



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 INITIAL DESIGNATION REQUEST FORM

INITIAL ADDITIONAL UNIT/BEDS

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)
 - Psychiatric Residential Treatment Facility (PRTF)
 - Other (Specify): _____

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

Please specify: _____

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

Department Issued: CDPH DHCS Other _____

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

Yes No N/A; If yes; please provide explanation in letter format indicating details attached to this request form

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

Yes No; If yes: List facilities _____

Does your facility have current Accreditation (i.e. Joint Commission, CHIQ, DNV): Yes No

If "Yes", Date of Last Survey: _____

(Specify Organization): _____

Total Number of Psychiatric Beds to be designated: _____

Is your facility locked or delayed egress

Locked Delayed Egress Both Locked and Delayed Egress None

Will your facility be able to provide at a minimum the services listed 24/7; Assessment, Evaluation, Crisis Intervention, Medication Treatment, Therapy and Care Coordination pursuant to WIC section 5152 and 5257.5

Yes No

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, DHCS LPS Regulations, LAC DMH LPS Guidelines and abide by all regulations set forth by facility license type .Please review the LACDMH LPS Guidelines and DHCS LPS Interim Regulations to ensure your facility will be abide by all requirements before submitting this request.

Return LPS Facility Initial Designation Request Electronically via E-Mail

Lead- LPS Facility Designation Unit
Los Angeles County Department of Mental Health
510 S. Vermont Avenue, 17th 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: _____