

## Application For Renewal of Special Treatment Program Approval

INSTRUCTIONS: Complete pages 1-4 and email the complete application and/or any questions related to the application to: [AdultMHCertification@dhcs.ca.gov](mailto:AdultMHCertification@dhcs.ca.gov). Please include a copy of your most current California Department of Public Health (CDPH) Skilled Nursing Facility (SNF) license with this application.

This renewal application is due between January 1<sup>st</sup> and January 31<sup>st</sup> of each year. This renewal application will capture information for the previous full year.

For more information on the Mental Health Program Certification Section, visit our webpage at <https://www.dhcs.ca.gov/services/MH/Pages/Community-support-branch1.aspx>

|                                     |            |                                      |  |
|-------------------------------------|------------|--------------------------------------|--|
| <b>FACILITY/PROGRAM NAME</b>        |            | <b>LICENSEE NAME</b>                 |  |
| <b>FACILITY/PROGRAM WEBSITE URL</b> |            |                                      |  |
| <b>ADDRESS</b>                      |            | <b>COUNTY</b>                        |  |
| <b>CITY</b>                         | <b>ZIP</b> | <b>FACILITY/PROGRAM PHONE NUMBER</b> |  |
| <b>ADMINISTRATOR'S NAME</b>         |            | <b>PROGRAM DIRECTOR'S NAME</b>       |  |
| <b>ADMINISTRATOR'S EMAIL</b>        |            | <b>PROGRAM DIRECTOR'S EMAIL</b>      |  |
| <b>NUMBER OF LICENSED SNF BEDS</b>  |            | <b>NUMBER OF APPROVED STP BEDS</b>   |  |

|  |              |
|--|--------------|
| <b>NAME OF PERSON COMPLETING APPLICATION</b> | <b>TITLE</b> |
| <b>PHONE NUMBER</b>                          | <b>EMAIL</b> |
| <b>SIGNATURE</b>                             | <b>DATE</b>  |

**WRITTEN DESCRIPTION OF SPECIAL TREATMENT PROGRAM**

INSTRUCTIONS: Fill out the table below with information pertaining to patient type, age range of patients, and a written description of the STP. Additional pages may be submitted if more space is needed.

| <b>PATIENT TYPE</b>   | <b>AGE RANGE OF PATIENTS</b> | <b>AVERAGE LENGTH OF STAY</b> |
|---|------------------------------|-------------------------------|
| <b>WRITTEN DESCRIPTION OF SPECIAL TREATMENT PROGRAM</b> <i>(Include relevant information on demographics of patients served, services provided, etc.)</i> |                              |                               |

**SPECIAL TREATMENT PROGRAM ANNUAL DATA**

INSTRUCTIONS: Fill out the table below with information pertaining to the number of patient admissions, patient discharges, patient restraint incidents, patient seclusion incidents, and patient denial of rights incidents occurring in the previous full year.

| <b>MONTH</b>     | <b>NUMBER OF ADMISSIONS</b> | <b>NUMBER OF DISCHARGES</b> | <b>NUMBER OF RESTRAINT INCIDENTS</b> | <b>NUMBER OF SECLUSION INCIDENTS</b> | <b>NUMBER OF DENIAL OF RIGHTS</b> |
|------------------|-----------------------------|-----------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <b>JANUARY</b>   |                             |                             |                                      |                                      |                                   |
| <b>FEBRUARY</b>  |                             |                             |                                      |                                      |                                   |
| <b>MARCH</b>     |                             |                             |                                      |                                      |                                   |
| <b>APRIL</b>     |                             |                             |                                      |                                      |                                   |
| <b>MAY</b>       |                             |                             |                                      |                                      |                                   |
| <b>JUNE</b>      |                             |                             |                                      |                                      |                                   |
| <b>JULY</b>      |                             |                             |                                      |                                      |                                   |
| <b>AUGUST</b>    |                             |                             |                                      |                                      |                                   |
| <b>SEPTEMBER</b> |                             |                             |                                      |                                      |                                   |
| <b>OCTOBER</b>   |                             |                             |                                      |                                      |                                   |
| <b>NOVEMBER</b>  |                             |                             |                                      |                                      |                                   |
| <b>DECEMBER</b>  |                             |                             |                                      |                                      |                                   |

