

Request for PACE Exemption

Date:

PACE Program Information:

Name of Organization:

Address:

Name of Contact:

Contact's Phone Number:

Contact's Fax Number:

Email:

PACE Program Director:

Phone Number:

Fax Number:

Email:

Brief Description of Request for Exemption: (A one to two line description of the subject matter pertaining to your request for exemption)

Exemption requested from following provision (Each request for an exemption from a licensing category requires a separate written request, unless request is applicable to more than one licensed location – see below)

Health and Safety Code

Chapter 1 (commencing with section 1200)
Chapter 3 (commencing with section 1500)
Chapter 3.2 (commencing with section 1569)
Chapter 3.3 (commencing with section 1570)
Chapter 8 (commencing with section 1725)

**Code of California Regulations, Title 22,
Division 3**

**Code of California Regulations, Title 22,
Division 5**

Chapter 6 (commencing with section 74600)
Chapter 7 (commencing with section 75001)
Chapter 10 (commencing with section 78001)

Please cite the specific regulations from which your organization is seeking an exemption: (Include full citation, i.e. CCR, Title 22, Division #, Chapter # and Article #. Group citations according to Chapter #)

Request for PACE Exemption

Applicability or Requested Exemption: Requested exemptions must be the same and *appropriate* for all licensed locations)

Single Request for exemption(s) applicable to *one* licensed location

Multiple request for exemption(s) applicable to *more than one* licensed location

Multiple request for exemption(s) applicable to *all* licensed locations

Specify List of Centers, Location(s) for applicability for exemption(s) and License numbers below

Facility Name	Address, City Telephone Number	Licensee Name	ADHC License No.	PCC License No.	HHA License No.

Attestation Statement: (check box, as appropriate)

The PACE Program attests that the requested exemptions will be implemented in a manner that does not jeopardize the health and welfare of participants receiving services under PACE, or deprive beneficiaries of rights specified in federal or state laws or regulations

Exemption Request:

Please provide the following information regarding the PACE Provider's request for an exemption from regulations. Attach any documentation to support the request, as necessary. If the PACE Program chooses to provide information in an attachment, ensure that the requested information is included, as described below, and labeled appropriately.

Check box if attachments are included with exemption request.

Please attach your response to the following questions

(1) Provide a description of how the applicable state requirement(s) conflict(s) with or is/are inconsistent with state or federal requirements related to the PACE Model (please include regulatory citation).

(2) Provide an analysis demonstrating why the conflict or inconsistency cannot be resolved without an exemption

(3) Provide a description of how the PACE program plans to comply with the intent of the requirements described in (1).

(4) Provide a description of the terms and conditions that the PACE program will use in complying with the exemption as requested.

(5) Additional Information (optional)

On behalf of the PACE organization, I declare the above information and any attachments are true and correct:

Signature: _____

Title: _____ Date: _____