



Protocol for Providers' Waiver Request February 2007

This protocol has been established in order to comply with 10A NCAC 27G .0800 Waivers & Appeals. The rule requires contracted providers to obtain recommendation by the LME Area Board prior to authorization of its request by DMH.

- 1) Providers shall submit its "Waiver Request" and any supporting documents to the Contracts Management Unit.
- 2) Contracts will present request to the Corporate Compliance Team for review.
- 3) Corporate Compliance Team will support, deny, and/or seek additional information from provider.
- 4) Recommendation from Corporate Compliance Team will be presented to the Executive Committee of the Area Board by Area Director and/or designee.
- 5) The LME Contracts Management Unit will maintain a file of all requests and recommendations.

Source of Authority:

10A NCAC 27G .0802 CONTENTS OF WAIVER REQUESTS

Except as provided in Rules .0806 and .0813 of this Section, waiver requests shall be in writing and shall contain:

- (1) the name, address and telephone number of the person making the request;
- (2) the name, address and telephone number of the facility, program, agency or other entity for which the waiver is requested;
- (3) the rule number and title of any rule for which the waiver is requested;
- (4) a statement of facts including:
 - (a) the reason for the request;
 - (b) the nature and extent of the request; and
 - (c) confirmation that the health, safety or welfare of clients will not be threatened;
- (5) the time frame for which the waiver is requested; and
- (6) authorization for the waiver request and the date of such authorization. Required authorization is as follows:
 - (a) by the area board for a facility operated by an area program;
 - (b) by the governing board of the contract agency with a recommendation by the area board, for a contract agency (of area programs);
 - (c) by the governing body for a private facility; and
 - (d) by the Director of the Division of Prisons for the Department of Correction.