



OhioMHAS COVID-19 Waiver Request

Mike DeWine, *Governor*
Lori Criss, *Director*

This form is to be used by private psychiatric hospitals, certified providers of community mental health services or addiction services, and licensed residential facilities to request waivers for Ohio Administrative Code requirements for the duration of the emergency declared by Governor DeWine due to the COVID-19 pandemic.

Complete this form and email it to WaiverRequests@mha.ohio.gov.

Provider or facility Name:

License or certification number:

Address of facility or site to be covered by waiver:

Email address to send waiver to:

Phone number to be contacted at:

FOR PRIVATE PSYCHIATRIC HOSPITALS ONLY - Waiver requested for Telehealth _____ Staffing Ratios _____
Patient Admission Assessment _____

ALL OTHER WAIVER REQUESTS:

Please list specific items to be waived, and OAC rule if known.

