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

Centers for Medicare and Medicaid Services (CMS) have specific qualifications for staff who are eligible to provide rehabilitation services within their programs. If either the Milieu or Clinical 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.

* Minimum requirements for Clinical Staff
	+ No Waiver Required:

Licensed Clinical Practitioners (LCP): Licensed clinical practitioners are individuals who are licensed in accordance with CT State Law: *Physicians* (doctors 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 Alcohol and Drug Counselors* (LADC).

* + Waiver Required:

Master’s Level Clinicians: Master’s Level Clinicians are individuals with a master’s degree in a field that, in accordance with state law, would allow them to become licensed as a Licensed Clinical Practitioner but who have not yet completed all the requirements for such licensure other than the appropriate master’s degree. Their rehabilitative clinical work must be provided under the supervision of a Licensed Clinical Practitioner noted above.

* Minimum requirements for Rehabilitative Counseling Staff (Direct Care/Milieu Staff):
	+ Waiver Dependent on Experience:

Any 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. 30 credits and 1 year of work experience) requires a by the Department of Children and Families. In order 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 AND they must be supervised by a Licensed Clinical Practitioner OR a Master’s Level Clinician who is supervised by an LCP until they meet the criteria above.

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| **Program Name**       |
| **Staff****Name** | **Role** | **Current Education/****Experience** | **Supervisory Structure Supporting Waiver*** Please provide the **Name, Credentials, and CT License # for the supervising LCP**
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| **Agency Representative**  |
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| Name | Title  | Date of Request  |

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