DIRECTIONS FOR THE CLIA WAIVER APPLICATION FOR EMS ORGANIZATIONS

Revised February 6, 2024

To get the CLIA Waiver Application, you can:

1. Go to the Federal Health and Human Services website by clicking on this link, or pasting it into your browser:

https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms116.pdf

2. Contact:

Floyd Salerno, CG (ASCP), Quality Assurance Officer Department of Health and Human Services, Division of Licensing & Certification 41 Anthony Avenue, #11 State House Station Augusta, ME 04333-0011 PHONE: (207) 287-9339 FAX: (207) 287-5807 CLIALab.HSS@Maine.gov

CLIA Waiver Application Instructions:

Page 1:

Section I – General Information

- a. Fill in all information that you have available.
- b. Check the reason for submission under General Information, **OR**, check "other" and specify. • If this is an initial application, leave the "CLIA Identification Number" blank.
- c. Enter an Anticipated Start Date for a new certificate, **OR**, enter an effective date for updating an existing certificate.
- d. Enter a contact email address.
 - Check "Receive Future Notifications..." if, you would like to receive an emailed certificate.
- e. Enter the responsible party for the certificate as Director.
- f. Enter a Director contact number.
 - NOTE: This should be the direct contact phone number, not the business main line.
- g. Enter the responsible party's job title under "credentials."
- h. A Tax ID, Telephone number, and Address must be listed.

Section II – Type of Certificate Requested

- a. Check "Certificate of Waiver."
 - Choose only 1 certificate type of the highest level of testing being performed.
- b. Check "physical" for both mailings unless providing additional addresses. Check only one box for fee bill and only one box for certificate mail.

Page 2:

Section III – Type of Laboratory

- a. For Non-Transporting/Volunteer Services check "Mobile Laboratory."
- b. For Transporting Services check "Ambulance."

Section IV – Hours of Laboratory Testing

a. EMS Services must provide coverage 24 hrs./day, 7 days a week. Enter 24hrs in each day of the week.

Section V – Multiple Sites

- a. Check "Yes" to indicate you are applying for a single site CLIA certificate covering multiple testing locations.
- b. Check "Yes" for exception 1
- c. Provide a list of the vehicle VIN numbers to be associated with the physical location.

Page 3:

Section VI – Waived Testing

- a. List all test systems that you are using (i.e., Glucometer, Lactate Pro, etc.).
 - Enter the Analytes/Test, Test Name, and Manufacturer for waived testing.
- ^b Enter an Estimated annual test volume (i.e., how many times you estimate using all tests).

Test Volume = (Number of persons tested × Planned number of times tested per week) × 52

Section VII – PPM Testing

a. Check "no PPM" for a waived certificate. PPM is for specialist microscopic analysis.

Page 4:

Section VIII – Non-Waived Testing

a. Skip this section, but make sure you submit the page with your application.

Page 5:

Section IX – Type of Control

- a. Check one business control type based on your service type.
 - I.e., Municipalities (option 05) or Volunteer Services (09).
 - If checking "Other NonProfit", provide the type: e.g. 501c3.
- b. Check yes or no for foreign corporate ownership.
 - \circ $\;$ If yes, enter the country name.

Section X – Director Affiliation with Other Laboratories

a. Complete only if the director for this application is also the director for another service.

Carefully read the information below the black box. To complete the application:

- a. Print the certificate director's name.
- b. Print the ownership person or company name above the director/owner signature.
- c. The responsible party must sign and date the application. If using an electronic signature, it must be of the type that automatically include security date and time stamps. Otherwise, page 5 must be printed and signed manually.

When submitting, include all 5 pages for audit purposes and send to: <u>CliaLab.DHHS@maine.gov</u>

Additional instructions are included on pages 6-10 of the CLIA Waiver Application.