Initial LPS Application and Renewal Application Manual Application User Guide for Providers

V2023.1.0

5/10/2023

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Initial LPS Application for DMH Employees

Accessing Provider Application Portal

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge.

https://lacdmhlpsprod.dynamics365portals.us/

Select the sign in button in the upper right-hand corner.



Select Azure AD to start initial LPS Application.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	
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Azure AD	
(DMH Users and Contract Providers Only)	
Azure AD B2C	
(Non-Designated Hospitals Only)	
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Enter DMH email and password (e.g. jsmit@dmh.lacounty.gov)

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(To look up or obtain individualized NPI number, please visit: <u>https://npiregistry.cms.hhs.gov</u>)

Select save and next at the bottom of the screen.

Employment Location

Complete all fields.

Select DMH Employee from the drop down menu.

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Professional Staff

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Attestation

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(Electronic completion is acceptable). Upload and attach attestation form.

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Initial LPS Application for Contract Providers

Accessing Provider Application Portal

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge.

https://lacdmhlpsprod.dynamics365portals.us/

Select the sign in button in the upper right-hand corner.

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	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LPS Application.	
	Notice to Those Renewing:	
	 Contact the Help Desk at (213) 351 1335 for assistance with logging in to complete the renewal process. Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process. 	

Select Azure AD to start initial LPS Application.

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Employment Information

Complete all fields.

Select NON-DMH Employee from the drop down menu.

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In the search box, type in legal entity number and click on magnifying glass.

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Professional Staff

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

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Attestation

Select attestation link, print form and fill out attestation completely.

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Then select save and home at the bottom of the screen.

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Initial LPS Application for NON-Designated Hospitals

Accessing Provider Application Portal

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge.

https://lacdmhlpsprod.dynamics365portals.us/

DEPARTMENT OF MENTAL HEALTH Lanterman Petris Short - LPS f Information -Sign in Welcome to the DMH LPS Home Page If you are a DMH or Contract Provider, please dick on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application. If you are a Non-Designated Hospital User, dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LP5 Application. Notice to Those Renewing: 0. Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. · Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.

Select the sign in button in the upper right-hand corner.

Sign in by selecting Azure AD B2C

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(To look up or obtain individualized NPI number, please visit: <u>https://npiregistry.cms.hhs.gov</u>)

Select save and next at the bottom of the screen.

Employment Location

Complete all fields.

Select NON-Designated Hospital from the drop down menu.

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Professional Staff

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Select next when done.

	Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information) Professional Staff Name *
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Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Upload and attach attestation form.

Then select save and home at the bottom of the screen.

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	LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status	
	New	8/30/2021 3:52 PM	1919191316			LCSW	AUGUSTUS F HAWKINS FAMILY MHS	12/8/2010	Unsubmitted	Edit Details Submit	
	Mission Our mission at DM resources that prom	H is to optimize the note not only indepe	hope, wellbeing endence and pers	and life trajecto onal recovery bi	ry of Los Angele It also connecte	es County's most dness and comm	vulnerable throu nunity reintegrati	igh access to ca ion.	re and		
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How to Add Location-Non-Renewal Phase

DMH Employees

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
	Welcome to the DMH LPS Home Page	1
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LPS Application.	
	Notice to Those Renewing:	
	 Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process. 	

Select Azure AD.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	≡
••• Sign in	
Sign in with an external account	
Azure AD (DMH Users and Contract Providers Only)	
Azure AD B2C (Non-Designated Hospitals Only)	
	D,

Select Start Request button.

LOS ANGEL DEPARTI MENTAL hope. recove	MENT OF HEALTH ry. wellbeing.	Lantern	nan Petr	is Short	- LPS	A	Release N	lotes FAQ	
Step 1 - Click on the Step 2 - To edit, re Authorization	ik on the 'Start Request' button to begin the request. edit, review, and submit application, click the drop-down arrow button view. prization Status: Active Authorization Expiration Date: 9/1/2024					Star			Start Request
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active 💌

Select Work Location (Addition) from the drop down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information	2 Employment Information 3 Attestation for LPS	
Candidate's Int	formation	
LPS Application Type *		
	~	
Work Location (Addition Work Location (Change	i) From)	
Last Name *		
Email *		
Phone Number *		
This is the phone number	of the site	
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Review to ensure all fields are completed. If fields are blank, please provide information.

Candidate's Information

LPS Application Type *	
Work Location (Addition)	~
Authorization *	
AUTH-001311	
First Name *	
Last Name *	
Email *	
Phone Number *	
This is the phone number of the site	
Individual NPI Number *	
9097875654	
Job Title *	
Scope of Practice *	
County/DMH or Contracted Facility Staff	~
Credential *	
LCSW	~
License No *	
Years Licensed *	
	~
Save and Next	

Employment Information

Complete all fields.

Select DMH Employee from the drop-down menu.

DEPARTMENT OF	Lanterman Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS	
Employment Info	ormation	
DMILTemployee	Employment Start Dete	-
NON - DMH Employee NON - Designated Hospital		
Service Location * Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify in	nmediate sopervisor contact information)
Professional Staff's Email *		
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Click on magnifying glass to search for work location.

DEPARTMENT OF	Lanterman Petris Short - LPS	🕈 Release Notes FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
Employment Info	ormation	
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Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant in clinically in charge, then identify it	immediate supervisor contact information)
Professional Staff's Email *		
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LOS AN GELES C DEPARTMEN MENTAL hope. recov Loc	ounty ITOE Lan okup records	tarman Datris Chart IDC	To search on partial text, use the asterisk (*) wildcard character. 6864L X Q	
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Employment	00019P	DMH Pre-Admit		
DMH Emplo	1900	LOS ANGELES CO. MENTAL HEALTH DEPARTMENT		
Select employ	1904	ANTELOPE VALLEY MHC	· · · · · · · · · · · · · · · · · · ·	
search by nam	1905	SANTA CLARITA VALLEY MENTAL HEALTH CENTER		
Service Locat	1906	EDMUND D. EDELMAN WESTSIDE MHC		
00019P	1908	WEST CENTRAL FAMILY MENTAL HEALTH SERVICES		
	1909	HOLLYWOOD MENTAL HEALTH CENTER		
	1 1014	MODTHEAST MILO		
Professional state Professional :			Select Cancel Remove value	
Professional Staff's	s Email *			
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In the search box, type in provider number and click on magnifying glass.

When work location loads, check the box and click select at the bottom of the screen.

DEPARTA MENTAL hope. recov	Lookup record	Lantarman Datric Cha S	net IDC		×	
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Professional				Cancer Ref	nove value	
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Professional Staff

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

Professional Staff Name *

Professional Staff's Email *

Professional Staff's Phone # *

Attestation

Select attestation link, print form, and fill out attestation completely.

Please note, each location added must have a separate attestation attached.

(Electronic completion is acceptable).

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen

Select Choose File button to attach attestation form.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen

After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File Testing andent URL.txt
Save and Previous Save and Home

Select submit from the drop-down menu.

Step 2 - Click on tr	view, and submit a	pplication, click t	e request. ne drop-down	arrow button	✓ below.				
Authorizatio	on Status: Active	Auth	orization Expir	ration Date: 9	/1/2024				
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
Work Location (Addition)	9/2/2021 3:24 PM	1234567890			LCSW	SANTA CLARITA VALLEY MENTAL HEALTH CENTER	8/10/2021	Unsubmitted	Edit Details Submit
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active 💌

How to Add Location-Non-Renewal Phase

NON-DMH Employee

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🔒 Information - Sign in
		1
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider , please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD BZC to access the LPS Application.	
	Notice to Those Renewing:	
	 Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process. Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process. 	

Select Azure AD.

You may be required to enter your "C" number and password to access account.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	≡
•⊇ Sign in	
Sign in with an external account	
Azure AD	
(DMH Users and Contract Providers Only)	
Azure AD B2C	
(Non-Designated Hospitals Only)	
	D

Select Start Request button.

DEPART MENTAL hope. recover Step 1 - Click on the Step 2 - To edit, re Authorization	es county MENT OF HEALTH my wellbeing. ne 'Start Request' bi view, and submit ap on Status: Active	Lantern utton to begin th oplication, click th Autho	nan Petr le request. ne drop-down a orization Expir	is Short	 LPS below. /1/2024 	Release Notes FAQ			
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active

Select Work Location (Addition) from the drop down menu.

LOS ANGELES COUNTY DEPARTMENT OF Hope. recovery. wellbaing.	man Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information 2 Employment Info	ormation 3 Attestation for LPS	
Candidate's Information		
LPS Application Type *		
	~	
Work Location (Addition) Work Location (Change From)		
Last Name *		
Email *		
Phone Number *		
This is the phone number of the site		
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Review to ensure all fields are completed. If fields are blank, please provide information.

Candidate's Information

LPS Application Type *	
Work Location (Addition)	~
Authorization *	
AUTH-001311	
First Name *	
Last Name *	
Email *	
Phone Number *	
This is the phone number of the site	
Individual NPI Number *	
9097875654	
Job Title *	
Scope of Practice *	
County/DMH or Contracted Facility Staff	~
Credential *	
LCSW	~
License No *	
Years Licensed *	
	~
Save and Next	
Employment Information

Complete all fields.

Select NON-DMH Employee from the drop-down menu.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	🔒 Release Notes FAQ	^
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS		
Employment Info	prmation		
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NON - DMH Employee	~		
Select employment type and the	en the 🔍 to		
search by hame of humber.			
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Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify	/ immediate supervisor contact information)	
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Click on magnifying glass to search for work location.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information 🗸	2 Employment Information 3 Attestation for LPS	
Employment Info	prmation	
Employment Type *	Employment Start Date	
NON - DMH Employee	▼	
Select employment type and th	en the Q to	
search by name or number.	_	
Organization Name *		
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Professional staff clinically in charge	of Designated Facility or Agency (If applicant is clinically in charge, then identify	y immediate supervisor contact information)
Professional Staff Name *		
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MENTAL hope. recov	Looki	up records		To search on partial text, use the asterisk (*) wildcard character.
1 Candidate's I				01181 × Q
Employn	~	Number 🕇	Name	1
Employment		0004	NAPA STATE HOSPITAL	
NON - DMH		0006	METROPOLITAN STATE HOSPITAL	
Select employ		00066	TRI-CITY MENTAL HEALTH AUTHORITY	
search by nam		0008	PATTON STATE HOSPITAL	
Organization		0010	ATASCADERO STATE HOSPITAL	
		00108	TELECARE CORPORATION	
		00108PHF	TELECARE CORPORATION	,
		00110	VICTOD TREATMENT CENTERS INC.	
Professional star				
Professional				Select Cancel Remove value
Professional S	taff's En	nail *		

In the search box, type in legal entity number and click on magnifying glass.

*If you are unsure of your legal entity number, please consult with the administration of your facility/clinic location.

When work location loads, check the box and click select at the bottom of the screen.

MENTA hope. recov	Looki	up records					×	
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Professional Staff

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

Professional Staff Name *

Professional Staff's Email *

Professional Staff's Phone # *

Attestation

Select attestation link, print form, and fill out attestation completely.

Please note, each location added must have a separate attestation attached.

(Electronic completion is acceptable).

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen

Select Choose File button to attach attestation form.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen

After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File Testing andent URL.txt
Save and Previous Save and Home

Select Submit from the drop-down menu.

Step 2 - To edit, re	eview, and submit a	pplication, click t	he drop-down	arrow button	✓ below.				
Authorizati	on Status: Active	e Auth	orization Expi	ration Date: 9	9/1/2024				
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
Work Location (Addition)	9/2/2021 3:24 PM	1234567890			LCSW	SANTA CLARITA VALLEY MENTAL HEALTH CENTER	8/10/2021	Unsubmitted	Edit Details Submit
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active 💽

How to Add Location-Non-Renewal Phase

NON-Designated Hospital

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🔒 🕴 Information - Sign in
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LPS Application.	
	Notice to Those Renewing:	
	 Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process. 	

Select Azure AD B2C.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	≡
•D Sign in	
Sign in with an external account	
Azure AD (DMH Users and Contract Providers Only)	
Azure AD B2C (Non-Designated Hospitals Only)	
	D.

Sign in with Email Address and Password.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	↑ Information -
	Returning User - Sign-Ir	1
	Email Address	
	Password	
	Forgot your password?	
	Sign in	
	OR	
	Don't have an account? Sign up now	

Select Start Request button.

Authorizatio	on Status: Active	Auth	orization Expir	ration Date: 9,	/1/2024				Start Request
LPS Application Type	Created On ↓	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active 🔽

Select Work Location (Addition) from the drop-down menu.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing.	Lanterman Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information 2	Employment Information 3 Attestation for LPS	
Candidate's Infor	mation	
LPS Application Type *		
	~	
Work Location (Addition) Work Location (Change From)	
Last Name *		
Email *		
Phone Number *		
This is the phone number of the	e site	
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Review to ensure all fields are completed. If fields are blank, please provide information.

Candidate's Information

LPS Application Type *	
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Authorization *	
AUTH-001311	
First Name *	
Last Name *	
Email *	
Phone Number *	
This is the phone number of the site	
Individual NPI Number *	
9097875654	
Job Title *	
Scope of Practice *	
County/DMH or Contracted Facility Staff	~
Credential *	
LCSW	~
License No *	
Years Licensed *	
	~
Save and Next	

Employment Information

Complete all fields.

Select NON-Designated Hospital from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS	
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Select employment type and the search by name or number.	en the Q to	
Non-Designated Hospitals *		
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Professional Staff's Email *		
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Click on magnifying glass.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing	Lanterman Petris Short - LPS	↑ Release Notes FAQ
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Employment Info	ormation	
Employment Type *	Employment Start Date	
NON - Designated Hospital Select employment type and th search by name or number.	en the Q to	Ħ
Non-Designated Hospitals *	Q	
Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identif	y immediate supervisor contact information)
Professional Staff's Email *		
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Select work location from list provided on page 1 or 2 and click select at the bottom of the screen.

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NON -	Desi	Cedar Sinai Medical Center	
Select en	nploy	Centinela Hospital Medical Center	
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		Martin Luther King, Jr. Community Hospital	
		Memorial Hospital of Gardena	
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Professional Staff

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

Professional Staff Name *
Professional Staff's Email *
Professional Staff's Phone # *

Attestation

Select attestation link, print form, and fill out attestation completely.

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Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen

Select Choose File button to attach the attestation form.

Attestation for LPS
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Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen

After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File Testing andent URL.txt
Save and Previous Save and Home

Select Submit from the drop-down menu.

Step 2 - To edit, rev	view, and submit a	pplication, click t	he drop-down	arrow button	✓ below.				
Authorizatio	n Status: Active	Auth	orization Expi	ration Date: 9	/1/2024				
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
Work Location	9/2/2021 3:24	1234567890			LCSW	SANTA	8/10/2021	Unsubmitted	•
(Addition)	PM					CLARITA VALLEY			Edit
						MENTAL HEALTH			Details
						CENTER			Submit
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active

How to Change Location-Non-Renewal Phase

DMH Employees

Select the sign in button in the upper right-hand corner.

Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
	1
Welcome to the DMH LPS Home Page	
If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LPS Application.	
Notice to Those Renewing:	
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Select Azure AD.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	≡
◆D Sign in	
Sign in with an external account	
Azure AD	
(DMH Users and Contract Providers Only)	
Azure AD B2C	
(Non-Designated Hospitals Only)	
	D

Select Start Request button.

DEPARTM MENTAL hope. recove	ES COUNTY MENT OF HEALTH ny. wellbeing.	Lantern	nan Petr	is Short	- LPS	A	Release N	lotes FAQ	
Step 1 - Click on th Step 2 - To edit, rev Authorizatio	e 'Start Request' bu view, and submit ap on Status: Active	utton to begin the pplication, click the Auth e	e request. he drop-down a orization Expir	arrow button	✓ below. I/1/2024				Start Requ
LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
Work Location (Addition)	9/2/2021 3:24 PM	1234567890			LCSW	SANTA CLARITA VALLEY MENTAL HEALTH CENTER	8/10/2021	Submitted	
New	9/2/2021 3:11 PM	1234567890			LCSW	EDMUND D. EDELMAN WESTSIDE MHC	8/1/2009	Submitted	Active

Select Work Location (Change From) from the drop-down menu.

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1 Candidate's Information 2 Employment Information 3 Attestation for LPS			
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This is the phone number of the site			

Review to ensure all fields are completed. If fields are blank, please provide information.

Candidate's Information

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Authorization *	
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This is the phone number of the site	
Individual NPI Number *	
9097875654	
Job Title *	
Scope of Practice *	
County/DMH or Contracted Facility Staff	~
Credential *	
LCSW	~
License No *	
Years Licensed *	
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Employment Information

Complete all fields.

Select DMH Employee from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH	Lanterman Petris Short - LPS	♠ Release Notes FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
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Click on magnifying glass to search for work location.

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Professional Staff

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

Professional Staff Name *
Professional Staff's Email *
Professional Staff's Phone # *

Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).



Select Choose File button to attach the attestation form.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *

After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
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Select Submit from the drop-down menu.

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How to Change Location-Non-Renewal Phase

NON-DMH Employees

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🛖 Information - Sign in
		_
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a Non-Designated Hospital User , dick the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD B2C to access the LPS Application.	
	Notice to Those Renewing:	
	 Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow instructions provided by the Help Desk. Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process. 	

Select Azure AD.

You may be required to enter your "C" number and password to access account.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	≡
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Select Start Request button.

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Select Work Location (Change From) from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	♠ Release Notes FAQ
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Review to ensure all fields are completed. If fields are blank, please provide information.

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Job Title *	
Scope of Practice *	
County/DMH or Contracted Facility Staff	~
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Years Licensed *	
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Save and Next	

Employment Information

Complete all fields.

Select NON-DMH Employee from the drop-down menu.

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Click on magnifying glass to search for work location.

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In the search box, type in legal entity number and click on magnifying glass.

*If you are unsure of your legal entity number, please consult with administration of your facility/clinic location.

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### **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

# Professional Staff Name *

Professional Staff's Email *

Professional	Staff's	Phone	# *

## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).



Select Choose File button.



After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File Testing andent URL.txt
Save and Previous Save and Home

Select Submit from the drop-down menu.

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## How to Change Location-Non-Renewal Phase

## **NON-Designated Hospital**

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
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	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

#### Select Azure AD B2C.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	
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Azure AD B2C		
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Sign in with Email Address and Password.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	↑ Information -
	Returning User - Sign-Ir	1
	Email Address	
	Password	
	Forgot your password?	
	Sign in	
	OR	
	Don't have an account? Sign up now	

## Select Start Request button.

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Select Work Location (Change From) from the drop-down menu.

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## Candidate's Information

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County/DMH or Contracted Facility Staff	~
LCSW	*
License No *	
Years Licensed *	
	~
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# **Employment Information**

Complete all fields.

Select NON-Designated Hospital from the drop-down menu.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes FAQ
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Select work location from list provided on page 1 or 2 and click select at the bottom of the screen.

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### **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, the identify immediate supervisor contact information)	ien
Professional Staff Name *	
Professional Staff's Email *	
Professional Staff's Phone # *	

### Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Trease print the above mixed document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen

#### Select Choose File button.

Attestation for LPS
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Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen

After confirming completed form has been attached, select Save and Home at the bottom of the screen.

Attestation for LPS
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Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File Testing andent URL.txt
Save and Previous Save and Home

Select Submit from the drop-down menu.

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LPS Application Type	Created On 🕇	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status
Work Location (Change From)	9/21/2021 10:38 AM	1234567890			LCSW	SANTA CLARITA VALLEY MENTAL	9/2/2021	Unsubmitted	Edit Details

### **Renewal Application**

### **DMH Employees:**

Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow the instructions provided by the Help Desk.

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge. <u>https://lacdmhlpsprod.dynamics365portals.us/</u>

Select the sign in button in the upper right-hand corner.

DEPARTMENT OF MENTAL HEALTH hope. recovery, wellbeing	Lanterman Petris Short - LPS	🛖   Information - Sign in
		1
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

# Select Azure AD to begin the renewal process.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	≡
Sign in		
Sign in with an external accou	nt	
Azure AD		
(DMH Users and Contract Providers O	nly)	
Azure AD B2C (Non-Designated Hospitals Only)		
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#### Select Authorization Renewal button.

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Authorization Status: Expired Authorization Expiration Date: 2/21/2021 Authorization Renewal										
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Select Edit from the drop-down menu.

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## Candidate's Information

Review to ensure all fields are completed. If fields are blank, please provide information.

🕑 Edit		×
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Individual NPI Number * 1913191319		
Job Title *		
Scope of Practice * County/DMH or Contracted Facility Sta		

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### **Employment Information and Professional Staff**

Indicate the employment start date.

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

# **Employment Information**

#### Employment Start Date

3/30/2023	
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Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

#### Professional Staff Name *

John Test

#### Professional Staff's Email *

JTest@testingsite.com

#### Professional Staff's Phone # *

(213) 999-0019

### Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).

Attestation for LPS	
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf	
Please print the above linked document, complete, scan, and upload the signed attestation form.	
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There are no notes to display.	
Add note	
Save & Close	

Select Add note to Choose File and Upload/Attach the attestation form.

Att	estation for LPS
http://	file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please At	print the above linked document, complete, scan, and upload the signed attestation form.
	There are no notes to display.
	Add note
Save	& Close

Add note		×
Note	Attestation for Renewal	
Attach a file	Choose Files Testing andent URL.txt Add note Can	cel

Select Choose Files button. Attach the attestation form and include a note indicating the document being attached.

After confirming completed form has been attached, select Save & Close at the bottom of the screen.



Select submit at the bottom of the screen.

Authorization Renewal       Add Location         App Status       LPS Application       NPI Number       First Name       Last Name of Status       Name of Status       Request Pocision       Authorization Status       Reg Entity List Display Type         Unsubmitted       Renew       1913191319       WEST CENTRAL CENTRAL CENTRAL       Vest CENTRAL       Vest CENTRAL       Vest       New       Vest			GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	: - LPS		↑ Relea	se Notes   FA	Q	
App Status     LPS Application     NPI Number     First Name     Last Name     Name of Site     Name of Site     Request     Authorization     Req Entity List Display       Unsubmitted     Renew     1913191319     WEST CENTRAL FAMILY     WEST     New     Vest		Authorizat	tion Renewal								Add Loc	ation
Unsubmitted Renew 1913191319 WEST New CENTRAL FAMILY		App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
MENTAL HEALTH SERVICES		Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorization Authorization Type Evaluator Name Authorization Number Renew AUTH-001199		Authorizat Authorizat Renew	tion tion Type		Evalua	ator Name			<b>Authorizati</b> AUTH-00119	<b>on Number</b> 99		

### Renewal Application Non-DMH Employee

Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow the instructions provided by the Help Desk.

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge. https://lacdmhlpsprod.dynamics365portals.us/

LOS ANGELES COURTY DEPARTMENT OF MENTAL HEALTH hope. recovery, wellbeing	Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
		×
	Welcome to the DMH LPS Home Page	
	If you are a <b>DMH</b> or <b>Contract Provider</b> , please click on the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD</b> to access the UPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , click the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

Select the sign in button in the upper right-hand corner.

Select Azure AD to begin the renewal process.

You may be required to enter your "C" number and password to access account.

DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing.	Lanterman Petris Short - LPS	≡
Sign in		
Sign in with an external accou	nt	
Azure AD		
(DMH Users and Contract Providers O	niy)	
Azure AD B2C (Non-Designated Hospitals Only)		
		D,

#### Select Authorization Renewal button.

<b>6 1 0 1 1</b>	(C) 1 D 1/1								
Step 1 - Click on th	e 'Start Request' bu	tton to begin the	request.						
Step 2 - To edit, rev	view, and submit ap	plication, click the	e drop-down a	rrow button 🔽	below.				
								$\mathbf{i}$	
8 - 11 - 1 - 11 -	- Charles - Englished	1			124 (2024				
Authorizatio	n Status: Expired	Autho	orization Expl	ration Date: 2	/21/2021			Au	thorization Renewal
								Au	monization renewa
IPS Application						Name of			Authorization
- Application	Created On 🕇	NPI Number	First Name	Last Name	Credential	Site	Start Date	App Status	Status
Type									
Туре									

Select Edit from the drop-down menu.

	RELES COUNTY RTMENT OF AL HEALTH covery, wellbeing,	Lanter	man Pet	ris Short	: - LPS	A	Release f	Notes   FAQ	
Authorizat	ion Renewal								Add Location
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type
Unsubmitted	Renew	1234567890			ANTELOPE				New
					WILLET WITC				Edit
Authorizat	ion								Delete
Authorizat	ion Type		Evalua	ator Name			Authorizati	on Number	
Renew							AUTH-00377	74	
Submit									

# Candidate's Information

Review to ensure all fields are completed. If fields are blank, please provide information.

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	First Name *	App Status Unsubmitted	
	Last Name *	<b>Created On</b> 9/1/2021 1:41 PM	l
	Individual NPI Number *		
	1913191319		
	Job Title *  Scope of Practice *  County/DMH or Contracted Facility Sta		
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	LCSW		
	License No *	_	
	72000		
	Years Licensed *	~	I.
	12 to 18 months		

### **Employment Information and Professional Staff**

Indicate the employment start date.

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

# **Employment Information**

#### Employment Start Date

3/30/2023	
-----------	--

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

#### Professional Staff Name *

John Test

#### Professional Staff's Email *

JTest@testingsite.com

#### Professional Staff's Phone # *

(213) 999-0019

### Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).

Atte	estation for LPS
http://	file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please At	print the above linked document, complete, scan, and upload the signed attestation form. <b>tachment *</b>
	There are no notes to display.
	O Add note
Save	& Close

Select Add note to Choose File and Upload/Attach the attestation form.

Att	estation for LPS
http://	file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please At	print the above linked document, complete, scan, and upload the signed attestation form. <b>tachment *</b>
	There are no notes to display.
	Add note
Save	& Close

Add note		×
Note	Attestation for Renewal	
Attach a file	Choose Files Testing andent URL.txt	//
	Add note Can	cel

Select Choose Files button. Attach the attestation form and include a note indicating the document being attached.

After confirming completed form has been attached, select Save & Close at the bottom of the screen.

Attestation for	r LPS
http://file.lacounty.gov/sdsinte	er/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked of	document, complete, scan, and upload the signed attestation form.
Attachment *	
less than a minute	Attestation for Renewal Request
ago Wilson, Krystal	Testing and Development URL.txt (1.45 KB)
• Add note	
Save & Close	

Select submit at the bottom of the screen.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Shor	t – LPS	↑ Release	e Notes   FA	n
Authorization Renewal					Add Locatio
App Status LPS Application ↓ Type	NPI Number First Name Last Name	Name of Site Start Date	Request Decision	Authorization Status	Req Entity List Display Type
Unsubmitted Renew	1913191319	WEST CENTRAL FAMILY MENTAL HEALTH SERVICES			New
Authorization Authorization Type Renew Submit	Evaluator Name		Authorization AUTH-001199	n Number	

### **Renewal Application Non-Designated Hospitals**

Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process. Follow the instructions provided by the Help Desk.

To access the Provider Application Portal, copy and paste the below URL into your internet browser. The recommended browsers are Google Chrome and Microsoft Edge. https://lacdmhlpsprod.dynamics365portals.us/

DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing	Lanterman Petris Short - LPS	🔶   Information - Sign in
		×
	Welcome to the DMH LPS Home Page	
	If you are a <b>DMH</b> or <b>Contract Provider</b> , please dick on the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD</b> to access the LPS Application.	
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

Select the sign in button in the upper right-hand corner.

#### Select Azure AD B2C.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	≡
• <b>D</b> Sign in		
Sign in with an external accou	int	
Azure AD (DMH Users and Contract Providers C	tnly)	
Azure AD B2C (Non-Designated Hospitals Only)		
		Ľ,

Sign in with Email Address and Password to begin the renewal process.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Information →
	Returning User - Sign-Ir	1
	Email Address	
	Password	
	Forgot your password?	
	Sign in	
	OR	
	Don't have an account? Sign up now	

Select Authorization Renewal button.

	LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petri	is Short - LPS	↑ Release I	Notes   FAQ	
Step 1 Step 2	- Click on the 'Start Request' bu - To edit, review, and submit ap authorization Status: Expired	rrow button 💌 below. ration Date: 2/21/2021	Authorization Renewal			
LPS A Type	pplication Created On 🕇	NPI Number First Name	Last Name Credential	Name of Site Start Date	App Status	Authorization Status
There a	re no records to display.					

#### Select Edit from the drop-down menu.

	LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing		man Pet	nan Petris Short - LPS A   Release Notes			lotes   FAQ	FAQ		
Authorizati	on Renewal								Add Location	
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1234567890			ANTELOPE VALLEY MHC				New 🔽	
Authorizati Authorizati Renew Submit	ОП эп Туре		Evalua	ator Name	)		Authorizatic	n Number 4	Delete	

## **Candidate's Information**

Review to ensure all fields are completed. If fields are blank, please provide information.

🕑 Edit		×
Candidate's Information		*
First Name *	<b>App Status</b> Unsubmitted	
Last Name *	<b>Created On</b> 9/1/2021 1:41 PM	
Individual NPI Number *		
Job Title *		
Scope of Practice * County/DMH or Contracted Facility Sta		

# 🖸 Edit

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Credential *	
LCSW	~
License No *	
72000	
Years Licensed *	
12 to 18 months	~

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### **Employment Information and Professional Staff**

Indicate the employment start date.

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

# **Employment Information**

#### Employment Start Date

3/30/2023	
-----------	--

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)

#### Professional Staff Name *

John Test

#### Professional Staff's Email *

JTest@testingsite.com

#### Professional Staff's Phone # *

(213) 999-0019

### Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable).

Att	estation for LPS
http://	file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please At	print the above linked document, complete, scan, and upload the signed attestation form. <b>tachment *</b>
	There are no notes to display.
	Add note
Save	& Close

Select Add note to Choose File and Upload/Attach the attestation form.

Atte	estation for LPS	
http://	file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf	
Please	print the above linked document, complete, scan, and upload the signed attestation form.	
At	tachment *	
	There are no notes to display.	
	Add note	
Save	& Close	

Add note		×
Note	Attestation for Renewal	
Attach a file	Choose Files Testing andent URL.txt	11
	Add note Can	cel

Select Choose Files button. Attach the attestation form and include a note indicating the document being attached.

After confirming completed form has been attached, select Save & Close at the bottom of the screen.

Attestation for	r LPS
http://file.lacounty.gov/sdsint	er/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf
Please print the above linked	document, complete, scan, and upload the signed attestation form.
Attachment *	
Jess than a minute	Attestation for Renewal Request
<u>ago</u> Wilson, Krystal	Testing and Development URL.txt (1.45 KB)
• Add note	
Save & Close	

Select submit at the bottom of the screen.



# How to Add a Location while Renewing

# **DMH Employees**

Select the sign in button in the upper right-hand corner.

DEPARTMENT OF MENTAL HEALTH hope recovery wellbeing	Lanterman Petris Short - LPS	🛖   Information - Sign in
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	, ,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

#### Select Azure AD to start Add Location.

Lanterman Petris Short - LPS	≡
◆ <b>D</b> Sign in	
Sign in with an external account	
Azure AD (DMH Users and Contract Providers Only)	
Azure AD B2C (Non-Designated Hospitals Only)	
	L,

Select Authorization Renewal button.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes   FAQ
Step 1 - Click on the 'Start Request' Step 2 - To edit, review, and submit	button to begin the request. application, click the drop-down arrow button 💌 below.	
Authorization Status: Expir	ed Authorization Expiration Date: 10/1/2021	Authorization Renewal
LPS Application Type Created On <b>↓</b>	NPI Number First Name Last Name Credential	Name of Authorization Site Start Date App Status Status
There are no records to display.		

#### Select Add Location button.

LOS AND DEPAR MENT hope. rec	RELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	: - LPS		↑ Relea	se Notes   FA	Q	
Authorizat	ion Renewal								Add Loo	cation
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat	ion									
Authorizat	ion Type		Evalua	ator Name			Authorizati	<b>on Number</b> 39		
Submit										

Review to ensure all fields are completed. If fields are blank, please provide information.

🖸 Create

Renew	✓ AUTH-001199
First Name *	Last Name *
Email *	Phone Number *
Individual NPI Number *	
1913191319	
Job Title *	Scope of Practice *
НРАІ	County/DMH or Contracted Facility Sta
Credential *	License No *
LCSW	~

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# **Employment Information**

Complete all fields.

Select DMH Employee from the drop-down menu.

DEPARTMENT OF	Lanterman Petris Short - LPS	A   Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
Employment Info	ormation	
· · · · · ·	Employment Start Date	
NON - DMH Employee NON - DMH Employee NON - Designated Hospital		
Service Location *	Q	
Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify i	inmissibile supervisor contact information)
Professional Staff's Email *		
0 # . 0 11 0	R 🖄 😨 📕 🖬	~ ™ 41 40 351 PM

#### Click magnifying glass.

DEPARTMENT OF	Lanterman Petris Short - LPS	A   Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
Employment Info	rmation	
DMH Employce NON - DMH Employee	Employment Start Date	
NON - Designated Hospital		
Service Location -	Q -	
Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identity i	inmediate supervisor contact information)
Professional Staff's Email *		

In the search box, type in provider number and click on magnifying glass.

LOS ANGELES DEPARTME MENTAL hope.recor	ookup records	ntarman Datric Chart - I De	To search on partial text, use the asterisk (*) wildcard character.	
1 Candidate's I			6864L × Q	
Employn	🖉 Number 🕇	Name		
Employment	00019P	DMH Pre-Admit		
DMH Emplo	1900	LOS ANGELES CO. MENTAL HEALTH DEPAR	IMENT	
Select employ	1904	ANTELOPE VALLEY MHC		
search by nam	1905	SANTA CLARITA VALLEY MENTAL HEALTH C	ENTER	
Service Locat	1906	EDMUND D. EDELMAN WESTSIDE MHC		
00019P	1908	WEST CENTRAL FAMILY MENTAL HEALTH S	ERVICES	
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When work location loads, check the box and click select at the bottom of the screen.

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### **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information) Professional Staff Name *	
Professional Staff's Email *	
Email address of professional staff clinically in charge	
Professional Staff's Phone # *	
Save and Previous Next	
Mission	
Our mission at DMH is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and	
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#### Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen
Save & Close

Select submit at the bottom of the screen.

LOS AN DEPAR MENT hope. rec	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	: - LPS		🔒   Releas	se Notes   FA	a	
Authorizat	tion Renewal								Add Loca	tion
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat Renew	ion ion Type		Evalua	ator Name			Authorizatio	on Number 9		
Submit										

## How to Add a Location while Renewing

# **Non-DMH Employee**

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope.recovery. wellbeing	Lanterman Petris Short - LPS	🛖   Information - Sign in
		×
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD BZC</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

Select Azure AD to start Add Location.

You may be required to enter your "C" number and password to access account.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	≡
<b>+⊃</b> Sign in		
Sign in with an external accou	int	
Azure AD		
(DMH Users and Contract Providers C	nly)	
(Non-Designated Hospitals Only)		
		L)
Select Authorization Renewal button.

	tes   FAQ	Release N	A	LPS	s Short -	ian Petri	Lanterm	ES COUNTY NENT OF HEALTH ry. wellbeing.	DEPARTI MENTAL hope. recove
						e request.	tton to begin the	e 'Start Request' bu	Step 1 - Click on th
		~		below.	rrow button 🔽	e drop-down ar	plication, click the	view, and submit ap	Step 2 - To edit, rev
tion Renewal	Aut			D/1/2021	ration Date: 10	orization Expir	Auth	n Status: Expired	Authorizatio
orization Is	App Status	Start Date	Name of Site	Credential	Last Name	First Name	NPI Number	Created On 🕇	LPS Application Type
ioriz us	App Status	Start Date	Name of Site	Credential	Last Name	First Name	NPI Number	Created On 🕇	LPS Application Type

## Select Add Location button.

DEPAR MENT hope. rec	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	: - LPS		🔒   Relea	ise Notes   FA(	a	
Authorizat	tion Renewal								Add Loo	cation
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat	ion									
Authorizat Renew	tion Type		Evalua	ator Name			Authorizati	<b>on Number</b> 99		
Submit										

Review to ensure all fields are completed. If fields are blank, please provide information.

🖸 Create

sst Name *     sst Name *     Last Name *     Image: Scope of Practice *     IPAI     County/DMH or Contracted Facility Sta	First Name * . Last Name *  Email * Phone Number *	
sst Name *   .   Last Name *   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .   .  <	First Name * . Last Name *  Email * Phone Number *	
hail *   Phone Number *   dividual NPI Number *   1913191319   b Title *   1PAI   County/DMH or Contracted Facility Sta	Email * Phone Number *	
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dividual NPI Number * I913191319 b Title * IPAI County/DMH or Contracted Facility Sta		
dividual NPI Number * I913191319 b Title * IPAI County/DMH or Contracted Facility Sta		
1913191319       b Title *       IPAI       County/DMH or Contracted Facility Sta	Individual NPI Number *	
b Title *     Scope of Practice *       IPAI     County/DMH or Contracted Facility Sta	1913191319	
HPAI County/DMH or Contracted Facility Sta	Job Title * Scope of Practice *	
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edential * License No *	Job Title *     Scope of Practice *       HPAI     County/DMH or Contracted Facility       Credential *     License No *	Sta

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# **Employment Information**

Select NON-DMH Employee from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information ✔	2 Employment Information 3 Attestation for LPS	
Employment Info	ormation	
Employment Type *	Employment Start Date	
NON - DMH Employee	~	<b>m</b>
Select employment type and the	en the Q to	
search by name or number.		
Organization Name *		
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Professional staff clinically in charge	of Designated Facility or Agency (If applicant is clinically in charge, then identify	immediate supervisor contact information)
Professional Staff Name *		
Professional Staff's Email *		
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Click on magnifying glass to search for work location.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes   FAQ	
1 Candidate's Information ✔	2 Employment Information 3 Attestation for LPS		
Employment Infc	ormation		
Employment Type *	Employment Start Date		
NON - DMH Employee			
search by name or number.			
Organization Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify	mmediate supervisor contact information)	
Professional Staff Name *			
Professional Staff's Email *			
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Organization		0010	ATASCADERO STATE HOSPITAL	
		00108	TELECARE CORPORATION	
		00108PHF	TELECARE CORPORATION	
		00110	VICTOR TREATMENT CENTERS INC.	
Professional star				
Professional				Select Cancel Remove value

In the search box, type in legal entity number and click on magnifying glass.

*If you are unsure of your legal entity number, please consult with administration of your facility/clinic location.

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When work location loads, check the box and click select at the bottom of the screen.

## **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information) Professional Staff Name *
Professional Staff's Email *
Email address of professional staff clinically in charge
Professional Staff's Phone # *
Save and Previous Next
Mission
Our mission at DMH is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and
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## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen
Save & Close

Select submit at the bottom of the screen.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lantermar	n Petris Sho	rt - LPS		🔒   Relea	ase Notes   FA	Q	
Authorization Renewal							Add Loo	ation
App Status LPS Application ↓ Type	NPI Number First N	Name Last Nam	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted Renew	1913191319		WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorization Authorization Type Renew	I	Evaluator Name	)		Authorizat AUTH-0011	<b>ion Number</b> 99		

# How to Add a Location while Renewing

# **Non-Designated Hospital**

Select the sign in button in the upper right-hand corner.

LOS AMBELES COUNTY DEPARTMENT OF MENTAL HEALTH hope.recovery. wellbeing	Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
		*
	Welcome to the DMH LPS Home Page	
	If you are a <b>DMH</b> or <b>Contract Provider</b> , please dick on the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD</b> to access the LPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

## Select Azure AD B2C to start Add Location.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	≡
<b>◆</b> D Sign in		
Sign in with an external acco	unt	
Azure AD (DMH Users and Contract Providers	Only)	
Azure AD B2C (Non-Designated Hospitals Only)		
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Sign	in with	Fmail	Address	and	Password	to	begin	bbA	Location
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LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope, recovery, wellbeing.	Lanterman Petris Short - LPS	↑ Information -
	Returning User - Sign-In	
	Email Address	
	Password	
	Forgot your password?	
	Sign in	
	OR	
	Don't have an account? Sign up now	

### Select Authorization Renewal button.

<b>p 1</b> - Click on the 'Start Reque	t' button to begin the	e request.					
<b>p 2</b> - To edit, review, and subm	it application, click the	e drop-down arrow button	✓ below.				
Authorization Status: Ex	vired Autho	orization Expiration Date:	10/1/2021			Au	thorization Renewal
PS Application		First Name Last Name	Credential	Name of	Start Date	Ann Status	Authorization

### Select Add Location button.

	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	- LPS		🔒   Relea	se Notes   FAG	a	
Authorizat	tion Renewal								Add Loo	cation
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat Renew	ion Type		Evalua	ator Name			Authorizatio	on Number 19		
Submit										

Review to ensure all fields are completed. If fields are blank, please provide information.

•	
PS Application Type *	Authorization
Renew	✓ AUTH-001199
irst Name * .	Last Name *
mail *	Phone Number *
ndividual NPI Number * 1913191319	
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ndividual NPI Number * 1913191319 Ob Title * HPAI Credential *	Scope of Practice * County/DMH or Contracted Facility Sta License No *

# **Employment Information**

Select NON-Designated Hospital from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	anterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information 🖌 2 Er	nployment Information 3 Attestation for LPS	
Employment Inform	ation	
Employment Type *	Employment Start Date	
NON - Designated Hospital	~	<b>m</b>
Select employment type and then the search by name or number.	<u>q</u> to	
Non-Designated Hospitals *		
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Professional staff clinically in charge of Desi	gnated Facility or Agency (If applicant is clinically in charge, then identify	immediate supervisor contact information)
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Professional Staff's Email *		
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Click on magnifying glass.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS	
Employment Info	ormation	
Employment Type *	Employment Start Date	
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search by name or number.		
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Select work location from list provided on page 1 or 2 and click select at the bottom of the screen.

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## **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

-	
	Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)
	Professional Staff Name *
	Professional Staff's Email *
	Email address of professional staff clinically in charge
	Professional Staff's Phone # *
	Save and Previous Next
	Mission
	Our mission at DMH is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and
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## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen
Save & Close

Select submit at the bottom of the screen.

Add Location         App Status       LPS Application       NPI Number       First Name       Last Name       Start       Request       Authorization       Req Entity List Display         Unsubmitted       Renew       1913191319       Image: Central HeALTH SERVICES       WEST       New       Image: Central HeALTH SERVICES       New       Image: Central HeALTH SERVICES	LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Pe	tris Short	: - LPS		🔒   Relea	ase Notes   FA	Q	
App StatusLPS Application TypeNPI NumberFirst NameLast NameStartRequest StartAuthorization DecisionRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusAuthorization StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest StatusRequest Status <td>Authorization Renewal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Add Loc</td> <td>ation</td>	Authorization Renewal							Add Loc	ation
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	Authorization Authorization Type Renew	Evalu	ator Name			<b>Authorizati</b> AUTH-0011	<b>ion Number</b> 99		

# How to Change a Location while Renewing

# **DMH Employees**

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope.recovery. wellbeing	Lanterman Petris Short - LPS	🛧   Information - Sign in
		*
	Welcome to the DMH LPS Home Page	
	If you are a <b>DMH</b> or <b>Contract Provider</b> , please click on the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD</b> to access the LPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

## Select Azure AD to start Change Location.

Lanterman Petris Short - LPS	≡
◆ <b>D</b> Sign in	
Sign in with an external account	
Azure AD (DMH Users and Contract Providers Only)	
Azure AD B2C (Non-Designated Hospitals Only)	
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Select Authorization Renewal button.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris	Short - LPS	<b>↑</b>	Release Notes   FAQ							
Step 1 - Click on the 'Start Request' button to begin the request.         Step 2 - To edit, review, and submit application, click the drop-down arrow button velocity below.											
Authorization Status: Expired Authorization Expiration Date: 10/1/2021 Authorization Rener											
LPS Application Type Created On <b>↓</b>	NPI Number First Name	Last Name Credential	Name of Site Star	t Date App Status	Authorization Status						
There are no records to display.											

## Select Add Location button.

	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanterman Petris Short - LPS 🔒   Release Notes   FAQ.									
Authorization Renewal											
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type		
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~	
Authorizat Authorizat Renew	ion Type		Evalua	ator Name			Authorizati	<b>on Number</b> 99			
Submit											

Review to ensure all fields are completed. If fields are blank, please provide information.

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Email *	Phone Number *
Individual NPI Number *	
1913191319	
Job Title *	Scope of Practice *
HPAI	County/DMH or Contracted Facility Sta 💙
Credential *	License No *

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# **Employment Information**

Complete all fields.

Select DMH Employee from the drop-down menu.

DEPARTMENT OF	Lanterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
Employment Info	ormation	
· · · · · ·	Employment Start Date	
DMH Employee NON - DMH Employee NON - Designated Hospital		
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Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify in	mmediate supervisor contact information)
Professional Staff's Email *		
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### Click magnifying glass.

DEPARTMENT OF MENTAL HEALTH	Lanterman Petris Short - LPS	者   Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for UPS	
Employment Info	ormation	
NON - DMH Employee NON - DMH Employee NON - Designated Hospital	Employment Start Date	
Service Location *	Q	
Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify I	Immediate supervisor contact information)
Professional Staff's Email *		

In the search box, type in provider number and click on magnifying glass.

LOS ANGELE DEPARTM MENTAL hope. recov	s cou FNT	Kup records	ntorm	an Datric Chart I DC	To search on partial text, use the asterisk (*) wildcard character,	
1 Candidate's I					6864L × Q	
Employn	~	Number 🕇		Name	^	
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Select employ		1904		ANTELOPE VALLEY MHC		
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Service Locat		1906		EDMUND D. EDELMAN WESTSIDE MHC		
00019P		1908		WEST CENTRAL FAMILY MENTAL HEALTH SERVICES		
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When work location loads, check the box and click select at the bottom of the screen.

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## **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information) Professional Staff Name *	
Professional Staff's Email *	
Email address of professional staff clinically in charge	
Professional Staff's Phone # *	
Save and Previous Next	
Mission	
Our mission at DMH is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and	
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## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach *
Choose File No file chosen
Save & Close

Delete location that is no longer needed.

MENT hope.rec	ion Renewal	Lanter	man Pet	ris Short	E - LPS	Add Location				
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			RIO HONDO COMMUNITY MHC	12/10/2010			New	~
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	Edit Delet

Select delete button.



### The screen will confirm record deletion.

The record has	been deleted.	×
Authorizatio	on Renewal	Add Location

#### Select Submit button.

	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanterman Petris Short - LPS A   Release Notes   FAQ								
Authorizat	tion Renewal								Add Lo	cation
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat Renew	iON tion Type		Evalu	ator Name			Authorizati AUTH-0011	<b>on Number</b> 39		
Submit										

# How to Change a Location while Renewing

# **Non-DMH Employees**

Select the sign in button in the upper right-hand corner.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery, wellbeing	Lanterman Petris Short - LPS	🛖   Information - Sign in
		×
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351-1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

### Select Azure AD to start Change Location.

You may be required to enter your "C" number and password to access account.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	≡
◆D Sign in	
Sign in with an external account	
Azure AD (DMH Users and Contract Providers Only)	
Azure AD B2C (Non-Designated Hospitals Only)	
	D ₂

Select Authorization Renewal button.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short	- LPS	<b>A</b>   R	Release Notes   FAQ	
Step 1 - Click on the 'Start Request' bu	utton to begin the request.				
Step 2 - To edit, review, and submit ap	oplication, click the drop-down arrow button	<ul> <li>below.</li> </ul>			
Authorization Status: Expired	d Authorization Expiration Date:	10/1/2021		Au	thorization Renewal
LPS Application Type Created On <b>↓</b>	NPI Number First Name Last Name	Credential	Name of Site Start	Date App Status	Authorization Status
There are no records to display.					

## Select Add Location button.

	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	erman Petris Short - LPS 🔶   Release Notes   FAQ							
Authorization Renewal Add Location							cation			
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat _{Renew}	ion Type		Evalua	ator Name	l		<b>Authorizat</b> i AUTH-0011	i <b>on Number</b> 99		
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Email *		Phone Number *
Individual NPI Number *		
1913191319		
Job Title *		Scope of Practice *
HPAI		County/DMH or Contracted Facility Sta
Credential *		License No *
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×

# **Employment Information**

Select NON-DMH Employee from the drop-down menu.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS	
Employment Info	rmation	
Employment Type *	Employment Start Date	
NON - DMH Employee	×	<b>m</b>
Select employment type and the search by name or number	en the 🔍 to	
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Profossional staff clinically in charge	of Designated Eacility or Agency (If applicant is clinically in charge, then identify	immediate supervisor contact information)
Professional Staff Name *	or Designated Facility of Agency (if applicant is clinically in charge, then identify	
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Click on magnifying glass to search for work location.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	A Release Notes   FAQ
1 Candidate's Information 🖌	2 Employment Information 3 Attestation for LPS	
Employment Info	ormation	
Employment Type *	Employment Start Date	
NON - DMH Employee	~	
Select employment type and the	en the <b>Q</b> to	
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Organization Name *		
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Professional staff clinically in charge Professional Staff Name *	of Designated Facility or Agency (If applicant is clinically in charge, then identify	immediate supervisor contact information)
Professional Staff's Email *		
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search by nam		0008	PATTON STATE HOSPITAL	
Organization		0010	ATASCADERO STATE HOSPITAL	
		00108	TELECARE CORPORATION	
		00108PHF	TELECARE CORPORATION	,
		00110	MICTOD TREATMENT CENTERS INC.	
Professional sta				
Professional				Select Cancel Remove Value
Professional Sta	ff's Em	nail *		

In the search box, type in legal entity number and click on magnifying glass.

*If you are unsure of your legal entity number, please consult with administration of your facility/clinic location.

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1 Candidate	; I:	/				01181	٩		
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When work location loads, check the box and click select at the bottom of the screen.

## **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact inf	formation)
Professional Staff Name *	
Professional Staff's Email *	
Email address of professional staff clinically in charge	
Professional Staff's Phone # *	
Save and Previous Next	
Mission	
Twinsion at DNU is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most subgraphic through assess to see	and
To an mission at DWH is to optimize the hope, weathering and the trajectory of Los Angeles County's most valuerable through access to care	e unu
	<b>∧ \$</b> ⊐ (€ 1);

## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen
Save & Close

Delete location that is no longer needed.

Authorizat	ion Renewal								Add Loc	ation
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			RIO HONDO COMMUNITY MHC	12/10/2010			New	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	Edit Delete

Select delete button.



## The screen will confirm record deletion.

The record has been deleted.	×
Authorization Renewal	Add Location

### Select Submit button.

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Authorizat	tion Renewal								Add Lo	cation
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Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat Renew Submit	ion ion Type		Evalua	ator Name			Authorizati AUTH-00115	<b>on Number</b> 19		

# How to Change a Location while Renewing

# **Non-Designated Hospital**

Select the sign in button in the upper right-hand corner.

DEPARTMENT OF MENTAL HEALTH hope.recovery.wellbeing	Lanterman Petris Short - LPS	🛖 🕴 Information - Sign in
		×
	Welcome to the DMH LPS Home Page	
	If you are a DMH or Contract Provider, please click on the SIGN-IN button. Once you are on the SIGN-IN page, select Azure AD to access the LPS Application.	,
	If you are a <b>Non-Designated Hospital User</b> , dick the <b>SIGN-IN</b> button. Once you are on the <b>SIGN-IN</b> page, select <b>Azure AD B2C</b> to access the LPS Application.	
	Notice to Those Renewing:	
	<ul> <li>Contact the Help Desk at (213) 351–1335 for assistance with logging in to complete the renewal process.</li> <li>Follow instructions provided by the Help Desk.</li> <li>Click on the sign in button located on the upper right hand corner of the screen to complete the renewal process.</li> </ul>	

## Select Azure AD B2C to start Change Location.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petris Short - LPS	
<b>+⊃</b> Sign in		
Sign in with an external accou	int	
Azure AD (DMH Users and Contract Providers C	Dnly)	
Azure AD B2C (Non-Designated Hospitals Only)		
		L;

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.	Lanterman Petris Short - LPS	↑ Information -
	Returning User - Sign-I	n
	Email Address	
	Password	
	Forgot your password?	
	Sign in	
	OR	
	Don't have an account? Sign up now	V

Sign in with Email Address and Password to begin Change Location.

### Select Authorization Renewal button.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing	Lanterman Petri	is Short - LPS	<b>↑</b>	Release No	otes   FAQ	
tep 1 - Click on the 'Start Request' b	outton to begin the request.					
tep 2 - To edit, review, and submit a Authorization Status: Expire	pplication, click the drop-down a	irrow button v below.			Aut	horization Renewal
LPS Application Type Created On <b>↓</b>	NPI Number First Name	Last Name Credential	Name of Site S ^r	tart Date	App Status	Authorization Status

### Select Add Location button.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbeing.			man Pet	ris Short	: - LPS	- LPS 🛖   Release Notes   FAQ				
Authorizat	Authorization Renewal								cation	
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizati Renew	İON ion Type		Evalua	ator Name			<b>Authorizati</b> AUTH-00119	<b>on Number</b> 99		
Submit										

Review to ensure all fields are completed. If fields are blank, please provide information.

🖸 Create

		Authorization
Renew	~	AUTH-001199
First Name * .		Last Name *
Email *		Phone Number *
Individual NPI Number *		
1913191319		
Job Title *		Scope of Practice *
НРАІ		County/DMH or Contracted Facility Sta
Credential *		License No *
LCOM	~	
LCSW		

×

# **Employment Information**

Select NON-Designated Hospital from the drop-down menu.

DEPARTMENT OF MENTAL HEALTH hope. recovery. wellbang. Lanterman Petris Short - LPS ♠   Release Notes   FA	Ω
1 Candidate's Information <ul> <li>2 Employment Information</li> <li>3 Attestation for LPS</li> </ul>	
Employment Information	
Employment Type * Employment Start Date	
NON - Designated Hospital	
search by name or number.	
Non-Designated Hospitals *	
Q	
Professional staff clinically in charge of Designated Facility or Agency (If applicant is clinically in charge, then identify immediate supervisor contact information)	
Professional Staff Name *	
Professional Staff's Email *	
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Click on magnifying glass.

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1 Candidate's Information ✔	2 Employment Information 3 Attestation for LPS	
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Employment Type *	Employment Start Date	
NON - Designated Hospital	✓	
Select employment type and the	en the Q to	
search by name or number.		
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Non-Designated Hospitals	0	
Professional staff clinically in charge	of Designated Facility or Agency (If applicant is clinically in charge, then identi	fv immediate supervisor contact information)
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Select Work Location from list provided on page 1 or 2 and click select at the bottom of the screen.

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1 Candidate's I		Search Q	
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## **Professional Staff**

Professional staff clinically in charge of Designated Facility or Agency may include but is not limited to clinical supervisor, program manager, clinical director etc. (If applicant is clinically in charge, then identify immediate supervisor contact information).

Select next when done.

	Desfersional Staff Name *
	Professional Staff's Email *
	Email address of professional staff clinically in charge
	Professional Staff's Phone # *
	Save and Previous Next
N	Save and Previous Next

## Attestation

Select attestation link, print form, and fill out attestation completely.

(Electronic completion is acceptable). Select Choose File to upload and attach attestation form.

Please note, each location added must have a separate attestation attached.

Next, select Save & Close at the bottom of the screen.

Attestation for LPS
http://file.lacounty.gov/sdsinter/dmh/1040626_AttestationforLPSAuthorizedApplicants.pdf Please print the above linked document, complete, scan, and upload the signed attestation form.
Attach * Choose File No file chosen
Save & Close

Delete location that is no longer needed.

Authorization Renewal		Lanterman Petris Short - LPS					Add Location			
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			RIO HONDO COMMUNITY MHC	12/10/2010			New	•
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	Edit Delete
Select delete button.



#### The screen will confirm record deletion.

The record has been deleted.	×
Authorization Renewal	Add Location

#### Select submit button.

LOS AN DEPAI MENT hope. red	GELES COUNTY RTMENT OF AL HEALTH covery. wellbeing.	Lanter	man Pet	ris Short	: - LPS		<b>त  </b> Relea	se Notes   FA	Q	
Authorizat	orization Renewal					Add Lo	cation			
App Status ↓	LPS Application Type	NPI Number	First Name	Last Name	Name of Site	Start Date	Request Decision	Authorization Status	Req Entity List Display Type	
Unsubmitted	Renew	1913191319			WEST CENTRAL FAMILY MENTAL HEALTH SERVICES				New	~
Authorizat Authorizat Renew	iON tion Type		Evalua	ator Name			Authorizati AUTH-00119	<b>on Number</b> 99		
Submit										

### LPS Training and Exam Directions

Click "Continue Training" button to begin the Initial LPS Authorization Training.

DEPAI DEPAI MENT hope. re	RTMENT O TAL HEALTH	É La	anterr	nan Po	etris Sho	ort - LP	S			=
Step 1 - Click o Step 2 - To edit	on the 'Start Re t, review, and s	quest' button t ubmit applicat	o begin th ion, click t	ne request. he drop-do	own arrow butt	ion 💌 belo	w.			
Your LPS	Authorizatio	n is currently	pending a	approval.					Continue Trai	ining
LPS Application Type	Created On ↓	NPI Number	First Name	Last Name	Credential	Name of Site	Start Date	App Status	Authorization Status	
New	2/13/2023 1:29 PM	1878944221			LCSW	EDELMAN- PALISADES CHS	3/29/2022	Submitted	Pending	~

Upon completion of each training video, the attestation check box will appear. Please select check box to move to the next training Module.





#### To view PowerPoint slides, please click on PDF hyperlink

Upon completion of module three, select "Exam Page" button when you are ready to take the exam. You will need to take the exam within 30 days.

	DEPARTMENT OF	
• Be	fore your LPS Authorization is expired, you must submit newal application to LPSCoordinator@dmh.lacounty.gov	your
no 6-1	vtified by LPS Coordinator via email for LPS Authorization 8 weeks.	after
- Or	nce you pass the post-test and credentialing, you will be	
· Ini	Itial LPS 5150 Certification with your agency must include	
	Thank You!!!	- 1 C
	Thank Youll	
	DEPARTMENT OF MENTAL HEALTH	
	LOS ANGELES COUNTY	

Please read the exam page instructions carefully and when ready select "Begin Exam" button. Once you begin the exam, you will not be able to go backwards to change/review your answers. If for any reason you were logged out of the exam prior to finishing, you will need to contact LPS Training at <a href="mailto:lpstraining@dmh.lacounty.gov">lpstraining@dmh.lacounty.gov</a>. If you do not complete the exam within the 2-hour time frame, your exam will be scored based on the questions answered up until that point.

Welcome to the Online LPS	Exam. You have 2 hou	urs to complete the exam	. The exam consists of 50 o	uestions multiple choice.	
No study materials are	allowed during the ex	am.			
<ul> <li>You are not to share of</li> <li>You are not to receive</li> </ul>	r reproduce exam cont assistance while taking	ent. the exam.			
A score of 70% will be requ	ired to pass. If you fai	the exam, eligibility to re	etest will occur after a 7-day	period. If you fail the exam	n a second ind time, you
will not be eligible to apply	for the LPS Authorizat	ion Training and Exam for	r a 1 year time period.	S S I S S S S S S S S S S S S S S S S S	na cinie, yac
Regio Ecom					

Please click the "Submit" button for grading.

# LPS EXAMINATION

You have completed your LPS examination. Please click the submit button for grading.



Exam results may take up to several minutes. If results have not been received after several minutes, please check your email for exam results. (Pass/Fail).

## Exam Completed

**Exam Results:** ...pending Results processing may take up to several minutes. If results have not been received after several minutes, please check your email for exam results.

Exam results will appear on your screen. If you pass, you will receive the LPS Authorization letter via email.

N

# Exam Completed

#### Exam Results: PASSED

X

Congratulations, you have successfully passed the LPS Exam. You will receive the LPS Authorization letter via email. For questions, please submit an email inquiry to LPSCoordinator@dmh.lacounty.gov

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