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### WAIVER REQUEST FORM

## DPH - CQAC - DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

PLA	N - at Springfield Technical (	Community College, 1 Armory Square, Bld 20/Suite 320, Springfield MA 01105
Facility's Licensed Name or Proposed Name		Address, including zip code
		•
If Hospital/Clinic Satellite, Name		Address, including zip code
Hospi	a/Clinic Department	Building/Floor Location
I HEF	EBY REQUEST THE DEPARTME	NT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:
1.A: FOUND AT: 105CMR (Section B) 140.560		
	(Regulation/Requirement Citation	n)
1.B:	THAT REQUIRES (Text of Regul	ation/Requirement):
2) Re	cords on outreach patients shall be r	naintained on the premises of parent clinic. Records shall not be stored at the outreach site

- 3) Medications shall not be stored or administered at the outreach site.
  4) Mental Health regulations, 140.560 do not permit onsite lab tests.
- 4) Mental ricatti regulations, 140.300 do not permit onsite lan tests.

- 2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:
- 2.B: HOSPITALS AND LONG TERM CARE FACILITIES -- WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE -HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:
- 2). Patient charts will be stored onsite in HIPAA compliant, locked storage space.
- 3). We will store hormonal birth control, emergency contraception, gomorrhea and chlamydia treatment onsite ensuring adequate refrigeration as necessary. All items to be stored in locked cabinets.
- 4) We would like to provide waived laboratory tests at our new health center (PLANat Sprinfield Technical Community College (STCC) including urine pregnancy testing and HIV OraQuick tests. Each box of pregnancy tests will be controlled at the Planned Parenthood Lab at our 3055 Main Street, Springfield location before being transported to our PLAN clinic at STCC. Each test also has an internal control. Similarly, we would ensure that two external controls are preformed on site anytime we offer ORAQUICK testing at our PLAN STCC site. We would also like to collect urine samples for chlamydia and gonnorhea testing as well as blood samples for identifying herpes antibodies, syphilis and hepatitis B & C. Samples will be picked up daily at STCC by our lab provider, QUEST. We believe that the ability to provide urine and blood testing will enable Planned Parenthood to meet public health needs in another location in Springfield.

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Facility's Licensed No	ime or Proposed Name A	vidress, including	g zip code
Regulation/Requi	rement Citation:		
2) Storing medical provide quality car 3) Planned Parenth all four of our heal Express Center at 5 4) Providing on-sit	th centers in the state. Contraceptive consultations vertex and on-site dispensing is an integral part of the	contraception a with clinicians v is service to ma a, chlamydia, h	o efficiently review medical history in order to and treatment for gomnorthea and chlamydia on-site a will be the primary service offered at the new PLAN
	SSURANCE THAT APPROVAL OF THE WAIVER: B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR		
L TE JOL	*		
FACILITY AUTHO	RIZED REPRESENTATIVE:	FACILITY	CLINICAL REPRESENTATIVE:
Name:	Meagan Gallagher	FACILITY O	CLINICAL REPRESENTATIVE:  Karen Loeb Lifford, MD
Name: Title:	Meagan Gallagher Chief Operating Officer/Vice President	Name: Title:	
Name:	Meagan Gallagher Chief Operating Officer/Vice President 1055 Commonwealth Avenue	Name:	Karen Loeb Lifford, MD
Name: Title:	Meagan Gallagher Chief Operating Officer/Vice President	Name: Title:	Karen Loeb Lifford, MD Medical Director
Name: Title:	Meagan Gallagher Chief Operating Officer/Vice President 1055 Commonwealth Avenue	Name: Title:	Karen Loeb Lifford, MD  Medical Director 617-616-1620
Name: Title: Mailing Address: Signature: (	Meagan Gallagher Chief Operating Officer/Vice President 1055 Commonwealth Avenue Boston, MA 02215-1001   Muly    Muly	Name: Title: Tel #: Signature:	Karen Loeb Lifford, MD  Medical Director 617-616-1620  Karen Loeb Lifford, MD
Name: Fitte: Mailing Address: Signature:  Or DPH Use On	Meagan Gallagher Chief Operating Officer/Vice President 1055 Commonwealth Avenue Boston, MA 02215-1001  M. The waiver identified above is approved,	Name: Title: Tel #: Signature:	Karen Loeb Lifford, MD  Medical Director 617-616-1620  Karen Loeb Lifford, MD  Medical Director 617-616-1620  th conditions or denied as indicated below.
Name: Fitte: Mailing Address: Signature: ( or DPH Use On	Meagan Gallagher Chief Operating Officer/Vice President 1055 Commonwealth Avenue Boston, MA 02215-1001  M. The waiver identified above is approved,	Name: Title: Tel #: Signature:	Karen Loeb Lifford, MD  Medical Director 617-616-1620  Karen Loeb Lifford, MD
Name: Fitte: Mailing Address: Signature:  Or DPH Use On Evaluated by: Reviewed by:	Meagan Gallagher  Chief Operating Officer/Vice President 1055 Commonwealth Avenue  Boston, MA 02215-1001  Mr. The waiver identified above is approved,  Clery The Market Commonwealth Avenue	Name: Title: Tel #: Signature:  Approved with	Karen Loeb Lifford, MD  Medical Director 617-616-1620  Karen Loeb Lifford, MD  Medical Director 617-616-1620  th conditions or denied as indicated below.
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lame: Title: Address: Signature:  Or DPH Use On Evaluated by: Reviewed by:	Meagan Gallagher  Chief Operating Officer/Vice President 1055 Commonwealth Avenue  Boston, MA 02215-1001  Mr. The waiver identified above is approved,  Clery The Market Commonwealth Avenue	Name: Title: Tel #: Signature:  Approved with	Karen Loeb Lifford, MID  Medical Director 617-616-1620  Ka

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#### COMPLIANCE CHECKLIST

# ▶ Mentai Health Clinics

A separate Checklist must be completed for each outpatient suite.

The following Checklist is for plan review of clinics and hospital outpatlent facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130,000 and Clinic Licensure Regulations 105 CMR 140,000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

#### Instructions:

- The Checklist must be filled out completely with each application. 1.
- Each requirement line (\_\_\_) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (\_\_\_) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.
- X = Regulrement is met.

- Check this box under selected checklist section titles. or Individual requirements for services that are not Included in the project.
- E = Functional space or area is existing and not affected by W = Walver requested for Guidelines, Regulation or Policy the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.
  - requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).
- 3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
- Items in italic, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy. 4.
- 5. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Requietions.

Facility Name: SPRINGFIELD DEPARTMENT OF HEA	Dates: Initial: Revisions:	
Facility Address:  1 ARMORY SQUARE		
Satellite Name: (if applicable)	•	DON Identification: (If applicable)
Satellite Address: (if applicable)		
Project Reference:		Building/Floor Location:
		(B) of the second secon
		***************************************

Compliance Checklist: Mental Health Clinics Page 2 of 3

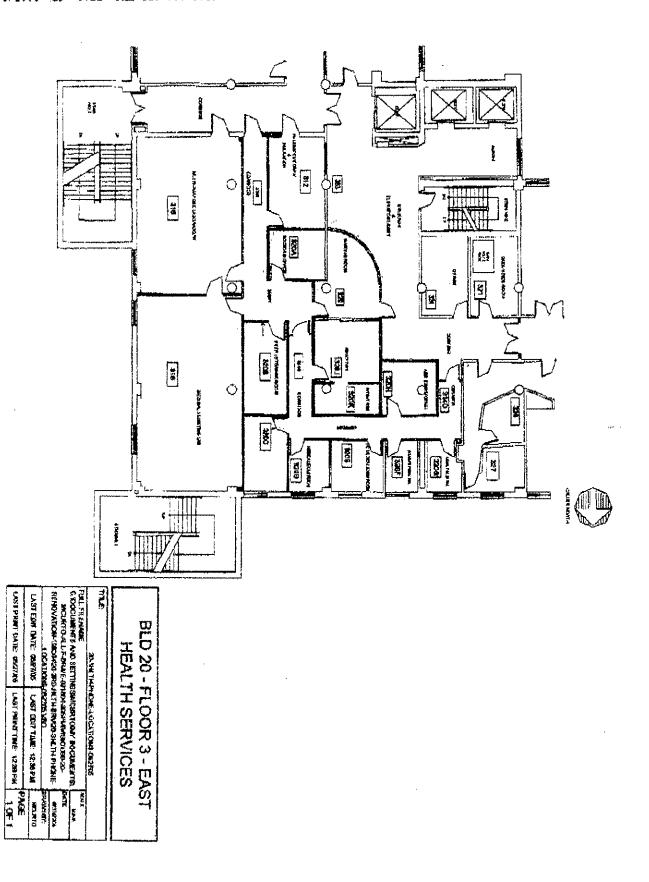
		ARCHITECTURAL REQUIREMENTS	MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS
		OUTPATIENT SUPPORT AREAS  Note: Compliance Checklist OP1 must be completed and attached to this Checklist.	
9.2.B1 140.203 9.1.H	<u>×</u>	COUNSELING ROOMS  Min. 80 sf  ensure sight & sound privacy between each counseling room and adjacent areas	X Vent, min, 6 air ch./hr
9.2.B6	<b>X</b>	DRUG DISTRIBUTION STATION  check if service not included in project  work counter  locked storage refrigerator	Handwashing station  Duplex receptacle(s)
Policy		winder visual supervision from staff station	
9.2.D 9.2.D1		TESTING  Wrine collection station  check if service not included in project  work counter	X Handwashing station
9.2.D3 9.2.D4		storage cabinets urine collection tollet room equipped with shelf  Blood collection station check if service not included in project	Handwashing station Vent. min. 10 air ch./hr (exhaust)
		patient seating space work counter storage cabinets	Handwashing stations Vent. min. 6 air ch./hr (exhaust)
Policy	•	DAY TREATMENT PROGRAM  Check if service not included in project total number used for compliance with following space requirements = number of patients per day	
7.6.B <b>7</b>		Social Spaces: noisy activity/dining room(s) quiet activity room(s) min. combined area 40 sf/patient min. area each space 120 sf	Vent. min. 6 air ch./hr Vent. min. 6 air ch./hr
7.6.B8		Group therapy space:  GT separate room or max. 12 patients per day and quiet activity room min. 225 sf GT combined with	Vent, Min. 6 air ch./hr
7. <b>6.B12</b>		quiet activity  Therapy/multipurpose space:  separate room or max. 12 patients per day min. 15 sf/patient noisy activity room meets [7.6.B6] + 10 sf/patient noisy activity & therapy functions are combined within one room	Vent. min. 6 air ch./hr
•		work counter, storage, and display	Handwashing station

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Compliance Checklist: Mental Health Clinics	Page 3 of 3
ARCHITECTURAL REQUIREMENTS	MECHANICAL/PLUMBING/ ELECTRICAL REQUIREMENTS
7.2.815 (DAY TREATMENT PROGRAM Continued  7.2.815 Nourishment area:  work counter storage cabinets refrigerator equipment for hot nourishment space for holding dietary trays	Handwashing station conveniently accessible  Vent. min. 4 air ch./hr
7.6B3 used by patients or not staff control of heating/cooking devices	used by patients
GENERAL STANDARDS  Details and Finishes  Outpatient corridors (9.2.H1.a)  X min. corridor width 5'-0"  Staff corridors  Y min. corridor width 44"  Two remote exits from each outp. facility suite & floor  Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)  X Work alcoves include standing space that does not interfere with corridor width  check if function not Included in project Doors:  X doors min. 3'-0" wide (9.2.H1.d)  X all doors are swing-type (Policy)  X doors do not swing Into corridor (Policy)  Glazing (9.2.H1.e):  X safety glazing or no glazing under 60" AFF & within 12" of door jamb  Safety glazing or no glazing in recreation rooms	Mechanical (9.31.D)  Mech. ventilation provided per Table 7.2  Exhaust fans located at discharge end Fresh air Intakes located at least 25 ft from exhaust outlet or other source of noxious fumes  Contaminated exhaust outlets located above roof  Ventilation openings at least 3" above floor  Central HVAC system filters provided per Table 9.1  Plumbing (9.31.E)  Handwashing station equipment  A handwashing sink  A hot & cold water  Y single lever or wrist blades faucet soap dispenser  hand drying facilities  Sink controls (9.31.E1):  hands-free controls at all handwashing sinks  blade handles max. 4½" long
Thresholds & expansion joints flush with floor surface  Vertical clearances (9.2.H1.j):  X celling height min. 7'-10", except:  X 7'-8" in corridors, toilet rooms, storage rooms  Floors (9.2.H2.c):  A floors easily cleanable & wear-resistant  washable flooring in rooms equipped with handwashing stations (Policy)  non-slip floors in wet areas  X wet cleaned flooring resists detergents  Walls (9.2.H2.d):  X wall finishes are washable  amooth/water-resist, finishes at plumbing fixtures	Electrical (9.32)  All occupied building areas shall have artificial lighting (9.32.D3)  Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)

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- 09/08/2006 WED 3:22 FAX 413 755 6045 STCC Health Services





Headquarters: 1055 Commonwealth Ave., Boston, MA 02215-1001 Phone: (617) 616-1660, Fax: (617) 616-1665 www.pplm.org

# Outreach Clinic Proposal: Program Description October 11, 2006

Planned Parenthood League of Massachusetts (PPLM) proposes to open an "express clinic" at Springfield Technical Community College's (STCC) Department of Health Services. The outreach clinic would offer similar services now provided by PPLM at our express clinic in Cambridge/Somerville in Boston, the STCC site is a collaboration between the community college and PPLM to provide services to students and other members of the Springfield community.

- Services & Staffing: PPLM would send a PPLM-employed Nurse Practitioner and a PPLM-employed Clinic Assistant to STCC for 4 hours per week to provide hormonal contraception with optional pelvic exam (HOPE), Emergency Contraception (EC), Pregnancy Testing, HIV and Gonorrhea/Chlamydia urine screening, blood screening for Herpes antibodies, Syphilis and Hepatitis B & C as well as referrals for comprehensive visits. Birth control methods and emergency contraceptive pills will be dispensed to clients at the time of the initial visit.
- PPLM's HOPE protocol requires that a Clinician discuss the risks and benefits of different birth control method options with the patient and a Nurse Practitioner review the client's medical history, check the client's blood pressure and provide a prescription for and instructions for use of the birth control method selected by the client.
- PPLM's EC protocol requires that a Clinician discuss available birth control methods
  with the client and a Nurse Practitioner review the client's medical history; provide a
  prescription for and instructions for use of emergency contraception.
- Department of Public Health Clinical Laboratory Program informed us that PPLM is able to provide pregnancy testing and HIV and Gonorrhea/Chlamydia screening in this type of setting per our existing CLIA license #22D0067630.
- Space Requirements: PPLM staff would have use of the exam rooms and storage for medication, birth control and medical records at the STCC Health Services Center.
- Licensure: The PPLM Express Clinic in Somerville, Boston succeeds in increasing access to contraceptive services by making them physically and economically accessible. PPLM seeks to expand the scope of this service delivery model to other community based organizations that target high risk populations for unplanned pregnancies and sexually transmitted infection as well as to the general public by opening sites in the community that can be accessed by anyone in need of these services. This community presence would be developed through sites in commercially rented space or existing health center space such as the STCC site.
- Project Sustainability: This project has the full support of PPLM, a statewide organization with predecessor organizations dating back 75 years. As an established organization, PPLM currently has the clinical and administrative infrastructure in place to



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support this project. PPLM is confident that this effort will improve access to critical family planning services in communities with identified needs.

PPLM Contact: Meagan Gallagher, Chief Operating Officer: 617-616-1662