



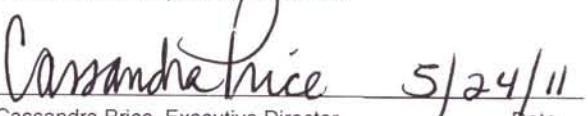
**Chapter:** Administrative Issues Related to Behavioral Health & Developmental Disabilities Service Delivery  
**Subject:** Requests for Waivers of the Standards for DBHDD Services

**References:**  
Official Code of Georgia Annotated 37-2-4

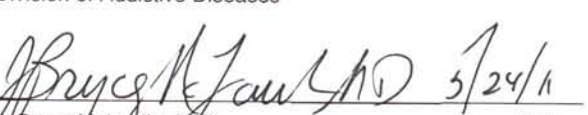
**Original Effective Date:** April 21, 1998  
**Revision #2 Effective Date:** June 1, 2011  
**Scheduled Review Date:** June 1, 2013

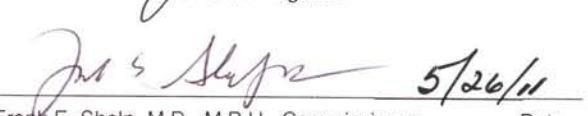
**Applicability:**  
Community Providers of DBHDD Services DBHDD  
State and Regional Offices

**Approved:**  
  
Beverly D. Rollins, M.P.A., Executive Director Date  
Division of Developmental Disabilities

  
Cassandra Price, Executive Director Date  
Division of Addictive Diseases

**Attachments:**  
  
**Attachment A** - Request for Waiver of Standards  
**Attachment B** - Tracking Form for Request for Waiver of Standards

  
Bryce McLaulin, M.D., Date  
Assistant Commissioner of Programs

  
Frank E. Shelp, M.D., M.P.H., Commissioner Date

## REQUESTS FOR WAIVERS OF THE STANDARDS FOR DBHDD SERVICES

### POLICY

DBHDD has a standard process for review and approval of requests for waivers of standards that are contained in the Provider Manual for Mental Health, Developmental Disabilities and Addictive Diseases Providers (Provider Manual).

When the enforcement of one or more of DBHDD standards creates an undue hardship or barrier for individuals to access a needed service, DBHDD reviews the standard and situation in order to determine whether a waiver of the requisite standard(s) for a limited period of time is warranted. The waiver request and review process assures a continuing commitment to an individual's health and safety, compliance with requirements of external funding, regulatory entities, and accreditation/certification requirements. All approved waivers of DBHDD standards expire **at the end of the specified approved time period, not to exceed one year** following their approval, unless otherwise specified in this policy.

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## PROCEDURES

### A. Limitations regarding waivers of standards

Waivers are not granted under any circumstance to allow unlicensed or non-certified staff to provide, authorize or supervise, any services that are required to be performed by a licensed/certified practitioner.

Waivers of standards of professional designations previously granted under this policy are not applicable to the meeting of provider qualifications specified in the Developmental Disability Medicaid waivers.

As of June 30, 2008, no further requests are accepted for a waiver of a standard related to DBHDD professional designations included in the Provider Manual:

- Mental Health Professional (MHP)
- Substance Abuse Manager (SAM)
- Substance Abuse Professional (SAP)
- Mental Health Clinician (MHC)

All existing waivers previously granted for the above professional designations expire at the earlier of the two following dates:

- either one year after their approval (as already specified in this policy), OR
- at the time that the Medicaid State Plan Amendment is implemented.

### B. Process for requesting approval of waivers of standards

A service provider, individual, family member, advocate, or other interested party may request that a standard be waived when the standard creates an undue hardship or barrier for individuals to access a needed service.

Waiver requests are sent to the DBHDD Regional Coordinator or designee, accompanied by a completed **Request for Waiver of Standards** form (See Attachment A).

For requests related to waivers of standards other than professional designation, relevant information is included on **Attachment A - Request for Waiver of Standards** form, including:

- Justification of the reason for a waiver of standards due to an undue hardship or barrier for individuals to access a needed service;
- Plan for improvement or changes needed in order for services to be available in accordance with the standards;
- A recommendation and affirmation of the identified need for a waiver signed by the Director of the provider organization.

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**C. Process for review and approval of waivers of standards**

1. The Regional Office completes an initial review to determine if the request falls within DBHDD guidelines.
2. Within five (5) days after receiving a waiver request, the DBHDD Regional Coordinator or designee submits the request, along with his/her recommendations, to the appropriate DBHDD State Disability Office.
3. The DBHDD State Disability Office approves or disapproves the requested waiver within five (5) business days after involving appropriate DBHDD staff in the review of the request. The decision is documented on the **Tracking Form for Request for Waiver of Standards** (see Attachment B).
4. The DBHDD Medicaid Coordinator approves or disapproves the requested waiver within five (5) business days after receipt from the DBHDD State Disability Office.
5. All approved waivers expire at the end of the specified approved time period, not to exceed one year following approval.
6. The DBHDD State Disability Office is responsible to notify the provider (or other requesting party) by letter of the decision that has been made. The letter outlines the decision regarding the waiver request; if the request is approved, the expectations for the provider (or other requesting party) are outlined as contained in section C of this policy.
7. The Regional Coordinator or designee and the DBHDD Medicaid Coordinator are copied on the letter.
8. For waivers of standards for services that are audited or monitored by a DBHDD External Review Organization or other contracted entity, the DBHDD State Disability Office copies that entity on the letter.
9. The DBHDD State Disability Office maintains a record of the information regarding the waiver request in the **Tracking Form for Request for Waiver of Standards** in the DBHDD Shared Drive.

**D. Provider Responsibilities following approval of a waiver request**

1. The provider must maintain on file a copy of all approved waiver requests and have such waiver(s) available for review by DBHDD or its representatives.
2. The provider must notify the Regional Coordinator or designee when there is any change to services for which the waiver was requested.
3. For waivers of standards for services that are audited/monitored by a DBHDD External Review Organization or other contracted entities, the provider must produce a copy of the waiver letter at the time of the audit in order for the External Review Organization or other contracted entity to appropriately incorporate the approved waiver into the audit/monitoring activity.

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**E. Waiver requests for more than one year:**

All approved waivers expire **at the end of one year** following their approval. If the petitioner believes there are special circumstances justifying an extension beyond one year, they may apply again prior to the expiration date, completing another ***Request for Waiver of Standards*** form with updated documentation.

**Request for Waiver of Standards**

To: \_\_\_\_\_ Region: \_\_\_\_\_  
(Regional Coordinator or designee)

From: \_\_\_\_\_ Contact: \_\_\_\_\_  
(Provider agency applying for waiver) (Agency contact person)

Request for waiver of standard(s) related to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Waiver Period Requested: \_\_\_\_\_ through \_\_\_\_\_  
(12 month maximum)

Describe what the organization is doing to ensure that individuals' needs are met as pertains to the requested waiver:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations: I hereby recommend approval of the requested waiver. I give my assurance that approval of this waiver will not adversely affect the safety and welfare of individuals receiving services.

\_\_\_\_\_  
Agency Director                      Date                      Clinical Director                      Date

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Tracking Form for Request for Waiver of Standards

	A	B	C	D	E	F	G	H	I	J
	Description of waiver of standards that has been requested	Provider organization applying for waiver	Date request submitted to Regional Office	Briefly describe the nature of the request.	Time to resolution (12 month max)	Regional Coordinator or designee recommendation (approve or disapprove)	Date request submitted to DBHDD Disability Office	DBHDD Disability Office Decision	DBHDD Medicaid Coordinator Decision	Notification to Provider
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