



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
QUALITY, OUTCOMES & TRAINING DIVISION | QUALITY ASSURANCE UNIT
SYSTEM SUPPORT TEAM

WAIVER REQUEST CHECKLIST AND DOCUMENT WORKFLOW
CONTRACTED PROVIDERS

CHECKLIST

Complete DHCS Waiver Request form in fillable PDF format

Submit all required documentation below to Waivers@dmh.lacounty.gov for each candidate

- DHCS Waiver Request form: [Waiver Application](#)
- MOU: [Memorandum of Understanding](#)
- 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
- 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.