WAIVER AND VARIANCE APPLICATION CHECKLIST

Please complete the online web form for waiver or variance requests and upload any supportive documents for review. As a reminder, all policies and procedures must be established as part of the requirements for regulations and readily available upon request.

Upon application submission you will receive an acknowledgement email. Applications are reviewed in the order they are received by our office. The initial review timeframe is ***30 business days*** from the application submission date.

The official rules for all state programs are on record with the Georgia Secretary of State's Office at http://rules.sos.state.ga.us/.

The online application portal can be accessed at https://gahles.dch.georgia.gov/. All correspondence regarding the status of your application will be sent to the email address provided for the contact person on your application. If additional documentation is required, you will receive an email from HFRD_do_not_reply@dch.ga.gov containing a link to the application portal and a verification code. Please open the email, copy the invitation code, and paste it into the provided link to check your application status. Upload the requested documents, confirm that all documents have been uploaded, and click submit. You will receive a confirmation email acknowledging that we have received your documents. Failure to upload the requested documents will result in the denial of your application.

For questions about Regulations, email the respective program. Please review link for HFRD contacts https://dch.georgia.gov/divisionsoffices/hfrd/about-hfrd/hfrd-contacts .

For general application questions, email the HFRD Applications and Waivers Team at hfrd.applicationswaivers@dch.ga.gov .

In order to process your request for a variance or waiver, you must complete an Application for Variance or Waiver. All information requested must be supplied in order to have your application for a variance or waiver considered.

Section 1

Licensed facility: List the name, address and phone number of the licensed facility. Contact Person or Person Representing Facility: This person many times will be the administrator of the facility. However, it could be an attorney, or someone else designated by the license holder to provide information on behalf of the licensed facility concerning the variance or waiver request.

Section 2

List each rule separately for which a variance or waiver is being requested.

Section 3

Determine whether you are seeking a variance or waiver and check accordingly. Most requests are for variances. A variance is a request to permit some departure or variation from the literal requirements of the rule, e.g. the rule requires a 6-foot-wide hall, and your hall is 70 inches wide. A waiver is a request to dispense entirely with a specific rule, e.g. the rule requires the care giver to have a high school diploma or GED, and the applicant has neither and doesn't plan to get one but can read and write and follow directions. If your request concerns a particular resident at your facility, please provide the date that the

resident was admitted to the facility and attach a copy of a recent medical evaluation.

Section 4
Explain how complying with the rule would cause you a substantial hardship and any other information you believe justifies your application. (Example: hall would have to be completely remodeled to add 2 inches to comply with the rule. Costs would be prohibitive.)

Section 5
List the alternative standards or conditions you are willing to meet which relate to the underlying purpose of the rule for which a variance or waiver is being requested. (Example: no furniture will be placed in the hallway.)

Section 6
Explain how the standards or conditions listed in Section 5. will provide adequate protection for the health, safety and welfare of the person receiving care through your licensed facility or program. (Example: wide hallway is to ensure that public can exit the premises easily. Keeping the hall free of all furniture should ensure that people will be able to leave the area easily.)

Section 7
Explain why you believe the variance or waiver would serve the purpose of the underlying statute. (Example: Licensing statute exists to ensure that care is delivered safely. Variance with additional voluntary standards provides for safe care.)

Section 8
State how long you want the variance or waiver to last. Variances or waivers are granted for a specific period of time. Example: one year, two years, ten years, etc.

If you are requesting a waiver for Personal Care Home Rule 111-8-62-.15(1)(b), please submit the following information below.

1. Date of admission
2. Date of Birth
3. Current physical exam
4. Floor plan of facility – indicate resident's room, exits/ramps and escape routes
5. Current staffing schedule – include sitter schedule, if applicable
6. Current census
7. List of current active waivers
8. Copy of the last 3 fire drills with at least one fire drill conducted when residents are sleeping
9. Hospice, Home Health or other service providers' plans of care, if applicable
10. A statement from the fire marshal that "the facility continues to meet all fire safety code regulations with a resident(s) on site who is mostly incapable of self-preservation". The statement must be based on the most current fire inspection. Before fire marshal makes the above statement, the facility must advise the fire marshal of the residents in the facility who are mostly incapable of self-preservation.