

### PROGRAM FLEXIBILITY FORM FOR PSYCHIATRIC HEALTH FACILITY

<b>A</b>	Name of Facility:	
	Address – Street:	
	City:	County: Zip:
	Program Flexibility is requested for California Code of Regulations (CCR), Title 22, Section(s):	
<b>B</b>	APPLICATION MADE BY – Name:	Signature of Administrator: _____
		Date:
	Profession License:	
	Phone:	Fax:
<b>C</b>	<b>Specific Reason for Request / Why is Program Flex needed?</b>	
<b>D</b>	<b>Description of Proposal:</b>          <b>List of Enclosures:</b>	
<b>E</b>	<b>STATUTE/REGULATIONS:</b> The Health and Safety Code, Section 1276(b) and California Code of Regulations, Title 22, Division 5, Section 77049 permit the use of program flexibility as long as statutory requirements are met and there is prior written approval from the Department. 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.	
<b>F</b>	<b>FORM SUBMISSION:</b> 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: <a href="mailto:MHLC@dhcs.ca.gov">MHLC@dhcs.ca.gov</a> Internet Address: <a href="http://www.DHCS.ca.gov">http://www.DHCS.ca.gov</a>	