COLORADO
Department of Public Health & Environment

State Regulation Waiver Application Form

The regulations governing the process of granting or denying applications for waivers of regulations pertaining to health facilities in Colorado can be found in Chapter 2, section 4 of the Department's Standards for Hospital and Health Facilities (6 CCR 1011-1).

Facility Name _____

Facility Address (# & Street) _____

Facility Address (City, State, Zip) _____

Administrator Name _____

Administrator Telephone Number _____

Administrator E-mail Address _____

Date of Application _____

1. Is waiver application submitted pursuant to a deficiency citation from a recent survey?

☐ No ☐ Yes If Yes, Survey Exit date _____ Tag Number _____

2. Is waiver application submitted pursuant to building construction and/or fire safety (i.e. new construction, modification, remodeling, etc?

☐ No ☐ Yes Briefly describe the construction _____

If Yes, to whom in DFPS was notified ? _____ Date _____

3. What is the specific state regulation, Chapter,Section, and Subsection, that is the basis for the waiver application? (I. E. Chpt 5, Sect 7.3) _____

4. Describe the state regulation in which the facility is requesting: (required) _____

5. Explain why the facility needs a waiver of this state regulation: (required) _____

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6. Explain how the facility's present situation does not comply with the regulation: (required)	
7. Please provide a detailed description of the programs or services offered by the facility affected by the regulation: (required)	
8. Describe the nature and extent of the application's efforts to comply with the regulation: (required)	
9. Please explain the facility's proposed alternative(s) to meet the intent of the regulation that is the subject of the waiver application: (required)	
10. Explain why granting the waiver would not adversely affect the health, safety or welfare of the facility's residents or patients: (required)	

11. If the waiver is being sought for state regulation, a description of how any applicable federal regulation similar to the state regulation for which the waiver is sought (if any) is being met: (optional)	
12. Please describe the facility's staffing consideration: staff/ resident ratio, staffing patterns, scope of staff training, and cost of extra or alternate staffing: (required if relevant to waiver)	
13. Describe the number of residents/ patients in the facility and the level of care they require, location and number of ambulatory and non-ambulatory residents or patients, and/or decision making capacity: (required if relevant to waiver)	
14. Recommendations of attending physicians and other care-givers: (required if relevant to waiver)	
15. Describe the extent and duration of the disruption of normal use of resident or patient areas to bring the facility into compliance with the regulation: (required if relevant to waiver)	

16. Life Safety Code factors, including but not limited to: Availability and adequacy of areas safe from fire & smoke to hold residents during a fire emergency; Smoking regulations; Fire emergency plan; Availability, extent, & type of automatic fire detection & fire extinguishing systems provided in the facility; The ability to promptly notify and availability of the local fire department. (required if relevant to waiver)	
17. Financial factors, including but not limited to: Estimated cost of complying with the regulations, including capital expenditures & any other associated costs, such as moving residents; How application of the regulation would create a demonstrated financial hardship on the facility that would jeopardize its ability to deliver necessary health care services to residents; Availability of financing to implement the regulation, including financing costs, repayment requirements, if any, & any financing or operating restriction that may impede delivery of health care to residents; Potential increase in the cost of care to residents or patients as a result of implementation of the regulation (required if relevant to waiver)	

18. Why the waiver of the regulation is necessary for specific facility programs to meet specific resident needs, and why other residents needs are not thereby jeopardized. (required if relevant to waiver)

19. Have you posted the public notice pursuant to Chapter 2, Section 4.103 (4)?
Please include a copy of the notice with your completed waiver application form. ◯ No ◯ Yes

I hereby certify that the information contained herein is true, accurate, and complete to the best of my knowledge.

Print Administrator Name: _____ Title _____

Administrator Signature:
(Once signed electronically, the form will lock all field.) _____ Date _____

Please send completed State Regulation Waiver Application Form, copy of Public Notice Posting, floor plans/ blueprints CD-ROM, and any addendum attachments to:

Colorado Department of Public Health and Environment
Health Facilities & Emergency Medical Services Division
Attention: Waiver Intake
4300 Cherry Creek Dr South C1
Denver CO 80246-1530
OR
e-mail: cdphe.hfd-revisits@state.co.us (10MB attachment limit per e-mail. Please list facility name in subject line.)
OR
Fax: 303-756-3973 (On Cover Sheet, please send to the Attention of: Waiver Intake)

For questions, please call 303-692-2836 and ask for the Waiver Intake Desk.

Thank you