



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

PURPOSE

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

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 2000 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 waiver request for 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. The waiver request must be submitted for buildings that already exist. HFAP will not accept a waiver request for a facility that is currently under design review or construction. If HFAP determines the waiver request is valid, they will forward it to the appropriate CMS Regional Office along with a letter of recommendation to approve. Approval of all equivalencies will be determined by the CMS Regional Office.

Organizations may submit a waiver for consideration to HFAP as a result of their plan of correction for a cited deficiency. Only waivers submitted to the HFAP office will be considered for approval. Field representatives from HFAP are not authorized to approve waivers. Each submission must represent only one waiver request.

PROCEDURE

Waiver requests must be completed by competent, trained individuals with knowledge of the LSC and the building being evaluated. Only those waiver 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 waiver. Identify the name of the organization, the CMS CCN number, address and contact information of the organization's representative.
2. Explain in the cover letter in detail what the LSC deficiency is along with the respective LSC section number reference. Include the edition of the Life Safety code cited (i.e. the 2000 edition).
3. Explain in the cover letter why the organization believes they cannot resolve this deficiency. Define the unreasonable hardship in terms of the financial and operational implications in resolving the life safety deficiency. If financial reasons are cited, include an estimated cost to resolve the deficiency.
4. Identify in the cover letter which occupancy designation the LSC deficiency is located.
5. For a time-limited waiver request, identify in the cover letter the modification or actions required to become compliant with the Life Safety Code.

6. Please provide 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.
7. Please provide photos (in .jpeg format) of the LSC deficiency or deficient areas to support the request for a waiver.
8. Please provide plans, sketches and drawings are deficient areas to support the request for a waiver.
9. Please provide copies of reports, work orders, estimates, and proposals (as appropriate) to support your request for a waiver.
10. Please include copies of documents that demonstrate a contract has been made where an installation, renovation, modification, or replacement facility is planned. This includes modifications in order to qualify for a time-limited waiver or a categorical waiver.
11. Please include copies of building permits obtained for the above mentioned modifications.
12. Please include copies of construction schedules, identifying start dates, milestones, and projected completion dates.
13. The waiver request cover letter must be signed by a senior leader of your organization. Examples of senior leaders are CEO, COO, VP Operations, etc.
14. Address the waiver request to:
Healthcare Facilities Accreditation Program
Attn: Engineering Department
142 E. Ontario Street
Chicago, IL 60611
15. Transmit the waiver request, along with all supporting documents, to: reports@hfap.org. Do not send the waiver request to the CMS regional office.
16. Only one waiver request is permitted per submission; however you may have as many submissions as you like.