

**MENTAL HYGIENE ADMINISTRATION (MHA)
APPLICATION FOR A VARIANCE FROM A
MHA REGULATION**

“Variance” means an alternate method by which a program may comply with the intent of a regulation. The variance is based on the program demonstrating that the alternate method equally ensures the standard is maintained.

An application for a variance applies only to MHA regulations that contain provisions for a variance. A variance should not be confused with the customary understanding of a waiver. COMAR 10.21.16.09A prohibits the waiver of a requirement of any MHA regulation. Further, only those programs that are approved under COMAR 10.21.16.08 are eligible to submit an application for a variance from MHA regulations.

The Department may not grant a variance for standards outlined in federal laws, federal regulations, or State statute.

The MHA Variance Review Panel (the Panel) will review a program’s application for a variance from a regulatory standard to determine whether the variance requested is in compliance with the intent of the regulation. The Panel will recommend to the Director of MHA whether to approve or deny the variance request. If a denial of a variance results in the denial of approval for the program, the applicant may request a hearing according to the provision of COMAR 10.21.16.16.

The applicant for a variance shall:

1. Use the variance application form required by the Department (requests via letter format are not accepted);
2. **Submit the original variance application form to the Director, Office of Governmental Affairs, Mental Hygiene Administration, 55 Wade Avenue, Dix Building, Catonsville, MD 21228;**
3. Provide a copy of the request to the appropriate CSA director and the Office of Health Care Quality;
4. Include in the application additional information that the applicant considers necessary to support the variance request;
5. If applicable, list those individuals whom the program identifies as needed to confer with the Panel; and
6. If requested, meet with the Panel to discuss the application.

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****You must use a separate form for *each variance* requested**
Please type or print legibly**

Date:

Name & address of program requesting variance:

Name & address of specific site for which the variance is requested:

Name, title, telephone number, & fax number of person requesting the variance:

Core Service Agency notified? YES NO

If so, which one?

**Type of program approval(s): PHP Group Home Therapeutic Group Home
 Mobile Treatment Service OMHC PRP RRP Residential Crisis Service
 Respite Care Service Mental Health Vocational Program**

Date of program approval:

Date & status of last OHCQ survey:

Is this request based on a deficiency cited by OHCQ? YES NO
(If "yes", please attach a copy of the deficiency report)

Population served: Adults Children & Adolescents Both

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COMAR CHAPTER & TITLE OF REGULATION:

Specific regulatory citation for which the variance is requested (*include all relevant sections & subsections*):

COMAR _____

Describe the program's attempt(s) to comply with the regulatory requirement(s) cited above:

Describe the method(s) by which the program will, by variance, comply with the intent of the regulations and safeguard the health, welfare, and safety of the recipients of service (*You may attach supplemental information if you wish*):

Does the Program wish to attend the Variance Review Panel meeting to discuss this application? **Yes** **No**

Signature:

Date:

DECISION OF VARIANCE PANEL

GRANT

DENY

Signature:

Date: