



# Request for Regulatory Waiver

Licensee or ODP Enrolled Provider Name:			
Street Address/City/State/Zip:			
Person Completing Request/Contact:		Phone Number (include area code):	Email Address:
MPI #:	Service Location Code:	License/Certificate Number (If Applicable):	
Service Location Address (Street/City/State/Zip):			
Date of Request:	Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Renewal		
Section Title of Regulation Seeking to Waive (Regulation Heading):			
Section Number of Regulation Seeking to Waive (Complete a separate form for each section/subsection/paragraph/subparagraph):			
Individuals Impacted By This Request for a Regulatory Waiver: <input type="checkbox"/> All Individuals Receiving Services <input type="checkbox"/> Specific Individuals Receiving Services Listed Below <input type="checkbox"/> No Individuals Impacted			
Name of Specific Individuals Impacted:	MCI Number (If Applicable):	Waiver Individual Enrolled In (If Applicable):	Date(s) Copy of this Form Provided to Individual / Designated Person
Individual 1:			
Individual 2:			
Individual 3:			
Individual 4:			
Describe the reason for the request for a waiver of a section, subsection, paragraph or subparagraph of a regulation:			
Describe how granting the request for a waiver will not jeopardize any individual's health, safety or well-being:			
Describe how granting this request for a waiver will benefit an individual or group of individuals through increased person-centered practices, integration, independence, choice or community opportunities:			
Describe what, if any, practices the Licensee or ODP Enrolled Provider has implemented to meet the regulatory requirement sought to be waived, and why the practices did not allow for it to meet the regulatory requirement the Licensee or ODP Enrolled Provider is seeking to waive:			

**Send Completed Form to [RA-PW6100REGADMIN@pa.gov](mailto:RA-PW6100REGADMIN@pa.gov)  
Add Supporting Documentation as Necessary**

## Guidance for Submitting Form DP-1087

Requests for waivers must list the regulation for which a waiver is sought with specificity, which requires an understanding of how regulations are structured. Regulations are structured as follows:

- Section
- Subsection
- Paragraph
- Subparagraph

For example, the components of section 6100.302(b)(2) are:

Part	Citation	Text
Section	6100.302	Cooperation during individual transition.
Subsection	(b)	The current provider shall:
Paragraph	(2)	Arrange for transportation of the individual to visit the new provider, if transportation is included in the service.

Thus, if a Licensee or ODP Enrolled Provider wishes to request a waiver of section 6100.302(b)(2), the Licensee or ODP Enrolled Provider must list "Cooperation during individual transition" in the "Section Title of Regulation" area of DP 1087, and "6100.302(b)(2)" in the "Section Number" area of DP 1087.

A Licensee or ODP Enrolled Provider must complete a separate DP 1087 form for each regulation for which a waiver is requested, including subsections, paragraphs, and subparagraphs. For example, a Licensee that seeks to waive both section 6400.73(a) and section 6400.75(a) must complete a separate DP 1087 form for each regulatory requirement.

The form and accompanying documentation must be submitted via electronic mail to [RA-PW6100REGADMIN@pa.gov](mailto:RA-PW6100REGADMIN@pa.gov). In the event that it is not possible to submit the request via electronic mail, requests may be sent via regular mail to:

Regulatory Administration Unit  
Office of Developmental Programs  
Department of Human Services  
Room 411, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Requestors may request assistance in completing DP 1087 by contacting the Department's Regulatory Administration Unit at [RA-PW6100REGADMIN@pa.gov](mailto:RA-PW6100REGADMIN@pa.gov).