

I. Appendix A: Sample provider waiver request letter

**DSAMH Waiver Application**

**(Insert provider/program here)** is formally requesting a waiver from The Division of Substance Abuse and Mental Health for the following requirements:

	List Regulation(s), Standard(s), and Policy(s) that program is requesting to be waived.	List specific elements requested to be waived:
Element 1		
Element 2		
Element 3		

Answer the following questions for each element in each question:	
Why is the waiver request needed? Specify the hardship that the program is experiencing at this time.	
What is the expected duration of the waiver? (Duration must be minimum time required and not exceed 1 year)	
Define the impact to the program and clients if the waiver is declined.	
How will the waiver, if approved, benefit client services and the agency? Include any benefits regarding quality and safety.	
What are the risks to client health, safety, and well-being if waiver approved?	
What are the steps being taken to mitigate those risks?	
How will the program monitor services for any unintended or unforeseen consequences for the	

duration of the waiver if approved?	
Define how the program will document monitoring, utilization of waiver, and progress reports to DSAMH for all waived elements.	
Define how the program will take steps to exit from waiver by achieving changes needed to meet requirements.	

If the waiver is an approved PDSA, a separate document with PDSA plan is required.

DSAMH may rescind waiver at any time if the program is not fulfilling steps to correct deficiencies and/or DSAMH identifies waiver is no longer appropriate or poses an unnecessary risk to clients' safety, health, or well-being. DSAMH will provide a decision within ten (10) business days of the receipt of the request.

If you are interested in providing feedback to DSAMH regarding this request, please contact DSAMH using any of the methods listed below:

Email: [DSAMHQA@delaware.gov](mailto:DSAMHQA@delaware.gov)

Call: 302-255-7244

Mail:

DSAMH, Bureau of Policy, Compliance and Workforce Development  
 203 Mitchell Lane  
 Springer Building  
 New Castle DE 19720

Per Delaware State code, waiver requests must be publicly displayed on provider letterhead.

II. Appendix B: Sample provider waiver approval letter

**DSAMH Waiver Application Decision Notice:**

Date:

Full Approval       Partial Approval       Unable to support waiver request

Agency with fully approved waivers must update DSAMH, as specified below, on status of waiver plan and progress. Partial approval waivers have the same obligation plus addressing the deficiencies that were not waived. If the waiver request not supported, the program may submit a new application if they have additional information. The original application will be closed.

Summary:	
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Duration of Approval:	
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Frequency of Updates:	
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Signature: \_\_\_\_\_  
Chief of Policy and Compliance

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
DSAMH Director

Date: \_\_\_\_\_

DSAMH may rescind waiver at any time if the program is not fulfilling steps to correct deficiencies and/or DSAMH identifies waiver is no longer appropriate or poses an unnecessary risk to clients' safety, health, or well-being.

Provider: Please display a copy of this waiver approval in a public place.

If you are interested in providing feedback to DSAMH regarding this waiver, please contact DSAMH using any of the methods listed below:

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