DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Behavioral Health and Developmental Disabilities Division (BHDD)

Program for Assertive Community Treatment (PACT),

Montana Community Treatment (MCT), and

Policy Variance Request

Complete one form for each variance request.

Policy 455, 460, grant variances to rules that do not affect the health or safety of persons receiving PACT, MCT, or CMP. BHDD may grant the variance if the following conditions are met:

The variance must be requested by an approved team as indicated in policy 455, 460,

(1) The variance request should contain all the details outlined in this form. If there is any additional information required, such as attachments, or resumes please include them in the submission.

(2) Incomplete variance request will not be considered.

BHDD's decision to grant or deny a variance request is final and not subject to appeal under the provisions of Policy 310 in the BHDD policy manual.

Approvals and denials must be kept on record to document a variance being used by an agency.

Program Information

PROGRAM NAME			
PROGRAM STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
NAME OF MENTAL HEALTH CENTER			

Variance Request Information

VARIANCE REQUEST TYPE	☐ NEW VARIANCE REQUEST	☐ RENEWAL OF CURRENT VARIANCE

Policy

Enter the policy number and subsections to be requested for a variance (include complete name and numbers)

POLICY NUMBER	POLICY SECTION AND SUBSECTION NUMBER

Date Range

EFFECTIVE DATE OF VARIANCE	EXPIRATION DATE OF VARIANCE

Reasoning

VARIANCE BEING REQUESTED
REASON WHY THE VARIANCE IS BEING REQUESTED
ANY ADDITIONAL ALTERNATE MEASURES THAT WILL BE TAKEN TO COMPLY WITH THE INTENT OF THE POLICY

NAME (PRINT)	TITLE	DATE
SIGNATURE:		

ATTACH ALL APPLICABLE DOCUMENTATION TO SUPPLEMENT YOUR REQUEST

☐ APPROVED ☐ DENIED

BHDD REASONING AND SPECIAL INSTRUCTIONS FOR REQUESTED VARIANCE:

BHDD Approval Signatures TITLE

SIGNATURE: _____

SIGNATURE: _____