospital, or (3) other exceptional circumstances.

A hospital must submit at least one document that supports the reason for requesting a waiver extension.

Definitions for reasons for applying for a waiver (and then extension) per [WAC 246-455-035](https://app.leg.wa.gov/WAC/default.aspx?cite=246-455-035):

**Economic Hardship** means**:**

* A hospital with less than 30 days of operating days in cash as of December 31st, based on audited financial statements.
* A hospital with a net loss or a negative change in net assets for two consecutive years based on audited financial statements.
* A bankruptcy in the previous year or a waiver submitted under this section due to bankruptcy in the previous year.
* Opening a new hospital after January 1, 2022.
* Operating a low-income hospital, that is defined as a hospital serving a minimum of 30 percent Medicaid patients.
* Intent to discontinue operating in Washington prior to January 1, 2023.

**Technological limitation that is not reasonably in the control of the hospital** means the integration of electronic health records system changes, switching electronic health record system vendors, or updating the hospital's current electronic health record system to comply with the requirements of this section and is in progress but has not yet been completed.

**Other exceptional circumstance** means unforeseen circumstances that stress the hospital in such a way that compliance is not possible. Examples may include, but are not limited to, natural disasters, widespread health care emergencies, unforeseen barriers to integration, or unforeseen events that results in a statewide emergency.

**Section 1: hospital information**

|  |  |
| --- | --- |
| Hospital Legal Name: | |
| Doing Business As (if different than above): | |
| Physical Address: | |
| Mailing Address (if different than above): | |
| WA UBI # | Federal Tax ID # |

|  |  |
| --- | --- |
| PRIMARY CONTACT FOR THIS REQUEST | |
| Name |  |
| Email |  |
| Title |  |
| Phone |  |

|  |  |
| --- | --- |
| PERSON AUTORHIZED TO SIGN FISCAL AGREEMENTS | |
| Name |  |
| Email |  |
| Title |  |
| Phone |  |

**Section 2: Waiver Extension Request**

**Hospital Classification** (check all that apply)**:**

|  |  |
| --- | --- |
|  | Critical Access |
|  | Sole Community |
|  | Medicaid Dependent |
|  | Owned or Operated by a System with two (2) or more hospitals. |
|  | Not owned or operated by a system with two or more hospitals |

**Required supporting documents:**

* You must submit at least one document that supports the Reason for Waiver Extension Request checked below.

**Reason for Waiver Extension Request:** (select one)

|  |  |
| --- | --- |
|  | **Economic Hardship** |
| * Having less than 30 days of operating days in cash as of December 31st, based on audited financial statements * Having a net loss or a negative change in net assets for two consecutive years based on audited financial statements * Having a bankruptcy in the previous year * Having opened a new hospital since January 1, 2022 * Operating a low-income hospital, that is defined as serving a minimum of 30% Medicaid patients * Having intent to discontinue operating in Washington prior to January 1, 2023 |
|  | **Technical Hardship** |
| * Integrating electronic health records system changes * Switching electronic health record system vendors * Updating the current electronic health record system to comply with the requirements of this section and is in progress but has not yet been completed |
|  | **Exceptional Circumstance** means unforeseen circumstances that stress the hospital in such a way that compliance is not possible. Examples may include, but are not limited to, natural disasters, widespread health care emergencies, unforeseen barriers to integration, or unforeseen events that results in a statewide emergency |

|  |
| --- |
| Signature of Person Authorized to Sign Fiscal Agreements: |
| Printed Name: |

|  |  |
| --- | --- |
| Title: | Date: |