STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND CERTIFICATION

Home Health Services Provider Waiver Requests

NOTE: This notice is for agencies that are NOT Federally Certified

SECTION 1: AGENCY INFORMATION			
Agency Name:			
Doing Business As:			
Physical Address:			
City:	State:	Zip:	County:

Section 3: TYPE OF REQUEST

☐ New waiver request – a new waiver request is made during a current licensing period. Please submit this type of request by completing this form and emailing the completed form to DLRS.Medfacilities@Maine.gov. Your request will be reviewed, and you will be notified of the results of this review. If approved, you will be notified that a $10 processing is required to finalize the approval of the waiver and the license will be revised to reflect the regulation that is approved to be waived. The waiver will not be officially approved until the fee is received and the revised license is issued.

☐ Renewal waiver request – An approved waiver is time limited and corresponds to the expiration of the license. If you need to renew the waiver, please submit this form with the license renewal. No extra charge is required.

SECTION 3: WAIVER REQUEST- to be completed by the Agency (A separate form must be completed or each regulation)

Regulation waiver is being requested:

Explanation of the reason the regulation cannot by met and the waiver is being requested:

A description of the alternative method proposed for meeting the intent of the provision sought to be waived.

Section 4: DEPARTMENT REVIEW

SUPERVISOR OR MANAGER'S REVIEW

☐ Approved
☐ Denied

Reason denied:

Signature: Date:

ASSOCIATE DIRECTOR'S REVIEW

☐ Approved
☐ Denied

Reason denied:

Signature: Date:

SECTION 5: PROCESSING

If approved:
Date Agency Contacted for Fee:
Date Fee Received:
Date License Revised and Approval Letter Sent to Agency**:**

If denied:
Date Agency notified in writing: