



American Osteopathic Association Healthcare Facilities Accreditation Program (HFAP) Time-Limited Waiver Request Instructions

PURPOSE

The purpose of this instruction is to give appropriate direction to effectively manage requests for extensions to resolve life safety code deficiencies.

The Centers for Medicare and Medicaid Services (CMS) Conditions of Participation §482.41(b) requires the healthcare organization to meet the applicable provisions of the 2012 edition of the NFPA 101 *Life Safety Code*® (LSC). As a deemed accrediting AHJ by CMS, Healthcare Facilities Accreditation Program (HFAP) will accept for consideration a Time-Limited Waiver (TLW) request for an extension to resolve deficiencies on features of life safety only, after each deficiency has been cited during a survey.

Life safety deficiencies will no longer be considered for a waiver prior to them being cited. If HFAP determines the TLW request is valid, they will forward it to the appropriate CMS Regional Office along with a letter of recommendation to approve. Approval of all TLW requests will be determined by the CMS Regional Office. The healthcare organization, along with HFAP, will be notified by the CMS Regional Office of their decision.

Title 42: Public Health in the Code of Federal Regulations (CFR) states the following regarding resolving a deficiency cited by their agents:

Ordinarily a provider or supplier is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies but the survey agency may recommend that additional time be granted by the Secretary in individual situations, if in its judgment, it is not reasonable to expect compliance within 60 days, for example, a facility must obtain the approval of its governing body, or engage in competitive bidding. [§488.28(d)]

When the healthcare organization realizes they cannot resolve a Life Safety Code deficiency within 60 days of the end of the survey, they are required to identify this in their Plan of Correction (PoC) along with an expected date of completion. A separate TLW request is then required to be completed (as per the procedures and instructions listed below), and submitted to HFAP by a date provide for you.

Only TLW requests submitted to the HFAP office will be considered for approval. Field representatives from HFAP are not authorized to approve TLW requests. Each submission must represent only one TLW request, but each request may include a group of similar deficient issues (i.e. multiple doors in a fire-rated barrier that are not fire rated).

PROCEDURE

Time-Limited Waiver requests must be completed by competent individuals with knowledge of the Life Safety Code and the building being evaluated. Only those TLW requests that contain all of the following will be considered:

1. A cover letter on company letterhead describing the situation in the facility for which you are seeking a TLW request. Identify the name of the organization, the CMS CCN number, address and contact

information of the organization's representative. Telephone number and email address of the organization's representative must be included. Only provide the name and contact information for one representative for your organization.

2. Explain in the cover letter in detail what the LSC deficiency is. Describe in a narrative form, what is non-compliant with the Life Safety Code and where it is located.
3. Identify in the cover letter the respective Life Safety Code occupancy chapter section number referenced. Include the edition of the Life Safety Code cited (i.e. the 2012 edition). Do not include the HFAP standard number that was identified as being non-compliant.
4. Explain in the cover letter why the organization believes they need an extension to resolve this deficiency, and include the expected date of completion. If approved by CMS, this expected date of completion becomes a hard-fast date that can only be extended by submitting another TLW request.
5. Identify in the cover letter what the occupancy designation is where the Life Safety Code deficiency is located.
6. Identify in the cover letter the modification or actions required to become compliant with the Life Safety Code.
7. Please include copies of the actual Alternative Life Safety Measures (ALSM) assessment for the identified LSC deficiency. Do not send summaries, but actual copies of the ALSM assessment.
8. Please include photos (in .jpeg format) of the Life Safety Code deficiency or deficient areas to support the TLW request.
9. Please include plans, sketches and drawings (in .pdf format) of the deficient areas to support the TLW request. Highlight or identify on the drawings the location of the Life Safety Code deficiency.
10. Please include copies of reports, work orders, estimates, purchase orders, and proposals (as appropriate) to support your TLW request.
11. Please include copies of executed documents that demonstrate a contract has been made where an installation, renovation, modification, or replacement component or facility is planned.
12. Please include copies of building permits obtained for the above mentioned modifications. If the local authority does not require a building permit for the work to be performed, then submit a copy of a letter from them explaining this.
13. Please include copies of construction schedules, identifying start dates, milestones, and expected completion dates.
14. The TLW request cover letter must be signed by a senior leader of your organization. Examples of senior leaders are CEO, COO, VP Operations, etc.
15. Please submit your TLW request including all of the support information using separate, individual files (i.e. .pdf, .jpeg, word documents, etc.) rather than all included into one file

16. Address the TLW request to:

Healthcare Facilities Accreditation Program
Attn: Engineering Department
142 E. Ontario Street
Chicago, IL 60611

17. Transmit the TLW request, along with all supporting documents, to: reports@hfap.org. Do not send the TLW request to the CMS regional office. Depending on the Regional Office, approval may take 2 weeks to 3 months.
18. Only one waiver request is permitted per submission; however, you may have as many submissions as you like.

While the above list of required information may seem to be substantial, all of this information is required before the CMS Regional Office will make a decision. If any of the above listed information is missing, then CMS will likely reject the TLW request and the healthcare organization would have to start over.

If a specific requested item is unavailable due to an unforeseen reason, then address that unforeseen situation in your cover letter and explain why the required information is not included.