



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**APPLICATION FOR A REGULATORY
OR CONTRACTUAL REQUIREMENT WAIVER**

INSTRUCTIONS

This application is to be completed by a licensed, approved, or contracted Bureau of Substance Addiction Services (BSAS) program that wishes to apply for a regulatory or contractual requirement waiver.

Pursuant to 105 CMR 164.023, the Massachusetts Department of Public Health "the Department" may, at its discretion, waive the applicability of one or more of the requirements of 105 CMR 164.000, upon a written finding that:

- (1) compliance would cause undue hardship to the provider, as documented by the Licensed or Approved Provider in a manner defined by the Department.
- (2) the provider is in substantial compliance with the spirit of the requirement and has instituted compensating features that are acceptable to the Department;
- (3) the provider's on-compliance does not jeopardize the health, safety, or well-being of its patients or residents and does not limit the provider's capacity to provide the service; and
- (4) the provider provides to the Department written documentation supporting its request for a waiver.

In addition, requests for a waiver for contractual (i.e., staffing) requirements may be made by completing the form.

Waiver requestors must identify themselves and their status, cite with specificity the regulation(s) that they want to be waived and demonstrate how they meet the requirements of the waiver regulation, 105 CMR 164.023.

Please note supporting documentation is required (i.e., organizational charts, job descriptions, floor plans, policies, procedures, supervision plans, training plans, etc.).

The form is electronic and fillable. All requests must be typed into the application form. Handwritten requests will not be accepted. Any attachments should be labeled or marked to identify the question to which it relates.

Once completed, please submit the application and supporting documents to your regional licensing inspector. (See [website](#) for regional licensing inspector contact information)

REVIEW

Applications are reviewed in the order they are received.

After a completed application is received, the Department will review the information and will contact the requester if clarifications or updates to the submission application are needed. The Department will notify the requester in writing whether it has met the standards necessary to receive the requested waiver.

The Department may, at its discretion, rescind or impose a time limit on any waiver it grants. Approved waivers will be concurrent with the term of the license or as noted in the approval letter.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements of M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the waiver application process, please contact your regional licensing inspector. (See [website](#) for regional licensing inspector contact information)

SECTION A: REQUESTOR STATUS (REQUIRED)

Initial Waiver Request

Renewal Waiver Application (please include all previous BSAS determinations)

SECTION B: REQUESTOR INFORMATION (REQUIRED)

1. Name of the program as it appears on the license:

2. License Number(s):

3. Service Setting(s):

4. Organization Name:

5. If the waiver request impacts a satellite location, please identify the location(s):

6. Program Contact & Title:

7. Contact Email Address:

SECTION C: GROUNDS FOR A WAIVER REQUEST
List and describe all attachments (i.e., resume, supervision plan)

1. Please indicate the regulation number and applicable sections being requested from 105 CMR 164.000.

For waivers pertaining to the Clinical Supervisor requirements, indicate which criteria the candidate does not meet and what the plan is for the candidate to meet the requirement. (I.e., the candidate does not have supervisory experience but will take supervisory training and receive weekly supervision from X for X length of time).

2. Please explain the reason(s) why the program is unable to meet the current regulation/requirement.

3. Explain how the facility plans to be in substantial compliance with the spirit of the regulation/requirement.

4. What alternative means/measures/strategies are in place to ensure the health or safety of any patient, resident, staff, or public?

ATTESTATION

Signed under the pains and penalties of perjury, I, the authorized signatory of the Requester, agree and attest that all information included in this application is complete and accurate.

Electronically Signed by Name & Title

Date

FOR BSAS USE ONLY

Reviewed by Regional Licensing Inspector

Licensing Inspector Comments:

Reviewed by Contract/Regional Manager(s):

Contract/Regional Manager Comments:

Waiver Received:

Waiver Reviewed:

Determination:

Date of Waiver Approval:

Determination Letter Sent:

Waiver Expiration Date:

Denial Reason(s):