**Private Non-Medical Institution (PNMI) Waiver Request Form**

In accordance with the state’s Medicaid State Plan, as approved by the U.S. Centers for Medicare and Medicaid Services (CMS), there are specific qualifications for staff who are eligible to provide rehabilitation services within their programs. If any Milieu/Direct Care staff do not meet these requirements, an approved waiver is required to provide PNMI eligible services and participate in the Random Moment Time Study. To request a waiver, please complete the form below for each staff that does not meet the minimum requirements. DCF is the determining entity for waiver approval or denial.

A waiver is **not** available for clinical staff, who are required to meet the standard requirements to perform the services that must be provided by clinical staff within the PNMI model.

* **Rehabilitative Counseling Staff (Milieu/Direct Care Staff):**

**Waiver Required:**

Direct Care/Milieu Staff who do not have at least 60 related credits towards a bachelor’s degree or 2 years work experience in a residential treatment setting or a combination of credits and work experience totaling 2 years (e.g. 15 credits = 6 months' work experience, 30 credits = 1 year work experience) requires a waiver from DCF. To request a waiver these staff must all have received initial and ongoing training in providing structured rehabilitative services to children in the residential treatment setting. During the period that they do not meet the outline educational/work experience the must be supervised by a Licensed Clinical Practitioner[[1]](#footnote-1). In addition, all other standard supervision requirements continue to apply, regardless of whether the staff person has or needs a waiver.

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| **Program Name** | | |
| **Direct Care/Milieu Staff Name** | **Current Education/Experience** | **Supervisory Structure Supporting Waiver** Please provide the **Name, Credentials, and CT License # for the DIRECT supervising LCP[[2]](#footnote-2)** |
|  |  | LCP's name, credentials, license number |
|  |  | LCP's name, credentials, license number |
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|  |  | LCP's name, credentials, license number |

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| **Agency Representative Submitting the Waiver Request:** | | |
| Name: | Title: | Date: |

Please submit the completed form toCT-DCF by email to: [DCF.PNMI@ct.gov](mailto:DCF.PNMI@ct.gov). A DCF response will be issued documenting the outcome of waiver requests, including expiration dates if applicable for clinical staff.

1. Licensed Clinical Practitioners are persons licensed by the State of Connected as a:

   Physicians (Doctor of Medicine or Osteopathy)

   Physician Assistants

   Advanced Practice Registered Nurses (APRN) / nurse practitioners

   Registered Nurses (RN) with at least one year of behavioral health work experience

   Licensed Psychologists (Ph.D. or Psy.D.)

   Licensed Clinical Social Workers (LCSW)

   Licensed Marital and Family Therapists (LMFT)

   Licensed Professional Counselors (LPC)

   Licensed Alcohol and Drug Counselors (LADC) [↑](#footnote-ref-1)
2. Refer to footnote 1. [↑](#footnote-ref-2)