

ATTACHMENT F – Massachusetts Department of Public Health Request for Waiver of Certain 105 CMR 153.000 Regulations for Long Term Care Facility to Shelter Special Populations due to the Current Emergency

IN RE: Facility: _____
Address: _____
City or Town: _____, MA Zip _____

The above-referenced Facility has been issued a License to operate a long term care facility under M.G.L. c. 111, sections 71, by the Department of Public Health (the Department);

_____, [Requesting Facility Name] [“the Facility”] due to the _____ [brief description of event e.g., Ice storm, Tornado etc.] on or about _____, [date of Event] is requesting a waiver to establish an emergency health shelter tenancy on the licensed premises, not to exceed 10% of the facility’s licensed bed capacity, consisting of _____ beds [#] to shelter persons from the community who do not require hospital level care but nursing care and support so as to relieve pressure on _____ (Name of Requesting Hospital); at the request of _____ (Name of Town local emergency agency’s Agent) for the city or town of _____.(city or town name)

This waiver is requested on a temporary and emergency basis not to exceed seventy-two (72) hours, unless extended by the Department;

The Facility is requesting a waiver pursuant to 105 CMR 153.031(B), from the requirements of 105 CMR 153.030(A) and (D), due to the abovementioned reasons, and not to grant this waiver would result in the inability of the Facility to cooperate in providing this support and assistance in response to the community need, resulting in potential undue stress and harm to these persons.

I, _____, [Administrator’s name] Administrator responsible for the care and services rendered at the Facility, attest that the Facility has adequate space to accommodate these persons and that I will ensure implementation of this health shelter in accordance with the guidelines of the Department for bed arrangement and care, as outlined in the “*Influx of Residents/Surge Guidelines for Long Term Care Facilities*” dated April, 2012. I further attest that sufficient staff and provisions will be provided to ensure the health and safety of those persons received into the Facility; and the granting of this waiver will not compromise the Facility’s ability to continue meeting the health and safety needs of current residents according to both state and federal regulations.

It is so requested:

Administrator

Date

Facility Name: _____

FAX REQUEST TO: 617-753-8165 (DEPARTMENT OF PUBLIC HEALTH)