

§§ 405.1137, 482.30, and 482.60 of this chapter.

[43 FR 45266, Sept. 29, 1978, as amended at 51 FR 22042, June 17, 1986; 61 FR 38399, July 24, 1996]

UR PLAN: WAIVER OF REQUIREMENTS

**§ 456.505 Applicability of waiver.**

The Administrator may waive the UR plan requirements of subparts C or D of this part, except for provisions relating to disqualification of UR committee members under § 456.106 of subpart C, and § 456.206 of subpart D, if the Medicaid agency—

- (a) Applies for a waiver; and
- (b) Demonstrates to the Administrator's satisfaction that it has in operation specific UR procedures that are superior in their effectiveness to the UR plan requirements under subpart C or D of this part.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

**§ 456.506 Waiver options for Medicaid agency.**

(a) The agency may apply for a waiver at any time it has the procedures referred to under § 456.505(b) in operation at least—

- (1) On a demonstration basis; or
- (2) In any part of the State.

(b) Any hospital or mental hospital participating under the plan that is not covered by a waiver must continue to meet all the UR plan requirements under subpart C or D of this part.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

**§ 456.507 Review and granting of waiver requests.**

(a) When the agency applies for a waiver, the Administrator will assess the agency's UR procedures and grant the waiver if he determines that the procedures meet criteria he establishes.

(b) The Administrator will review and evaluate each waiver between 1 and 2 years after he has granted it and between 1 and 2 years periodically thereafter.

**§ 456.508 Withdrawal of waiver.**

(a) The Administrator will withdraw a waiver if he determines that State procedures are no longer superior in their effectiveness to the procedures required for UR plans under subpart C or D of this part.

(b) If a waiver is withdrawn by the Administrator, each hospital or mental hospital covered by the waiver must meet all the UR plan requirements under subpart C or D of this part.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

UR PLAN: REMOTE FACILITY VARIANCES FROM TIME REQUIREMENTS

**§ 456.520 Definitions.**

As used in §§ 456.521 through 456.525 of this subpart:

*Available physician or other professional personnel* means an individual who—

- (a) Is professionally qualified;
- (b) Is not precluded from participating in UR under § 456.107 of subpart C; or § 456.207 of subpart D; and

(c) Is not precluded from effective participation in UR because he requires more than approximately 1 hour to travel between the remote facility and his place of work.

*Remote facility* means a facility located in an area that does not have enough available physicians or other professional personnel to perform UR as required under subparts C or D of this part, and for which the State requests a variance.

*Variance* means permission granted by the Administrator to the Medicaid agency for a specific remote facility to use time periods different from those specified for the start and completion of reviews of all cases under the following sections: §§ 456.125, 456.126, 456.136, and 456.137 of subpart C; and § 456.238 of subpart D.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]