Ohio Department of Health Office of Health Assurance and Licensing

Registered/Licensed Nurse Staffing Waiver Application

Facility Name:		Provider Number:
Street Address:		
City:	Zip:	County:
Telephone (including Area Code):	FAX (including Area Code):	E-mail:
Maximum Licensed Capacity of this Facility:	Does this facility operate a Nurse Aide Training and Competency Evaluation Program (NATCEP): ☐ Yes ☐ No	

Name of Administrator:	LNHA Number:
Name of Director of Nursing (DON):	License Number:
Name of Medical Director:	License Number:
Name of Designated Contact Person for this Waiver:	Telephone (including Area Code):

Type of Waiver Requested (Check One):

☐ 24 hour coverage by a licensed nurse (Medicaid)

☐ Licensed nurse as charge nurse (Medicaid)

☐ Registered Nurse coverage, 8 hours per day, 7 days per week (Medicare/Medicaid)

☐ Registered Nurse as Director of Nursing (Medicare/Medicaid)

☐ Other (please describe) _____

Number of Licensed Nurse Staffing Hours to be Waived (if applicable):	Days Waiver Requested (if applicable):
_____ per day _____ per week	Sun Mon Tue Wed Thu Fri Sat

Your signature below indicates the facility's acceptance of all obligations associated with this waiver, including compliance with all staffing requirements during the waiver consideration period.

Administrator's Signature:	Date:	Administrator's Name:
DON's Signature:	Date:	DON's Name:
Medical Director's Signature:	Date:	Medical Director's Name:

I. The following information *must* be provided so that ODH may approve or deny the NF licensed nurse waiver request (for SNF's, the information *must* be provided for ODH to review in making a recommendation to CMS):

A. Payroll records for the last four (4) weeks indicating wages paid to all LPNs, RNs, and the DON, including hourly rate of pay;

B. Facility time schedules for the last four (4) weeks showing the number of LPNs, RNs and the DON, including days, hours and shifts scheduled;

C. The hourly wage or salary being offered in the recruitment of LPNs and RNs and any additional benefits being offered during the recruitment process (i.e., flexible schedule, child care, scholarship program, sign-on bonus);

D. Copies of all published advertisements (e.g., newsletters, newspaper classifieds, etc.) for full- and part-time LPNs and RNs for the past four (4) months. Also include copies of letters written to state-approved nursing schools notifying them of employment opportunities;

E. A proposed letter notifying residents (or where appropriate, the guardians or legal representative of the resident) and the members of their immediate family of such a waiver; and

F. An explanation from the Medical Director on why granting this waiver will not jeopardize the health and safety of the residents.

II. In addition to the above information, Medicare certified facilities (SNFs) *must* also submit the following information to ODH for review in making a recommendation to CMS:

A. Documentation that all residents do not require skilled nursing services for a 48 hour period (this may be in the form of physician notes or admission records signed by the physician – any document used to fulfill this requirement must be signed by a physician);

OR

B. Plan to have either an RN or MD at the facility to provide skilled nursing services (the RN or MD must be on-site, not on call).

REMINDER: The facility must comply with all staffing requirements while the facility's waiver request is being considered. A plan *must* be submitted outlining how the facility will meet the staffing requirements during this time as part of the waiver request.

To the requestor:
Please ensure that all necessary documentation is attached. Any request not containing the necessary documentation will be returned. Every request must indicate how the facility will meet the required staffing levels while the waiver request is being considered. Please send your request to the Ohio Department of Health District Office that surveys your facility. Information is available at www.odh.state.oh.us.

Akron District Office
Ocasek Building, Suite 400
161 South High Street
Akron, Ohio 44308-1612

Toledo District Office
One Government Center, Suite 1320

Toledo, Ohio 43604-2203