Adult Care Facility Waiver Request/ Equivalency Notification Form

Waiver Request/Equivalency Notification Form for facilities applying for Special Needs Assisted Living Residence certification

SECTION A: Identifying Information (Completed by Operator/Administrator or Designee)

Regional Office (RO): ______________________ Date Requested: ______________

Facility Name: ____

Address: ____

City/Town: ______________ State: __________ Zip: ________ County: __________

Operating Certificate #: ______________ Date Certified: ____________ Expiration Date: ____________

Capacity: ______________ Occupancy: ____________

SECTION B: Completed by Operator/Administrator or Designee

In accordance with Department regulations, the Department may waive certain requirements.The operator must have written approval or be following an approved equivalency prior to instituting any alternative to regulatory standards. Noncompliance with a Department regulation prior to a waiver being requested and approved may result in the imposition of a penalty. Similarly, if an operator is noncompliant with an approved equivalency, this may result in a penalty. Incomplete requests will not be accepted.

Complete Part I for Equivalencies. Complete Part II for Waivers.

I. Approved Equivalency:
- ☐ 487.5(d)(1)(ii) Adult Home signing of Admission Agreement
- ☐ 488.5(c)(2) – Enriched Housing Program (EHP) signing of Admission Agreement
- ☐ 1001.8(f)(2)(i) – Assisted Living Residence (ALR) signing of Residency Agreement

Briefly state the equivalency issue: ____

II. Waivers:

Type of Waiver (please circle appropriate responses)

1. Application Pending:

a) Renewal	Yes	No
b) New facility	Yes	No
c) Change of Operator	Yes	No
2. Programmatic:	Yes	No
3. Physical Plant:	Yes	No

Regulation for which waiver is sought:
- ☐ 487.11(h)(3); 487.11(f)(11)(iii) –adult home delayed egress*
- ☐ 488.11(a)(1) – EHP capacity
- ☐ 488.11(e)(1) – EHP delayed egress*
- ☐ 488.11 (h)(5) – EHP removal of cooking stove/range/oven**

*delayed egress waivers must state the provider agrees to assess and admit only those residents with unsafe wandering behavior for which they can appropriately provide care and services to.

**provider must state that only the cooking stove/range/oven will be removed. Refrigerator/freezer, sink, food storage, counter space and adequate cabinet space must remain.

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II. Waivers (continued):

A. Please explain the reason the proposed alternative is necessary and why a waiver is being requested. (Use additional sheets as necessary).

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B. Provide Information, which will demonstrate how you will achieve or maintain the intended outcome of the regulation and protect the health, safety, and well-being of the residents. Please supply all necessary supporting documentation as required: e.g., approval of local officials, supporting statements of staff, physicians and service providers, special licenses, etc. (Use additional sheets as necessary).

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SECTION C: Signature of Operator/Administrator or Designee

Name (print): ______________________________ **Phone Number: (   )** ______________

Signature: ______________________________ **Date:** ______________

Please note that incomplete requests will be returned. Continued processing will require submission of a new request.

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SECTION D: *FOR DOH USE ONLY*

Regional Office Log #: ______________________ **Central Office Log #:** ______________________

Name of Facility: ____

Date received from: Facility: ______________________ **Regional Office:** ______________________

Centralized Waiver

RO Recommendation: Approved _______ Disapproved _______ Conditional Approval _______ Withdrawn_______

Reason: ____

Regional Office:

RO Reviewer (include title) ______________________ Date: ______________

RO Program Manager (signature) ______________________ Date: ______________

Architect:

Date to Architect: ______________ Architect Recommendation: Approved: _______ Disapproved: _______

Architect (signature): ______________________ Date: ______________

Comments: ____

Central Office:

Central Office Reviewer: ______________________ Title: ______________ Date: ______________

Division Director Recommendation:

487.11(h)(3); 487.11(f)(11)(iii)	Approved _______	Disapproved _______	Conditional Approval _______	Withdrawn _______
488.11(a)(1)	Approved _______	Disapproved _______	Conditional Approval _______	Withdrawn _______
488.11(e)(1)	Approved _______	Disapproved _______	Conditional Approval _______	Withdrawn _______
488.11 (h)(5)	Approved _______	Disapproved _______	Conditional Approval _______	Withdrawn _______

Division Director (signature): ______________________ Date: ______________

Comments: ____

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