


**NH Department of Health and Human Services (DHHS)
Division of Long Term Supports and Services
Bureau of Developmental Services**

**105 Pleasant St.
Concord, NH 03301**

Policy Number	P#012
Policy Owner	Bureau of Developmental Services (BDS)
Policy Name	BDS He-M Waiver Request
From	Jessica Gorton, Bureau Chief
Administrator's Signature	
Regulatory and Other Reference(s)	He-M 503, 504, 505, 506, 507, 513, 517, 518, 521, 522, 524, 525, and 1001
Approval Date	December 29, 2017
Effective Date	January 1, 2018
Revision History	June 10, 2024
Key Contacts	Director LTSS, BDS Bureau Chief, BDS Liaisons, Bureau of Health Facilities Certification Unit Staff, Designated BDS Staff

Policy Statement:

The Department of Health and Human Services (DHHS), Bureau of Developmental Services (BDS) develops and maintains policies and procedures to outline the processes for implementing BDS programs and services, ensure compliance with applicable federal/state laws, regulations and requirements, and to support the BDS mission and strategic planning goals.

Purpose and Intent of Policy:

The purpose of this policy is to set forth the criteria and procedure for submitting a NH Bureau of Developmental Services Waiver Request for any portion of each applicable Administrative Rule which an Agency is seeking to waive. Please note that waivers cannot be granted for provisions that are in State Law.

Throughout this policy, the term “agency” refers to the Area Agency or Provider Agency submitting the NH Bureau of Developmental Services Waiver Request form. The term “form” refers to the NH Bureau of Developmental Services Waiver Request form.

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Procedure:

1. An agency seeking to waive a portion of an applicable rule shall do so by submitting an NH Bureau of Developmental Services Waiver Request Form to bds@dhhs.nh.gov.
2. In order for BDS to process the form in a timely manner, the agency shall fill out all sections of the form and attach all required documentation.
3. For requests involving criminal records, the agency shall include the criminal record, Bureau of Elderly and Adult Services (BEAS), and Division of Youth and Family (DCYF) checks as required by the applicable rule.
4. In completing the form, the agency shall clearly include the length of time they are requesting to waive a portion of the rule, for the minimum period necessary to accommodate the waiver request.
 - a. Forms submitted for consideration as an “Only Willing and Qualified Provider” shall be submitted in accordance with the Only Willing and Qualified Provider (OWQP) policy.
5. Forms that are not completed in their entirety will be returned, unprocessed, to the agency.
6. Within thirty (30) days of the receipt of the form, the Bureau will review the form and approve or deny the request.
7. If additional information is required to make a determination, the Bureau shall contact the agency.
8. If the additional information requested is not received by the Bureau within 30 days, the request shall be denied. The agency may submit a new form with the additional information required.
9. Upon approval or denial of the request, the Bureau will electronically communicate the outcome to the agency.