**BEHAVIORAL HEALTH ADMINISTRATION (BHA)**

**APPLICATION FOR A VARIANCE FROM**

**SUBTITLES 21, 47 AND 63 REGULATIONS**

**“Variance” means an alternate method by which a program may comply with the intent of a regulation. The variance is based on the program demonstrating that the alternate method equally ensures the standard is maintained.**

**An application for a variance applies only to Title 10, Subtitles 21, 47 and 63 regulations that contain provisions for a variance under 10.21.16.09B, 10.47.04.06 and 10.63.06.08. The Department may not grant a variance for standards outlined in federal laws, federal regulations, or State statute. In addition, the Behavioral Health Administration does not have authority to grant variances for COMAR 10.09 regarding the reimbursement of services through Medicaid.**

**The BHA Variance Review Panel (the Panel) will review a program’s application for a variance from a regulatory standard to determine whether the variance requested is in compliance with the intent of the regulation. The Panel will recommend to the Panel Chair whether to approve or deny the variance request. If a denial of a variance results in the denial of approval for the program, the applicant may request a hearing according to the provision of COMAR 10.21.16.12 for community mental health programs and COMAR 10.63.06.19 for community based behavioral health programs. There is no corresponding hearing process under Subtitle 47.**

**The applicant for a variance shall:**

**1. Use the variance application form required by the Department;**

**2. Submit a complete original variance application form to the Office of**

**Government Affairs and Communications, Behavioral Health Administration, 55 Wade Avenue, Dix Building, Catonsville, MD 21228;**

**3. Provide a copy of the request to the appropriate CSA/LAA/LBHA director;**

**4. Include in the application additional information that the applicant considers necessary to support the variance request;**

**5. If applicable, list those individuals whom the program identifies as needed to confer with the Panel; and**

**6. If requested, meet with the Panel to discuss the application.**



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**Please mail or fax this form to:**

Behavioral Health Administration

Office of Government Affairs and Communications

Spring Grove Hospital Center – Dix Building

55 Wade Avenue

Catonsville, Maryland 21228 Fax: 410.402.8332

**\*\*You must use a separate form for *each variance* requested\*\***

**Please type or print legibly**

**Date:**

**Program requesting variance:**

**Name:**

**Address:**

**Specific site for which the variance is requested** (if requesting a variance for more than one site, please use separate applications)**:**

**Name:**

**Address:**

**Person requesting the variance:**

**Name:       Title:**

**Telephone number:       Fax number:**

**E-mail address:**

**Core Service Agency, Local Addictions Agency or Local Behavioral Health Authority notified?**

**YES**  **NO If so, which one?**

**Type of program (should match program type listed on provider’s approval, certificate or license from the Department):**

**Population served:  Adults  Children & Adolescents  Both**

**Last OHCQ survey: Date:       Status:**

**Is this request based on a deficiency cited by OHCQ?  YES  NO**

*If “Yes”, please attach a copy of the deficiency citation.*

**COMAR CHAPTER & TITLE OF REGULATION:**

**Specific regulatory citation for which the variance is requested (*only one regulatory citation per request -* *include all relevant sections & subsections*):**

**COMAR 10.**

**Describe the program’s attempt(s) to comply with the regulatory requirement(s) cited above:**

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| **Describe the method(s) by which the program will, by variance, comply with the intent of the regulations and safeguard the health, welfare, and safety of the recipients of service (*You may attach supplemental information if you wish*):** |

**Does the Program wish to attend the Variance Review Panel meeting to discuss this application?  Yes  No**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**