Continuum of Care and Assisted Living Centers
Exception or Temporary Waiver Request

Oklahoma State Department of Health
Protective Health Services
Medical Facilities Service

Oklahoma State Department of Health
Creating a State of Health

Facility Name: _____
Project Title: _____
Facility Address: _____
Date: _____
Contact person: _____
Contact person's phone number: _____
Contact person's email: _____

Instructions

I. The Oklahoma State Department of Health developed this template to assist facilities in providing complete information in a request for exception to minimum construction requirements when constructing new facilities or renovating existing facilities. This form must be accompanied by the $500.00 request for exception to or temporary waiver of FGI guidelines fee.

II. SUBMITTALS BY MAIL: The exception or temporary waiver request form must be accompanied by the $500.00 fee in order to be reviewed. Fee should be submitted directly the post office box listed below. Please do not submit fees to the Health Facilities Plan Review Division. Checks, money orders or bank drafts must be made payable to OKLAHOMA STATE DEPARTMENT OF HEALTH, must clearly identify the project and contact person and be mailed to:

Oklahoma State Department of Health
Protective Health Services
Medical Facilities – Plan Review
PO Box 268823
Oklahoma City, OK 73126-8816

III. SUBMITTALS IN PERSON: If submitting application which is subject to a fee, the application must be accompanied by RECEIPT for the appropriate fee which is provided by the Financial Management Division when the payment is accepted. Please obtain this receipt from Financial Management, located on the 1st floor lobby of OSDH before submitting any such application.

IV. Please indicate the request type.

☐ **Exception** ☐ **Temporary Waiver**

Standards

Minimum Requirements: Pursuant to Oklahoma Administrative Code (OAC) 310:663-7-6(a), the standards are not intended to restrict innovations and improvements in design or construction techniques. 310:663-7-6(c) states that "An assisted living center may submit a request for exception or temporary waiver if rules of this Chapter create an unreasonable hardship, or if the design and construction for the nursing facility property offers improved or compensating features with equivalent outcomes to this Chapter."

Undue Hardship

Does compliance with Chapter 663 create an undue hardship?

☐ **Yes**

☐ **No**

If yes:
What is the relevant section(s) for which the facility is requesting an exception or temporary waiver?

Please provide a detailed explanation of how compliance with the section(s) would create an undue hardship:

What is the specific relief requested?

Describe any documentation that is attached to support the application for exception or temporary waiver:

Improved/Compensating Features with Equivalent Outcomes

Does the design and construction for the hospital property offer improved or compensating features with equivalent outcomes to the Chapter?

☐ **Yes**

☐ **No**

If yes:
What is the relevant section(s) for which the facility is requesting an exception or temporary waiver?

Explain the reason(s) for requesting an exception or temporary waiver:

What is the specific relief requested?

Describe any documentation that is attached to support the application for exception or temporary waiver:

The undersigned, acting on behalf of the facility requesting an exception or temporary waiver, hereby certifies that the above information is true and correct to the best of their knowledge.

Signature of Applicant:

Signature: _____ **Title or Position: _____**

Print Name: _____	**Email Address: _____**
Date: _____	

PLEASE DO NOT WRITE IN THE AREA BELOW – FOR OSDH USE ONLY

☐ **Approved** ☐ **Not Approved** ☐ **Conditionally Approved** ☐ **By:_____**	**COMMENTS:**

Initials

_____ Plan Review Admin. Program Manager **_____ Medical Facilities Service Director**

_____ Deputy Commissioner (if applicable)