NEW YORK STATE | Office of Mental Health

New York State Office of Mental Health
Waiver Request Pursuant to Part 501 of Title 14 NYCRR

Applicant Information

Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name and Title of Contact Person: _____

E-Mail Address: _____ Phone Number: _____

Name of Applicable Program: _____

Address: _____ Program Type: _____

Operating Certificate #: _____ Certified Capacity (if applicable): _____

Current Census: _____ OMH Field Office: _____

County Location(s): _____ Is this a Renewal Request? _____

If "Yes" enter number of the previous waiver request and attach copy of prior approval.

_____

Waiver Request Information

Include the Specific Citation and Text of the Regulation(s) requested to be waived.

Impact of Waiver

1. Include a statement confirming that the waiver request is not inconsistent with applicable state or federal law, including requirements for Medicaid reimbursement.

2. Include a statement confirming that the waiver request is not inconsistent with any applicable accreditation requirements. Indicate which accreditation references are applicable.

Justification for Requested Waiver

1. Clearly state the reason for waiver request.

2. Specify the program at issue and explain how this request will meet each of the goals stated in 14 NYCRR §501.3(a)(2). (Attach additional sheets as necessary.)

(i) Describe how the waiver, if granted, will not diminish the rights, health, and safety of clients:

(ii) Describe how the benefits of waiving the requirement outweigh the public interest in meeting the requirement.

(iii) Describe how the best interests of clients will be served if the waiver request is granted:

(iv) Describe how the request will implement or test innovative programs that may increase the efficiency or effectiveness of operations, will provide additional flexibility to better meet local service needs while maintaining program quality or integrity, or describe what purpose would be served by issuing a waiver and why you believe it is important for the Commissioner to do so.

3. Identify any alternatives to the waiver request that have been considered and why those alternative strategies have been rejected.

4. Previous discussion with OMH representative(s) with respect to the subject matter of the waiver request is required.

Please describe and include name of OMH representative(s):

Other Relevant Information

Specify any additional information which may further justify the request.

____

Signature of Applicant

Name (please print): ____________ **Title:** ____________ **Date:** ____________

Prior consultation with the appropriate local governmental unit is required in order to proceed with a waiver request.

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For completion by Local Governmental Unit Representative:

I have reviewed this request and understand the impact on the local planning process and the mental health service delivery system. Based on my review:

☐ I support this waiver request and recommend its approval by the Commissioner. I have submitted the request to the Field Office for consideration on ____________

☐ I have forwarded this request to the Field Office. On ________ but I do not support the request. The reasons for this decision are as follows:

☐ Incomplete: Returned to Applicant on ____________.

Signature of LGU Representative

Name (please print):	**Title:**	**Date:**

* *

For completion by OMH Field Office Representative:

I have reviewed this request and authorize submission for consideration by the Commissioner.

Signature of OMH Field Office Representative

Name (please print):	**Title:**	**Date:**

☐ Forwarded by Field Office to OMH Central Office on ___________

Email the completed form with Field Office signature, rationale, recommendations, and any related documentation to Gina Bae and Tammy Scherer of the Bureau of Inspection and Certification.

Recommendation of Field Office:

☐ Support ☐ Do Not Support

Justification:

☐ Waiver Request Incomplete: Returned to Applicant on: __________

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For Internal Use Only

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Central Office Program Staff Recommendation:

Waiver Time-frame Recommendation:

Additional Context, Background, Considerations, Contingencies, etc.: