

BAAS GENERAL MEMO (GM)	
GM NUMBER:	24-24
TO:	All CFI Case Management Agency Directors and CFI Case Managers
FROM THE OFFICE OF:	Bureau Chief, Adult & Aging Services (BAAS), Wendi Aultman
SIGNATURE:	
SUBJECT:	Guidance For Submitting An Online Request For Waiver of Rules
EFFECTIVE DATE:	Upon Release
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

SUMMARY

The purpose of this memo is to provide guidance on submitting an online request for waiver of rules for Choices for Independence (CFI) services through the attached Provider Notice #24-24.

DISTRIBUTION

Upon release this memo and PN will be available internally on the (N:) drive, in the BEAS folder for staff to access. Providers should also retain a copy for reference. This memo with the attached PN will also be available electronically on the DHHS website at [Bureau of Adult and Aging Services \(BAAS\) General Memos | New Hampshire Department of Health and Human Services \(nh.gov\)](#).

Provider Notice (PN) Title: Instructions and Guidance for Submitting An Online Request For Waiver Of Rules	Number: GM # 24-24
	Effective Date: Upon Release
	Revision Date: N/A
	Reviewed By: Kristina Ickes

Purpose: The purpose of this PN is to provide instructions and guidance for submitting a request online for waiver of rules.

Procedure

Accessing And Completing A Request For Waiver Of Rule

Follow the instructions below to submit an online waiver of rule request:

1. On the Choices For Independence (CFI) Dashboard in New HEIGHTS, click the **'Create New Activity'** drop-down menu. Select **'Waiver Request'** then click the **'Add'** button to continue.
2. At any point, you can click the **'HELP'** icon at the top of the page for additional information on what is presented on the screen.
3. Before completing the Online Waiver Request form, the individual must be identified.
 - a. Select either SSN or MID from the **'Identifier Type'** drop-down menu.
 - b. Enter the corresponding identifier number and click the **'Search'** button.
 - i. If the individual's SSN or MID is not recognized, a pop-up message will appear. If the number was entered incorrectly, click the **'Cancel'** button to reenter the number.
 - c. The individual's information auto-populates as read-only in the gray text fields. Verify the information is accurate for the individual you are submitting a waiver request for.
 - i. If the information displayed does not match the individual you are uploading documents for, click the **'Clear'** button to restart the search.
 - d. Click the **'Next'** button to proceed.
4. You will be taken to the CFI Waiver Request Form. At the top of the page, you will see the **'Individual Information'** banner displaying the individual's Name, Gender, DOB, SSN, MID, Waiver Number, and Status of the request.
5. Below the **'Individual Information'** banner, fields are marked with a red asterisk to indicate they are required.
6. Click the **'Requesting Entity'** drop-down menu and select the entity requesting the waiver rule exception.
7. The **'Requesting Agency'** and the **'Requestor'** fields are disabled as they are auto-populated and will display the name of the Case Management Agency (CMA) and worker logged in.
8. The **'Date of Request'** field will auto-populate to today's date in MM/DD/YYYY format. You may change this date by entering a new date in the same format or by selecting a date using the calendar icon.
 - a. This date can be a past date but not a future date.
9. The **'Request End Date'** field will auto-populate to 30 days from the 'Date of Request'. You may change this date by entering a new date using the same format as above or selecting a date using the calendar icon.

- a. This date can be a current or future date but not a past date.
 - b. If you change the **'Date of Request,'** field the **'Request End Date'** field will always auto calculate to 30 days later.
10. Click the **'Request Type'** drop-down menu and select the appropriate option.
- a. If you are requesting a waiver of rule for an initial application, select **'Initial'**.
 - i. This will disable the **'Initial Waiver Number'** field and **'Renewal Expiration Date'** fields.
 - b. If you are requesting a waiver of rule for a renewal, select **'Renewal'**.
 - i. You will be required to complete the **'Initial Waiver Number'** and **'Renewal Expiration Date'** fields. Enter the **'Renewal Expiration Date'** in MM/DD/YYYY format or select the date using the calendar icon.
11. The **'Provider Agency'** and **'Staff Name'** fields are optional.
12. Click the **'Name of Service'** drop-down menu and select the appropriate option.
- a. If you select **'Residential'** as the service, you must complete the required fields under the **'For Licensed/Certified Residence ONLY'** section, including:
 - Facility Name
 - Address Line 1 (Address Line 2 is optional)
 - City
 - State, which will auto-populate to New Hampshire and be disabled
 - Zip code
 - ('Certificate #' and 'Expiration Date' fields are optional)
 - b. If you select **'Other'** in the Name of Service drop-down, each field under the **'For Licensed/Certified Residence ONLY'** section, including the 'Certificate #' and 'Expiration Date' fields, will be disabled.
13. Next, click the **'He-E Rule Label'** type-ahead field. You may scroll and select the rule being waived or you may enter key words, letters, or numbers associated with the rule to filter the list of options. The results automatically filter based on your input. Click the correct rule label once found in the results.
- a. If you have selected a waiver rule that could be denied, a pop-up message will appear. Click the **'OK'** button.
 - b. If you would like to proceed with your selection, continue filling out the rest of the form as required.
 - c. If you would like to change your selection, click the **'X'** icon in the **'He-E Rule Label'** field to clear your selection and make a different selection.
14. The disabled field labeled **'Quote the specific language you seek to waive'** auto-populates the full waiver rule language based on the He-E Rule Label selected.
15. Complete the field labeled **'Provide a full explanation of why a waiver to this standard is sought'**.
- a. The character limit is 1000.
16. Complete the field labeled **'Describe the proposed alternative to satisfy the regulatory intent'**.
- a. The character limit is 1000.

Signatures

A series of signatures are required to submit a CFI waiver request. This includes signatures signed directly on the form and offline signatures. The following steps describe how to obtain and submit these signatures.

1. In the **'Signatures'** section, fill in the **'Case Manager Signature'** field with your name. The Date field will automatically default to today's date in MM/DD/YYYY format. You may change this date by entering a new date in MM/DD/YYYY format or selecting a date using the calendar icon.

- a. This date can be a past date but not a future date.
2. At this point, you may click the **'Save'** button to save your progress.
 - a. A **'successfully saved'** pop-up confirmation will appear. Click the **'OK'** button to continue.
3. You will be required to gather offline signatures from the provider agency director and the individual or guardian. By clicking on the **'Generate PDF'** button, you can generate a portable document format (PDF) version of the waiver request form. The PDF will open in a new tab in your internet browser, which can be downloaded and saved or printed, allowing you to send it to the provider agency director and the individual or their guardian by mail through the United States Postal Service (USPS) or by e-mail.
 - a. Each respective signature and date of signature must be completed in the **'Signatures'** section of the PDF.
4. Once the offline signatures have been gathered, upload your documents with the signatures to the **'Additional Documentation'** section on the waiver request form.
 - a. Select **'Authorization-LTSS'** from the **'Document Category'** drop-down menu. Once the Category is selected, the **'Document Type'** drop-down menu will become enabled with options specific to the category selection. Select **'Waiver Request'** from the Document Type drop-down menu.
 - b. You may now upload the applicable signature document(s).
 - c. Click the **'Select File'** button and browse your computers files for the document(s) you wish to upload.
 - d. Once the document is selected, you will see the Document Category, Document Type and File Name populated in a table.
 - i. If you wish to remove a selected document, click the **'Trashcan'** icon in the **'Action'** column.
 - e. Continue uploading documents as needed.
5. Once you have uploaded all documents with the required signatures, check the **'All required signatures have been uploaded'** box.

NOTE: CFI waiver request documents may be uploaded directly through the waiver request form or through the CFI Dashboard **'Upload Documents'** feature. For more information on submitting documents through the CFI Dashboard, please see the **'Document Upload Part 2 – Uploading the Document'** tutorial on the NH EASY portal or the New Hampshire Department of Health Human Services YouTube Channel.
6. Filling in the **'Print Provider Agency Director Name'** and the **'Print Individual or Guardian Name'** fields along with their corresponding 'Dates' are optional.
7. To submit the CFI waiver request, click the **'Submit'** button.
 - a. A **'successfully submitted'** pop-up will appear. Click the **'OK'** button to return to the CFI Dashboard.
8. The Long Term Care-Medical Eligibility Unit will be alerted of incoming waiver requests in New HEIGHTS and will take the appropriate steps to review and approve or deny each request.