



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND CERTIFICATION
BEHAVIORAL HEALTH PROGRAMS
Waiver Request Form**

The Commissioner or his/her designee may upon written request waive or modify any rule which is not mandated by Maine Statute if the applicant provides clear and convincing evidence which demonstrates that the applicant's alternative method will comply with the intent of the rule for which a waiver is requested. The Department may waive or modify any provision(s) of these regulations if the provision is not mandated by state or federal law and does not violate resident rights. If approved, the waiver may be time limited. Approved waivers are non-transferable to either another agency or to another geographical location.

SECTION 1: Program Information	
Licensee or Agency Name:	
Address(es):	
Telephone No.: ()	E-mail Address:

SECTION 2: Program Type
Select type of program: License Number: _____
<input type="checkbox"/> Mental Health Program <input type="checkbox"/> Substance Use Disorder Program

Instructions for requesting a waiver:

- The applicant/licensee shall indicate, in writing, the rule number, understanding of the rule, reason this rule cannot be met and the alternative method for compliance with the intent of the rule for which the waiver is sought.
- If you need additional space to include all site locations, you can submit an excel spread sheet or provide a list of sites on a separate sheet of paper indicating that they are to be included in the waiver.
- All OTP clinics will need to submit a copy of each requested waiver to DLC as well as Maine Office of Behavioral (OBH).
- Exception Requests approved by OBH do not need to be sent to DLC. The approval will need to be in the client file. See 19.8.11.3-19.8.11.3.

Mail application to address below and for questions regarding this program and/or application, please contact the following:
 Department of Health and Human Services
 Licensing and Certification
 Behavioral Health Program
 41 Anthony Ave; 11 State House Station
 Augusta, ME 04333-0011

Tel: (207) 287-9300 option 2 Fax: (207) 287-5815 Toll Free: 1-800-791-4080 TTY users call Maine relay 711
 Email: dls.MedFacilities@maine.gov

SECTION 3: Waiver Information

Rule Number:	Describe your understanding of the Rule(s) and intent	Explanation of the reason(s) why the rule (s) cannot be met:	Alternative method of how the facility will meet the intent of the rule(s):

Director or owner's printed name: _____ Date: _____
Director or owner's signature: _____

Office Use Only:

Action taken by Department: Approved Not Approved

Program Manager: _____ Date: _____

Comments: _____

Waiver Expiration Date: _____