Bulletin 18-06 Application for Waiver



Date		Provider Name
Parent ID #	Applicable Service L	ocation #s
Specific <u>rationale</u> and <u>regulation</u> prohibiting compliance: Steps that will be taken to become compliant with Bulletin 18-06:		
Implementation Timeline (include dates and benchmarks):		
CBH USE ONLY		
CBH STAFF REVIEWER		DATE OF REVIEW
Notes:		
DECISION		
☐ Approved (meets criteria for a	approval)	☐ Denied (1/1/2020 will remain as date)
☐ Approved with Modifications,	as follows:	Rationale for Denial: