PART He-M 1202 ADMINISTRATION OF MEDICATIONS IN BEHAVIORAL HEALTH PROGRAMS

Statutory Authority: RSA 135-C:61, III; and RSA 326-B:43, VI

He-M 1202.01 Purpose. The purpose of the rule is to ensure the safe administration of medications by providers to individuals who reside in community residences certified under He-M 1002.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.02 Definitions.

(a) "Administration" means an act whereby a single dose of a drug is instilled into the body of, applied to the body of, or otherwise given to a person for immediate consumption or use.

(b) "Agency" means any community mental health program or community mental health provider.

(c) "Authorized provider" means a person who is employed by, has a contract with, or receives remuneration from the department or an agency to deliver services to an individual and meets the requirements of He-M 1202.05.

(d) "Commissioner" means the commissioner of the department of health and human services.

(e) "Community mental health program (CMHP)" means a program operated by the state, city, town, county, or a community-based New Hampshire nonprofit corporation for the purpose of planning, establishing, and administering an array of community-based, mental health services pursuant to He-M 403 and as defined in RSA 135-C:2, IV.

(f) "Community mental health provider" means a medicaid provider of community mental health services that has been previously approved by the commissioner to provide specific mental health services pursuant to He-M 426.

(g) "Community residence" means either an agency residence or a family residence, exclusive of any independent living arrangement, that:

(1) Provides residential services in accordance with He-M 426 and He-M 1002 for at least one individual with a mental illness;

(2) Provides services based on the needs identified in the individual's service plan (ISP);

(3) Is operated directly by a CMHP, a community mental health provider, or by contract or agreement between the department and another entity;

(4) Serves individuals whose services are funded by the department; and

(5) Is certified pursuant to He-M 1002.

(h) "Competent" means having the integration of knowledge, judgment, and skills necessary to provide safe medication administration.

(i) "Controlled drug" means a drug which is included in schedules I, II, III, IV, or V of part B of the Controlled Substances Act 21 U.S.C. 811-812.

(j) “Deficiency” means a determination made by department staff, as a result of a program review pursuant to He-M 1002.13, that a program is not operating in compliance with a particular administrative rule adopted by the department.

(k) “Department” means the New Hampshire department of health and human services.

(l) “Director” means the director of mental health services or his or her designee.

(m) “Independent living arrangement” means a situation where an individual does not receive daily and ongoing services and supervision but receives assistance, as needed, to maintain or develop skills to live independently and prevent circumstances that could necessitate a transfer to a more restrictive level of care.

(n) “Individual” means a person who is receiving or applying for a service from a program or community residence.

(o) “Guardian” means the parent of a child under the age of 18 whose parental rights have not been terminated under RSA 170-C or a person appointed to be guardian of the person under RSA 464-A.

(p) “Licensed person” means one of the following persons, who are licensed or registered in the state of New Hampshire:

(1) A registered nurse;

(2) A licensed practical nurse;

(3) An advanced practice registered nurse (APRN);

(4) A physician;

(5) A pharmacist;

(6) A physician assistant;

(7) An optometrist;

(8) A podiatrist; or

(9) A dentist.

(q) “Medication” means a drug prescribed for an individual by a prescribing practitioner including drugs to be taken on a pro re nata basis and over-the-counter drugs.

(r) “Medication administration record (MAR)” means a written record of medications prescribed for, and administered to, an individual.

(s) “Medication error” means any deviation in the administration of a medication as prescribed or in related documentation with the exception of a deviation caused by an individual’s:

(1) Refusal to take medication;

(2) Absence from a community residence; or

(3) Attempting to use prescribed medication while under the influence of alcohol or illegal drugs.

(t) "Medication order" means directions provided by a prescribing practitioner, either in writing or verbally, for a specific drug to be administered to an individual documented in accordance with He-M 408.07.

(u) "Mental illness" means "mental illness" as defined in RSA 135-C:2, X, namely "a substantial impairment of emotional processes, or of the ability to exercise conscious control of one's actions, or of the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions. It does not include impairment primarily caused by:

(1) Epilepsy;

(2) Intellectual disability;

(3) Continuous or non-continuous periods of intoxication caused by substances such as alcohol or drugs; or

(4) Dependence upon or addiction to any substance such as alcohol or drugs."

(v) "Nurse trainer" means a registered nurse who has been designated as a trainer pursuant to He-M 1202.09.

(w) "Prescribing practitioner" means a licensed professional with prescriptive authority, including the following:

(1) Physician;

(2) Advanced practice registered nurse (APRN);

(3) Dentist;

(4) Physician assistant;

(5) Optometrist; and

(6) Podiatrist.

(x) "Pro re nata medication (PRN medication)" means a drug ordered to be taken as needed for a specific condition.

(y) "Provider" means a person who is employed by, has a contract with, or receives any form of remuneration from the department, a CMHP, or community mental health provider to deliver services to an individual.

(z) "Self administration of medication with supervision" means the individual takes his or her own medication(s) after being prompted by personnel, but without requiring physical assistance from others.

(aa) "Self-directed medication administration" means an act whereby an individual who has a physical limitation that prohibits him or her from self-administering, directs personnel to physically assist in the medication process.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.03 Medication Administration.

(a) With the exception of (d) below, administration of medications to individuals shall be performed by authorized providers or licensed persons only.

(b) All individuals shall be initially assessed by a licensed physician, APRN, physician assistant, or nurse trainer to determine the level of support needed specific to medication administration.

(c) The assessment pursuant to (b) above shall include the individual's:

(1) Medication orders and medications prescribed;

(2) Health status and health history; and

(3) Ability to self-administer medications as outlined in He-M 1202.04(a).

(d) Individuals shall receive their medications by one of the following methods:

(1) Self-administration of medication;

(2) Self-directed medication administration; or

(3) Self-administration of medication with supervision.

(e) If a guardian with authority regarding health care decisions has been appointed for an individual, the agency shall obtain the approval of the guardian prior to the self-administration of medications.

(f) Authorized providers shall administer only those medications for which there is a medication order.

(g) The licensed person shall allow the individuals to self-direct administration of medications as defined in He-M 1202.02 (aa) if the resident:

(1) Has a physical limitation due to a diagnosis that prevents the resident from self-administration;

(2) Receives evaluations every 6 months or sooner, based on a significant change in the resident, to ensure that the resident maintains the physical and mental ability to self-direct administration of medications

(3) Obtains an annual written verification of the resident's physical limitation and self-directing capabilities from the individual's licensed practitioner and requires the community residence to file the verification in their resident record; and

(4) Verbally directs personnel to:

a. Assist the individual with preparing the correct dose of medications by pouring, applying, crushing, mixing, or cutting; and

b. Assist the individual to apply, ingest, or instill the ordered dose of medication.

(h) If an individual self-administers medication with supervision, as defined in He-M 1202.02 (z), personnel shall be permitted to:

(1) Remind the individual to take the correct dose of his or her medication at the correct time;

(2) Place medication container within reach of the individual;

(3) Remain with the individual to observe the individual taking the appropriate amount and type of medication as ordered by the licensed practitioner;

(4) Record on the individual's daily medication record that they have supervised the individual taking his or her medication; and

(5) Document in the individual's record any observed or reported side effects, adverse reactions, and refusal to take medications or medications not taken.

(i) If an individual self-administers medication with supervision, the authorized provider shall not physically handle the medication in any manner.

(j) The authorized provider shall maintain a written record for each medication taken by an individual at the community residence that contains the following information:

(1) Any allergies or adverse reactions to medications;

(2) The medication name, strength, dose, frequency, and route of administration;

(3) The date and time the medication was taken;

(4) The signature, identifiable initials and job title of the person who administers, supervises, or assists the resident taking medications;

(5) For PRN medications, the reason the resident required the medication and the effect of the PRN medication; and

(6) Documented reason for any medication refusal or omission.

(k) Authorized providers shall maintain a copy of each individual's medication orders in the individual's record.

(l) When an individual is going to be absent from the community residence at the time medication is scheduled to be taken, the medication container shall be given to the individual if the individual is capable of self-administering.

(m) If an individual is going to be absent from the community residence at the time medication is scheduled to be taken and the individual is not capable of self-administration, the medication container shall be given to the person responsible for the individual while the individual is away from the community residence.

(n) Authorized providers shall administer PRN medication in accordance with:

(1) A medication order; and

(2) A PRN protocol approved by the prescribing practitioner or the nurse trainer that includes:

a. The specific condition(s) for which the medication is given;

b. A maximum daily dosage; and

c. Any special instructions.

(o) Authorized providers shall administer medications only to the individuals about whom they have current knowledge relative to their medication regimes.

(p) Information specific to each medication shall be obtained by the authorized provider prior to administration of medications, including, at a minimum:

(1) The purpose and effect(s) of the medication;

(2) Response time of the medication;

(3) Possible side effects, adverse reactions, and symptoms of overdose;

(4) Possible medication interactions; and

(5) Special storage or administration procedures.

(q) In the event of discovery of a medication error, an authorized provider shall:

(1) Consult immediately with a licensed person concerning any actions to be taken;

(2) Document each medication error pursuant to He-M 1202.06(f) within 8 hours of discovery of the error; and

(3) Forward the documentation to the nurse trainer within one business day.

(r) In the event of medication refusal, the authorized provider shall:

(1) Consult immediately with a licensed person concerning any actions to be taken except if an individual has a history of medication refusal and the individualized service plan (ISP) includes actions to be taken to address the refusal;

(2) Document each medication refusal pursuant to He-M 1202.06(f) within 8 hours of discovery of the refusal; and

(3) Forward the documentation to the nurse trainer within one business day.

(s) Copies of medication error and medication refusal reports shall be maintained in the quality improvement office at the agency.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.04 Self-Administration of Medication.

(a) For an individual to self-administer medications, the following requirements shall be met:

(1) The individual shall express a desire to self-administer medication;

(2) If the individual has a guardian with specific powers granted relative to medication administration, the guardian shall approve the individual's self-administration of medication; and

(3) The individual shall successfully demonstrate the following abilities, as determined by a licensed physician, APRN, physician assistant, or nurse trainer:

a. Identify each medication;

b. Indicate the purpose of each medication;

c. Indicate the dosage, frequency, time, and route of administration for each medication;

d. Demonstrate an understanding of the potential consequences of not taking the medication or of not taking the medication properly;

e. Indicate circumstances for which assistance should be sought from licensed persons; and

f. Seek assistance, if needed, from licensed persons.

(b) If an individual who wishes to self-administer medication does not demonstrate the abilities in (a)(3) above, the authorized provider shall:

(1) Document in the ISP the individuals need for education relative to components in (a)(3) above;

(2) Provide education to the individual which minimally includes the components in (a)(3) above; and

(3) Until an individual demonstrates the abilities in (a)(3) above, provide direct supervision of the individual when taking medications to prevent medication errors.

(c) A licensed physician, APRN, physician assistant, or nurse trainer shall reassess an individual's continued capability to self-administer medication when the individual's compliance with self-administration changes, or the individual's physical or mental health declines such that the individual's ability to self-administer is affected.

(d) Documentation of (a) – (c) above shall be maintained in the individual's record at the community residence.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.05 Training and Authorization of Providers.

(a) Providers who request training to be authorized to administer medications shall complete a training program that:

(1) Consists of a minimum of 8 hours of classroom training, exclusive of testing and nurse trainer competency evaluation;

(2) Is conducted by a nurse trainer; and

(3) Covers the following topics:

a. The role, responsibilities, and performance of the authorized provider in the medication administration process;

b. Principles of emergency response;

c. Rights regarding accepting or refusing medications;

d. Principles of infection control as they relate to medication administration;

e. Anatomy and physiology as they relate to medication administration;

f. Common reactions to medications;

g. Categories of medications and their effects;

h. Effective management of poisoning or medication overdose;

i. Storage and disposal of medications;

j. Communications with individuals and if applicable, their guardians, about their medications;

k. The 6 principles of medication administration including:

1. The correct medication;

2. The correct dosage of the medication;

3. The medication to the correct individual;

4. The medication at the correct time;

5. The medication to the individual by the correct method; and

6. The accurate documentation;

l. Methods of administration, including:

1. Oral;

2. Topical;

3. Inhalant;

4. Sublingual;

5. Transdermal;

6. Nasal;

7. Ocular;

8. Auricular;

9. Vaginal;

10. Rectal; and

11. When indicated by the needs of the individual:

(i) Subcutaneous;

(ii) Intramuscular, only if epinephrine via auto injector; and

(iii) Enteral; and

m. Methods of documenting:

1. The administration of medications;

2. The use of controlled substances; and

3. Medication errors and refusals.

(b) The nurse trainer shall issue written authorization to a provider to administer medications if the provider has:

(1) Completed a minimum of 8 hours of classroom training as set forth as set forth in (a) above;

(2) Scored 80% or higher, on a written examination based on the information conveyed to them in the training referenced in (a) above; and

(3) Demonstrated knowledge of the following:

a. The name of the medication;

b. The reason for its use;

c. Any side effects or adverse reactions; and

d. Any special instructions such as giving certain fluids, checking pulse rate, or monitoring blood levels; and

(4) Following direct observation by a nurse trainer, been evaluated and found to be competent, pursuant to Nur 404.07(b)-(f), to be authorized to administer medications.

(c) Authorization pursuant to (b) above shall be valid for one year from the date of issuance or by the last day of the 12th month from the date of the prior authorization.

(d) Whenever a change in an individual's medication occurs or a new individual begins to receive services, the nurse trainer shall educate the authorized provider according to He-M 1202.05(b)(3) above.

(e) Re-authorization pursuant to (c) above shall be valid for one year from the date of issuance or by the last day of the 12th month from the date of the prior authorization.

(f) The nurse trainer shall maintain documentation of authorization and re-authorization pursuant to (b), (c), (d), and (e) above for each authorized provider.

(h) Authorization of providers to administer medication shall be rescinded pursuant to Nur 404.06(a)(8). Authorization shall be reinstated when the requirements in (b)(4) above have been met.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.06 Documentation.

(a) For each individual for whom medications are administered, an authorized provider shall maintain in the individual's record documentation of medication administration in accordance with applicable provisions of He-M 408.07 including the following:

(1) The name of the individual;

(2) Medication order sheets or progress notes shall specify, at a minimum:

a. The individual's allergies;

b. Medication name;

c. Medication dosage;

d. Route of medication administration;

e. Medication frequency;

f. The date and time of administration; and

g. Special considerations in taking the medication, if applicable, as directed by the prescribing practitioner or the pharmacist.

(b) The authorized provider shall document each instance of medication administration in the MAR at the time that a medication is administered, including his or her full signature, credentials, and initials in a section designated for such purpose.

(c) When a PRN medication is administered, documentation in the MAR shall include the reason for administration and the medication's effectiveness.

(d) When a controlled drug is prescribed for an individual, the authorized provider shall maintain an inventory that includes:

(1) The name of the individual;

(2) The name of the prescribing practitioner;

(3) The name of the drug and strength;

(4) The amount used;

(5) Amount remaining;

(6) The time and date administered;

(7) The name and credentials of the person who administered the medication;

(8) Documentation of a daily count; and

(9) If applicable, documentation of disposal in the presence of 2 people, at least one of whom is a licensed person, as defined in He-M 1202.02(p).

(e) An authorized provider shall document in the MAR:

(1) Each medication error upon discovery; and

(2) An individual's refusal to take medications.

(f) Documentation required pursuant to (e) above shall, at a minimum, include the following:

(1) The individual's name;

(2) The date and time of the medication error or refusal;

(3) The drug name, dosage, frequency, route of administration, and prescribing practitioner;

(4) A description of the medication error or refusal;

(5) The date and time of notification of a licensed person, pursuant to He-M 1202.03(q) or (r);

(6) Actions recommended by the licensed person;

(7) Actions taken by the authorized provider; and

(8) The date and time of notification of a nurse trainer.

(g) Changes in medication orders shall be:

(1) Documented on the MAR by licensed persons or authorized providers; and

(2) Reported to the nurse trainer.

(h) The authorized provider shall document, in the MAR, any medication withheld and the reason(s) the medication was withheld.

(i) The requirements of (a)-(g) above shall not apply to individuals who self-administer medication pursuant to He-M 1202.04(a).

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.07 Storage and Disposal of Medications.

(a) All medications to be administered by an authorized provider, except as noted in (c) below, shall be kept in a locked container, cabinet, or closet.

(b) All controlled drugs to be administered by the authorized provider, except as noted in (c) below, shall be stored in a locked compartment within a locked container, cabinet, or closet.

(c) In family residences of 3 or fewer individuals, medications shall be stored in a manner determined to be safe by the nurse trainer, including in unlocked containers. Such a decision shall be documented by the nurse trainer in the individual's record.

(d) All outdated medications or controlled drugs shall be disposed of in accordance with state and local ordinances and the provisions of RSA 318-B and Ph 707.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.08 Quality Review.

(a) At each community residence, a registered nurse or licensed practical nurse shall, at least monthly, review the following for all individuals whose medications are administered by authorized providers:

(1) Documentation that the provider administering the medication(s) holds a current authorization;

(2) Medication orders and PRN protocols;

(3) Medication labels and medications listed on the MAR to ensure that they match the prescribing practitioner's orders;

(4) MARs to ensure that documentation indicates:

a. That medication was administered as prescribed;

b. Refusal by the individual to take medication, if applicable;

c. Any medication errors; and

d. The full signatures and credentials of all persons who initial the MAR; and

(5) Medication storage to ensure compliance with He-M 1202.07; and

(6) Controlled drug inventory pursuant to 1202.06 (d).

(b) Reviews pursuant to (a) above shall be documented, dated and signed by the reviewing nurse and retained for at least 6 years.

(c) A nurse trainer from each community residence shall annually submit a report to the agency's director of quality assurance that includes the following:

(1) The community residence name;

(2) The dates during which information was collected and the number of individuals served;

(3) The name, license number, and license expiration date of the nurse trainer completing the report;

(4) The date on which the nurse trainer completing the report received his or her training and designation as a trainer;

(5) The number of hours of supervision of authorized providers provided by the nurse trainer(s) per month;

(6) The names and total number of providers trained and the number of authorized providers retrained within the particular reporting period;

(7) The names and total number of providers authorized to administer medication as of the date of the report;

(8) The total number of medication errors listed by specific medication(s) involved, type, frequency, and the corrective action taken;

(9) The number of department-issued He-M 1202-related certification deficiencies documented for the setting pursuant to He-M 1002;

(10) The section(s) of He-M 1202 waived for the setting, if any;

(11) A narrative summary of the factors which affected the administration of medication; and

(12) The signature of the nurse trainer completing the report and the date on which the report is submitted.

(d) Annually, the quality assurance director from each agency shall submit a report to the department, which summarizes the content of the nurse trainer's report in (c) above and the community residence's performance in medication administration.

(e) The director shall review the reports submitted in (d) above, consulting with the medical director as needed, and either:

(1) Accept the report if the agency as complied with the provisions of these rules; or

(2) If the agency has failed to comply with these rules, send written notification which:

a. Identifies the areas of non-compliance; and

b. Directs the agency to develop a written corrective action plan which includes for each area of non-compliance:

1. What corrective actions are planned;

2. Who is responsible for the implementation;

3. When the action will be implemented; and

4. What measurements will be used to evaluate the implementation of the corrective action plan.

(f) Within 30 days of the date of the notification in (e)(2) above, the agency shall:

(1) Forward to the department a corrective action plan that meets the requirements described in (e)(2)b. above; and

(2) Begin implementation of the corrective action plan.

(g) If the agency does not agree with the specified areas of non-compliance, the corrective action plan shall state the justification for not implementing a corrective action plan.

(h) The director shall accept a corrective action plan that:

(1) Achieves compliance with these rules;

(2) Addresses all areas of non-compliance as identified in (e)(2)a. above;

(3) Prevents a new violation of these rules as result of implementation of the corrective action plan; and

(4) Specifies a date for implementation that does not exceed the 30 days specified (f) above.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.09 Designation of Nurse Trainers.

(a) The director shall, upon request, grant designation as a nurse trainer to nurses who:

(1) Have a license as a registered nurse in the State of New Hampshire that is current and unencumbered;

(2) Have 2 years of licensed nursing experience, at least one of which has been as a registered nurse, within the past 5 years; and

(3) Have completed a 6 hour orientation program approved by the director.

(b) The director shall, upon request, grant a conditional designation effective until the next scheduled training as a nurse trainer to nurses who fulfill the requirements of (a)(1) and (2) above but have not yet completed the orientation required by (a)(3) above.

(c) A nurse granted conditional designation shall not authorize or re-authorize providers to administer medications but may supervise currently authorized providers.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17

He-M 1202.10 Revocation.

(a) Under the following circumstances, the director shall revoke the designations of those nurse trainers and the authorizations to administer medications of those providers in programs where corrective action has been required:

(1) An agency fails to submit a corrective action plan pursuant to He-M 1202.08;

(2) An agency submits a corrective action plan which fails to satisfy the criteria specified by the director pursuant to He-M 1202.08; or

(3) An agency fails to implement a corrective action plan.

(b) The department shall issue notice of revocation which includes:

(1) The reasons for the revocation;

(2) The agency's right to request an appeal of the decision within 10 days of the written notice, pursuant to He-M 1202.11; and

(3) The effective date of the revocation, which shall be 30 days from the date of the notice, unless a request for appeal is received in accordance with He-M 1202.11.

(c) If the agency appeals the revocation, the revocation shall not go into effect until a decision is issued by the administrative appeals unit in accordance with He-C 200.

(d) The department shall withdraw a notice of revocation if, within the period in (b) above, the agency complies with or, in the judgment of the director, has made progress toward complying with the requirements of He-M 1202.08.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17 (from He-M 1202.11)

He-M 1202.11 Appeals.

(a) A request for appeal pursuant to He-M 1202.10(b) shall be submitted in writing to the director within 10 days following the date of the notification of revocation of authorization of a provider to administer medication or designation of a nurse trainer.

(b) The director shall immediately forward the request to the administrative appeals unit so that an appeal proceeding can be scheduled.

(c) Appeals shall be conducted in accordance with He-C 200.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17 (from He-M 1202.12)

He-M 1202.12 Waivers.

(a) An agency may request a waiver of specific procedures outlined in this chapter, in writing, from the department.

(b) A request for waiver shall include:

(1) A specific reference to the section of the rule for which a waiver is being sought;

(2) A full explanation of why a waiver is necessary; and

(3) A full explanation of alternative provisions or procedures proposed by the agency or individual;

(4) For an agency where 2 or fewer clients reside, the signature of the individual(s) or legal guardian(s) indicating agreement with the request; and

(5) Signature of the agency's executive director or designee recommending approval of the waiver.

(c) No provision or procedure prescribed by statute shall be waived.

(d) A request for waiver shall be granted after the commissioner determines that the alternative proposed meets the objective or intent of the rule and:

(1) Does not negatively impact the health or safety of the individual(s); or

(2) Is administrative in nature, and does not affect the quality of the individual's care.

(e) Upon receipt of approval of a waiver request, the agency's subsequent compliance with the alternative provisions or procedures approved in the waiver shall be considered compliance with the rule for which waiver was sought.

(f) Waivers shall be granted in writing for a specific duration not to exceed 5 years except as in (g) below.

(g) Those waivers which relate to an individual's health, safety or welfare, or otherwise require periodic reassessment, shall be effective for the current certification period only.

(h) All waivers shall end with the closure of a community residence.

(i) An agency may request a renewal of a waiver from the department. Such request shall be made at least 90 days prior to the expiration of a current waiver.

Source. #7957, eff 9-19-03; ss by #9978, INTERIM, eff 9-19-11, EXPIRED: 3-19-12

New. #12192, eff 5-26-17 (from He-M 1202.13)