



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

LISA H. WONG, Psy.D.

Director

Curley L. Bonds, M.D.

Chief Medical Officer

Rimmi Hundal, M.A.

Chief Deputy Director

LPS FACILITY DESIGNATION REQUEST FORM

Facility Name:

Facility Address:

Facility Telephone Number:

FAX Number:

CEO/Director Name:

Official Title:

Corporate Affiliation: Yes No

If "Yes", Identify Corporate Owner:

License Type:

- Acute Psychiatric Hospital
- Acute Psychiatric Unit(s) of a General Acute Care Hospital
- Skilled Nursing Facility (SNF) - Special Treatment Program
- Psychiatric Health Facility (PHF)
- Crisis Stabilization Unit / Urgent Care Center (CSU/UCC)
- Mental Health Residential Center (MHRC)
- Other (Specify):

Does your legal entity/facility currently have a DMH Contract: Yes No

License is current/active: Yes No N/A Date Licensed:

Has your Facility's license ever been suspended or revoked:

Yes No N/A; If yes; please provide explanation in letter format indicating details

Does your legal entity currently have any LPS Designated Facilities in Los Angeles County:

Yes No; If yes: List facilities

The Joint Commission Accredited or Other Accreditation: Yes No

If "Yes", Date of Last Survey:

(Specify Organization):

Total Number of Psychiatric Beds to be designated:

This form is solely a request for LPS Facility Designation. This request does not grant LPS Facility Designation if request is approved. Upon approval of request from DMH Leadership, the facility will be undergo review of application to determine if the facility meets requirements of LPS Guidelines in Los Angeles County to provide services under the LPS Act pursuant to WIC 5150 and abide by all regulations set forth in CCR Title 9 and regulations required by facility license type.

Return LPS Facility Designation Request Electronically:

Lead- LPS Facility Designation Unit

Los Angeles County Department of Mental Health

510 S. Vermont Avenue, 17nd Floor

Los Angeles, CA 90020

FacilityDesignation@dmh.lacounty.gov

LPS Facility Designation Team Use Only

Request Received:

Internal DMH Request:

DMH Leadership Notified:

Request Approved/Denied:

Specify reason for Denial:

Provider notified of Request: