

PROGRAM FLEXIBILITY FORM FOR MENTAL HEALTH REHABILITATION CENTER

A	Name of Facility:	
	Address – Street:	
	City:	County: Zip:
	Program Flexibility is requested for California Code of Regulations (CCR), Title 9, Section(s):	
B	APPLICATION MADE BY – Name:	Signature of Facility Director: _____
		Date:
	Profession License:	
	Phone:	Fax:
C	Specific Reason for Request / Why is Program Flex needed?	
D	Description of Proposal:	
	List of Enclosures:	
E	STATUTE/REGULATIONS: The California Code of Regulations, Title 9, Chapter 3.5, Section 783.18 permits the use of program flexibility as long as statutory requirements are met and there is prior written approval from the California Department of Health Care Services, Mental Health Licensing Section. The approval must provide for the terms and condition under which the exception to the law or regulation is granted, and must be supported by a request from the provider with adequate documentation.	
F	FORM SUBMISSION: The completed request form with the proposed alternate methods, concepts, procedures, techniques, personnel qualifications, and supportive documentation should be submitted to the following address: California Department of Health Care Services Mental Health Licensing Section P.O. Box 997413, MS 2800, Sacramento, CA 95899-7413 Phone: (916) 323-1864; Fax: (916) 323-0694 Email: MHLIC@dhcs.ca.gov Internet Address: http://www.DHCS.ca.gov	