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PIN 20-06-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **WAIVER REQUESTS FOR MULTIPLE FACILITIES OWNED BY THE SAME LICENSEE**

Provider Information Notice (PIN) Summary

PIN 20-06-ASC provides guidance to Adult and Senior Care (ASC) providers regarding the process for requesting a waiver for multiple facilities owned by the same licensee.

The Department continues to recognize that using alternative methods to meet regulatory requirements may be beneficial to the operation of ASC facilities, provided that the health and safety of individuals in care in facilities are not jeopardized. A licensee may request a waiver for use of these alternatives.

A "Waiver" is:

- A written authorization to use an alternative means of meeting the intent of a specific regulation based on a facility-wide need or circumstance. [California Code of Regulations (CCR), Title 22, sections [80001\(w\)\(1\)](#), [81001\(w\)\(1\)](#), [82001\(w\)\(1\)](#), [87101\(w\)\(1\)](#), and [87801\(w\)\(1\)](#)]

Note: A waiver is not typically tied to a specific individual in care or facility staff member.

Requesting Waivers for Multiple Facilities

A licensee that owns more than one facility and wishes to **request a waiver for multiple facilities** operating under one or more Regional Office (RO) jurisdictions may submit a single request to the ASC Program Office via either of the following:

- **U.S. Mail**

Department of Social Services
Community Care Licensing Division
Adult and Senior Care Program
Administration Unit / Waiver Coordinator
744 P Street, MS 8-3-90
Sacramento, CA 95814

- **E-mail**

CCLASCPBusinessServices@dss.ca.gov

When sending a waiver request via e-mail, please include the following information in the subject line: Waiver and name(s) of involved Regional Office(s).

The waiver request must be in regard to a specific regulatory requirement, such as the requirement for a Tuberculosis (TB) test and identify the facilities to be covered. This new practice of submitting a single waiver request for multiple facilities eliminates the need for a licensee to submit multiple waiver requests for individual facilities.

Note: For an **individual facility waiver request**, a licensee will continue to submit a written request to their Licensing Program Analyst (LPA) at their local RO. **This process has not changed.**

The waiver request must be in writing and include the:

- Facility name(s) and facility number(s) to be covered by the waiver
- Regulatory requirement that is the subject of the waiver request
- Substantiating evidence supporting the request [CCR, Title 22, sections [80024\(b\)\(2\)](#), [81024\(b\)\(2\)](#), [82024\(b\)\(2\)](#), [87209\(a\)\(2\)](#), and [87824\(b\)\(2\)](#)]

As with any waiver, the requested alternative must be carried out with provisions for safe and adequate services. [CCR, Title 22, sections [80024\(b\)\(1\)](#), [81024\(b\)\(1\)](#), [82024\(b\)\(1\)](#), [87209\(a\)\(1\)](#), and [87824\(b\)\(1\)](#)]

Note: A licensee may request a waiver to cover one type of ASC facility, such as Residential Care Facilities for the Elderly (RCFEs) or multiple types of ASC facilities, such as RCFEs and Residential Care Facilities for the Chronically Ill (RCF-CIs). Although regulatory requirements addressed by a waiver request may differ from each

other across facility types, they should be similar regulatory requirements, such as the requirement for a TB test. A waiver request may cover one or more types of ASC facilities within one or more RO jurisdictions.

Approval and Denial of Waivers for Multiple Facilities

A licensee will receive one approval and/or denial letter from the Department by U.S. Mail that lists all of the facilities covered and/or not covered by a waiver. A copy of the approval letter should be kept on file at all of the facilities covered by an approved waiver.

If you have any questions regarding this PIN, please contact your [Adult and Senior Care Regional Office](#).