

LARA Use Only

Date Received

Facility Number

**FSOF LICENSURE APPLICATION
APPENDIX C**

Waiver Request Pursuant to R 325.3815(4)
(Attach/Submit Appendix with BCHS-HFD-100 Form)

[Redacted] (Freestanding Surgical Outpatient Facility Name)		
[Redacted] (Address)		
[Redacted] (City)	[Redacted] (State)	[Redacted] (ZIP Code)

This addendum to the Health Facility/Agency application (BCHS-HFD-100) is for use by an FSOF requesting waiver to construction and equipment rule requirements. Pregnancy termination facilities are required to obtain a freestanding surgical outpatient facility (FSOF) license if the facility or private practice office preforms 120 or more surgical abortions per year and publicly advertises outpatient abortion services. If licensure is required, the facility may be eligible to apply for a waiver(s) of certain requirements of the rules.

MCL 333.20115(4) and Rule 325.3815(4) allow the Department to waive one or more of the requirements of the rules listed below if both of the following provisions apply:

- A. The pregnancy termination facility was in existence and operating on December 31, 2012.
- B. The Department determines that the existing construction or equipment, or both, within the facility is adequate to preserve the health and safety of the patients and employees of the facility or the construction and equipment standards, or both, can be modified to adequately preserve the health and safety of the patients and employees of the facility without meeting the specific requirements.

If a pregnancy termination facility cannot meet the requirements of one or more of specific rules below, the provider should check the specific rule for which a waiver sought.

- R 325.3855-- Plans and Specifications
- R 325.3856-- Exterior
- R 325.3858-- Elevators
- R 325.3866-- Clinical Facilities
- R 325.3867(5) —Medication and Storage Areas (Soiled Utility Room)
- R 325.3868-- Patient Observation and Recovery Areas

For each waiver requested, provide explanation below. The justification must indicate how the facility does not comply with the rule and answer one of the following:

1. Explain how the existing construction or equipment, or both, within the facility is adequate to preserve the health and safety of the patients and employees of the facility.
2. Explain how the construction or equipment standards, or both, may be modified to adequately preserve the health and safety of the patients and employees of the facility without meeting the specific requirements of these rules.

Waiver Requested/Waiver Explanation (750 text maximum length)
R 325.3855—Plans and Specifications 
R 325.3856—Exterior 
R 325.3858—Elevators 
R 325.3866—Clinical Facilities 
R 325.3867(5)—Medication and Storage Areas (Soiled Utility Room) 
R 325.3868—Patient Observation and Recovery Areas 

Attached additional sheets and supporting documentation as needed.

Waiver Review Process:

1. The facility shall submit a request for waiver or variance at the time of application for a license.
2. The decision of the Department, including any qualification under which the waiver or variance to the applicable rule is granted, will be sent to the facility and the facility shall retain a copy.
3. The waiver will indicate whether it will remain in effect for as long as the pregnancy termination facility continues to comply with the conditions of the waiver or variance or will indicate the date on which the waiver expires and compliance will be requested.

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Bureau of Health Care Services		
Waiver Requested	Final Approval	Time Limited
<input type="checkbox"/> R 325.3855—Plans and Specifications	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
<input type="checkbox"/> R 325.3856—Exterior	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
<input type="checkbox"/> R 325.3858—Elevators	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
<input type="checkbox"/> R 325.3866—Clinical Facilities	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
<input type="checkbox"/> R 325.3867(5)—Medication and Storage Areas (Soiled Utility Room)	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>
<input type="checkbox"/> R 325.3868—Patient Observation/Recovery	<input type="checkbox"/> Approved* <input type="checkbox"/> <input type="checkbox"/> Time Limited Approval <input type="checkbox"/> <input type="checkbox"/> Denied <input type="checkbox"/>	Expiration Date: <input type="checkbox"/>

* R 325.3868a(4) - The variance may remain in effect for as long as the pregnancy termination facility continues to comply with the conditions of the variance.

Comments:

Director, Bureau of Community and Health Systems

Effective Date

Submit Waiver Request form with BCHS-HFD-100 form.

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.