



WILL LIGHTBOURNE  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: July 9, 2021

Behavioral Health Information Notice No:21-036

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Programs  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professionals  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Special Treatment Program Form 1733 Submission Requirements

PURPOSE: This notice specifies revisions made to DHCS 1733 Form and submission requirements, effective August 15, 2021.

REFERENCE: California Code of Regulations (CCR), Title 22, Section 72449(a).  
Program Approval.

**BACKGROUND:**

Special Treatment Programs (STPs) are required to submit the DHCS 1733 Application for Initial Approval of Special Treatment Program. DHCS is specifying further the information to be submitted for initial application of a STP and information to be submitted on the DHCS 1733.

**POLICY:**

DHCS has revised the DHCS 1733 and submission requirements for applying for approval of a STP. DHCS made revisions to the DHCS 1733 to conform to current administrative and operational requirements. The revised DHCS 1733 can be accessed on the [DHCS website](http://www.DHCS.ca.gov).

The following identifies revisions to the DHCS 1733 and submission requirements:

- Information that is **now required** when submitting the DHCS 1733:
  - licensee name;
  - program director e-mail;
  - program administrator e-mail;
  - listing of supplemental documents; and
  - name of person completing application, including their
  - title,
  - phone number, and
  - email.
  
- The DHCS 1733 and required supplemental documentation shall be emailed to [AdultMHCertification@dhcs.ca.gov](mailto:AdultMHCertification@dhcs.ca.gov). Please note that applications will no longer be accepted via standard mail effective August 16, 2021. In addition, applications not submitted on the revised DHCS 1733 will not be reviewed and applicants will be requested to resubmit using the correct form. DHCS shall provide a response to the applicant within forty-five (45) calendar days from the date of receipt of the DHCS 1733 and supplemental documentation.

If you have any questions regarding this Information Notice, please contact the DHCS Adult Programs Unit at [AdultMHCertification@dhcs.ca.gov](mailto:AdultMHCertification@dhcs.ca.gov).

Sincerely,

Original signed by

Marlies Perez, Chief  
Community Services Division