

WAIVER REQUEST CHECKLIST AND DOCUMENT WORKFLOW

CONTRACTED PROVIDERS

**CHECKLIST**

* Complete DHCS Waiver Request form in WORD format
* Submit all required documentation below to [Waivers@dmh.lacounty.gov](mailto:Waivers@dmh.lacounty.gov) for each candidate
* DHCS Waiver Request form: [Waiver Application](https://dmh.lacounty.gov/qa/mental-health-professional-licensing-waivers/)
* MOU: [Memorandum of Understanding](https://dmh.lacounty.gov/qa/mental-health-professional-licensing-waivers/)
* Curriculum Vitae (CV)
* Transcript
* Please submit each waiver request individually for each candidate
* In the subject line please write “Waiver Request: Candidate’s Name”
* Please attach the DHCS Waiver Request form separately from other documents
* Please ensure the address of your Agency is reflected in the email to assist with formal completion of Waiver cover letter

**WAIVER WORKFLOW**

* An acknowledgment receipt will be emailed when a waiver request is submitted to [Waivers@dmh.lacounty.gov](mailto:Waivers@dmh.lacounty.gov)
* LACDMH will review and submit waiver request to DHCS within 2-4 weeks of submission. Please note that any follow up needed from provider during the review may cause delays in submission of waiver request to DHCS
* DHCS reviews and processes waiver request within 2-4 weeks. Please note that any follow up needed from the Provider during the review by DHCS may cause delays
* LACDMH will notify a Provider of DHCS Waiver Request approval ASAP. A Provider will receive an email with a LACDMH Waiver Request Cover letter, DHCS Waiver Request Approval, and Acknowledgment letter that requires a signature
* Provider to return Acknowledgment letter to LACDMH with a signature

**For any questions, please email** [Waivers@dmh.lacounty.gov](mailto:Waivers@dmh.lacounty.gov)

**System Support Team Contact Information:**

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