



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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**WAIVER APPLICATION FOR  
REGULATORY OF CONTRACTUAL REQUIREMENT(S)**

**Instructions**

This application is to be completed by a licensed, approved, and/or contracted Bureau of Substance Addiction Services (BSAS) agency that wishes to apply for a regulatory or contractual waiver. Pursuant to 105 CMR 164.023, 164.523, and 164.623, 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 164.00, upon written finding that:

1. Compliance would cause undue hardship to the provider, as documented by the 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 non-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 presents the Department with written documentation to support the request for the waiver.

Waiver requestors must identify themselves and the request type, specific regulatory cite(s) that they want to waive and demonstrate how the agency will meet the requirements under the waiver regulation 105 CMR 164.023, 164.523, and 164.623. Requestors must also submit any other relevant supporting documentation including, but not limited to, resumes, supervision plans, policies, training plans, or organization charts.

This 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 any supporting documentation 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 requestor if clarifications or updates to the submission application are needed. The Department will notify the requestor 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: Request Type**

☐ Initial Waiver Request

☐ Renewal Waiver Request (Include previous BSAS determinations)

### **Section B: Requestor Information**

Program Name:

License Number & Service Setting(s):

Organization Name:

If the waiver requests impacts a satellite location,  
please identify which location(s):

Program Contact & Title

Contact Email Address:

## Section C: Grounds for Waiver Request

List and describe all attachments.

1. Please indicate the regulation number and applicable sections of 105 CMR 164.00, or the specific contract language requesting to be waived. For waivers pertaining to the Senior Clinician requirements, please also complete the additional question in section D below.
2. Please explain the reason(s) why the program is unable to meet the regulatory/contractual requirement(s). If this waiver is related to staffing, identify any and all recruiting and hiring efforts made.
3. Explain how the program plans to be in substantial compliance with the spirit of the regulatory/contractual requirement(s). What is the program's proposed timeline to come into regulatory/contractual compliance? Also include any anticipated impact on the patients, residents, or staff as a direct result of this waiver.

## Section D: Senior Clinician Supplemental Questions

Please only complete this section if the waiver request is related to the 164.005 Senior Clinician definition. Include the following: an updated resume for the proposed candidate, a supervisory plan, and any other relevant supporting documentation.

1. Please indicate what requirement(s) the proposed candidate does not meet (i.e., a master's degree, two years of supervised SUD counseling experience, one year of clinical supervisory experience, and/or independent licensure)
2. Describe the program's plan and timeline for the candidate to meet the regulatory definition of Senior Clinician. Include graduation date and or exam date as applicable.

## Attestation

Signed under the pains and penalties of perjury, I, the authorized signatory of the Requestor, 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:

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Waiver Received:

Determination:

Date of Waiver Approval:

Waiver Expiration Date:

Denial Reason(s):