Waiver Request Form - Instructions

The intent of this form is for the facility to request a waiver of federal regulatory requirements. This process only applies to surveys conducted by the State Agency (SA) at certified facilities, not applicable for surveys done by Accrediting Organizations (AO). The SA is responsible for receiving, evaluating, and recommending waivers to the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO). Waivers can only be requested for a deficiency that has been cited during a SA survey. There are no provisions to grant waivers for conditions that have not been identified as a deficiency during the survey process. *Exception*: categorical LSC waivers do not need to go through the application process.

Application Process: The facility submits a Plan of Correction (POC) and this application for each deficiency/tag for which a waiver is requested. This facility must include the following information on the form, as an attachment to the form, or submitted with the form.

1) Why a waiver of federal requirements is needed.

2) Documentation to support there will be no adverse effects on the health and safety of the residents and employees of the facility. Include a detailed explanation of interim safety measures that includes methods for increased safety awareness. This may include fire watch during construction, increased number of drills and training of staff, or other measures that would provide an increased measure of fire protection and safety.

3) Document how/why immediate compliance would result in an unreasonable hardship on the facility. In cases of financial hardship the facility must specifically describe the estimated cost of installation and the extent and duration of disruption of normal use of patient areas resulting from construction work. The SA may request additional information from the facility in accordance with SOM 2480C

4) Provide a timetable, with milestone dates of major activities, to correct the deficiency and identify the final completion date.

5) Provide the name and contact information for the person responsible for project oversight and completion.

Waivers are time limited and are granted according to the time required to correct the deficiency. The project completion date must be included in the facility's POC. The waiver request is sent to the SA for processing and then to the CMS Regional Office (RO) for determination. The CMS waiver review process may take up to 2-4 weeks. The RO decision will be communicated to the facility and the SA. Facility ***must*** notify the SA upon completion of the project.

Section 1. Demographic

Facility Name | Provider Type | Survey | Waiver Type | Facility ID Number

Street Address | City | State: | Zip Code:

Administrator or Contact Person | Survey Date:

eMail Address | Date Submitted

Section 2. Waiver Information

Tag Number (ex: K 038, F 279)

1. Summarize the deficient practice and indicate why a waiver is needed.

2. Describe how the facility will ensure no adverse effects on health and safety of patients/residents and staff. ** Provide detailed explanation of interim safety measures and methods to increase safety awareness. (ex: fire watch during construction, increased drills, staff training, or other measures to provide increased fire protection and safety.

3. Document how/why immediate compliance would result in unreasonable hardship on the facility. In cases of financial hardship the facility must specifically describe the cost of installation/work and the extent and duration of disruption of normal use of resident/patient ares resulting from construction/work.

4. Provide a timetable, with milestone dates of major activities, to correct the deficiency and identify the final completion date. Note:The SA may request additional information from the facility in accordance with SOM 2480C.

5. Provide name and contact information for person responsible for overseeing the project to completion.

Project Completion Date

Compliance Date

Attachments?

No (●) Yes ( )

If **Yes**, list all attachments

OFFICIAL USE ONLY

State Agency Recommendation:

State Agency's Recommendation to Regional Office

State Agency's Responsible Person:

Date sent to RO:

Regional Office Recommendations

Regional Office Waiver Request Decision

RO Decision Date:

Regional Office Staff's Name

Regional Office Staff's Signature

Waiver Expiration Date: