
INFORMATION AND GUIDELINES FOR PROVIDERS REGARDING WAIVER SUBMISSION

Facilities and agencies who are providers of Behavioral Health services should use the information and guidelines contained in this document to submit a "Request For Waiver Form" to their regional Office of Mental Health and Substance Abuse Services (OMHSAS) Field Office for requesting a waiver of regulations in Title 55 Pa. Code Chapters 1151, 1153, 1155, 5100, 5200, 5210, 5221, 5230, 5240, 5310, and 5320. Additionally, providers may request a waiver of requirements identified in OMHSAS bulletins and other documents.

General Information

- Complete every item on the waiver request form. Processing of your request may be delayed if information is missing.
- Provide a letter of support from the County MH/IDD Administrator that clearly describes what the county is supporting through the waiver request.
- Waiver requests related to staff qualifications must be accompanied by documentation of the staff's name, academic transcripts, work experience and resume.
- Any request for continuation of an existing waiver must be submitted to a regional OMHSAS Field Office 60 days prior to the expiration date of the waiver or within 60 days of the next licensing renewal date, whichever is earlier.

Filling Out the Provider Request Form

1. NAME OF LEGAL ENTITY: Provide the name of the legal entity.
2. NAME OF ADMINISTRATOR/DIRECTOR/CEO: Provide the name of the administrator, Director or CEO of the legal entity.
3. ADDRESS OF LEGAL ENTITY: Provide the address of the legal entity for the facility.
4. COUNTY: Provide the name of the county where the facility is located in.
5. NAME OF FACILITY(IES): Provide the name of the facility for which the waiver is being requested, if different than the legal entity.
6. LICENSE(S) or APPROVAL #(S): Provide the license number which can be found on the agency's license or the approval number which can be found in the agency's approval letter.
7. ADDRESS OF FACILITY(IES): Provide the address of the facility for which the waiver is being requested, if different than the legal entity.
8. LICENSED CAPACITY: Provide the licensed capacity, if applicable, which can be found on your license.

9. NAME AND ADDRESS OF CONTACT FOR WAIVER: Provide the name, physical address, email address and phone number of the individual, director level or above, who is the contact for this waiver request.
10. REGULATIONS SUBJECT TO OMHSAS AUTHORITY WHICH APPLY: Select the regulations which apply to this request for waiver. If the program is licensed or approved by a bulletin or other published communication, please check the box labeled "bulletin/other requirement" and identify the name of the bulletin/other requirement on the line below.
11. DATE OF WAIVER REQUEST: Enter the date you are submitting the waiver to the regional OMHSAS Field Office. Please check if the request is for a new waiver or a continuation of an existing waiver.
12. IDENTIFY THE PENNSYLVANIA CODE SECTION/SUBSECTION NUMBER OR BULLETIN/OTHER REQUIREMENT: Provide the code of the section and/or the subsection number or bulletin/ other requirement that you are requesting to be waived. (Ex. 55 Pa. Code § 5200.3)
13. STANDARD OR REQUIREMENT TO BE WAIVED: Write out the specific reference/language that is used to identify the standard or requirement.
14. THE CITATION TO THE PA CODE OR BULLETIN SECTION THAT PERMITS THE REQUESTED WAIVER: Provide the citation to the PA Code or bulletin section that permits the requested waiver. If there is not specific citation, please identify that there is "no citation". For example, 55 Pa. Code § 5230.91; OMHSAS-10-03, Attachment D, 1st paragraph; etc.
15. THE PERIOD OF TIME COVERED BY THE REQUESTED WAIVER: Provide the specific period you would like to have covered by the requested waiver. For example, June 6, 2021 to June 6, 2022. OMHSAS may allow waivers up to one year in length.
16. FACILITY/AGENCY JUSTIFICATION FOR REQUESTING THE WAIVER: Provide a clear and detailed reason for the waiver request. OMHSAS bulletins and regulations are the minimum standards for services provided to individuals, so providers must provide explanations for why they cannot meet the minimum standards. Providers will be expected to come into compliance with OMHSAS standards at the end of the waiver period, so they should be working toward that goal during the granted waiver period.
17. EXPLANATION WITH CONCRETE ASSURANCES HOW THE HEALTH, SAFETY, AND WELFARE OF INDIVIDUALS WILL BE SAFEGUARDED DURING THE PROPOSED PERIOD OF THE WAIVER: Explain with concrete assurances how the health, safety, and welfare of individuals will be safeguarded during the proposed waiver period. For example, Paul will receive weekly supervision until he finishes the remaining master's level credits he needs to comply with the regulation. Paul's notes will be monitored weekly. Paul's supervisor will observe him while leading group.
18. MEASURES THAT HAVE BEEN TAKEN TO MEET THE REGULATION OR STANDARD: Explain the measures that have been taken to meet the regulation or standard. Please be specific.
19. MEASURES THAT WILL BE TAKEN TO REESTABLISH COMPLIANCE WITH THE REGULATION OR STANDARD: Explain the measures that will be taken to reestablish compliance with the regulation or standard. Please be as specific as possible to show how the purpose of the regulation or standard will be met, including the steps and timeline for the plan. For example, the agency will

negotiate a contract by May 1st with an employment/staffing recruiter that includes incentives for providing a list of qualified candidates within two weeks of being notified of a vacancy.

20. HAS THE AGENCY RECEIVED ANY WAIVERS IN THE PAST TWO YEARS? Please check the appropriate box. If “yes,” please list all the waivers received for this facility in the last two years. Please include the name of the regulation or standard that was waived and the date and time period that the waiver covered. Also, for each waiver, indicate whether or not it is still valid.
21. REGION: Select the OMHSAS region in which the facility is located.
22. Signature of Submitter/Date: Administrator, Director or CEO to sign the document.