

**APPLICATION FOR FACILITY DESIGNATION APPROVAL OR RENEWAL OF APPROVAL**

A county shall submit this form to apply for approval or renewal of approval of a facility's designation to provide treatment under the Lanterman-Petris-Short (LPS) Act. For additional information, please review the LPS Facility Designation Interim Regulations.

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Please read and follow these instructions carefully and complete each item. All requested items are mandatory. Submit applications in electronic format by email to [LPSinfo@dhcs.ca.gov](mailto:LPSinfo@dhcs.ca.gov).

You may attach additional documents if your response to a section in this form does not fit in the provided space. Label each additional document with a unique attachment name (for example, "Attachment A") and identify that attachment in the appropriate section of the form. You must provide a response in all sections that request information. If a section does not apply, enter "N/A."

The application and all supporting documentation must be emailed as individual PDF files. Each file must be named according to the LPS designation process (e.g., "[Facility Name] Application Form," "[Facility Name] Program Statement," etc.). Documentation provided by a third party must be submitted unaltered and in the original format (size, font, color) that it was created.

**SECTION A – FACILITY INFORMATION**

- 1. Facility Name** – Enter the name, telephone number, and email address (if applicable) of the designated facility.
- 2. Facility Street Address** – Enter the designated facility's street address.
- 3. Facility Mailing Address** – Enter the facility's mailing address, if different from the street address.
- 4. Type of Facility** – Enter the type of facility, e.g., general acute care hospital, acute psychiatric hospital, psychiatric health facility, crisis stabilization unit, etc. Enter facility credential(s), i.e. licensed, certified, and/or accredited.
- 5. Professional Person in Charge of Facility** – Enter the name, telephone number, and email address of the professional person in charge of the facility.
- 6. Operational Questions** – Enter information about the facility's operations.

**SECTION B – ATTESTATION**

**This section must be completed by the county behavioral health director.**

Read the attestation carefully before signing the application. The county's behavioral health director must sign this application.

**SUPPORTING DOCUMENTS**

Attach the following supporting documentation to this application:

1. A written program statement, including all documents and information specified in Section 6 of the LPS Facility Designation Interim Regulations. For renewal applications, all modifications made to the program statement since the last time the Department approved the facility’s designation shall be clearly marked.
2. A copy of the facility’s fire clearance, issued by the county’s Fire Marshal or other authorized governmental entity.
3. A copy of the facility’s licenses, certifications, or accreditations, as applicable, including licensing, certifying, or accrediting agency or organization and license, certificate, or accreditation number.
4. A sketch of the facility and its designated areas, including a floor plan depicting the designated areas of the facility and beds, including for minors and adults, if applicable.
5. A written description of the behavioral health director’s process for overseeing the designated facility and ensuring the designated facility complies with the LPS Act and the standards in Article 3 of the LPS Facility Designation Interim Regulations.

For renewal applications, contents shall contain items (3) through (5), if any of the information has changed since the last time the Department approved the facility’s designation.

**SECTION A – FACILITY INFORMATION**

|  |  |           |
|--|--|-----------|
| 1. Facility Name:  | Telephone Number:  |           |
|  | Email Address (If applicable):   |           |
| 2. Facility Street Address:  | City:  | Zip Code: |
| 3. Facility Mailing Address (if different from above):               | City:  | Zip Code: |
| 4. Type of Facility:   | What credentials does the facility hold? Please check all that apply:<br><br>Licensed      Certified      Accredited |           |
| 5. Name of the Professional Person in Charge of the Facility (PPIC): | Phone Number:  |           |
|  | Email Address:   |           |

**6. Operational Questions**

Which population(s) will receive evaluation and treatment services at the designated facility?

Minor Only      Adult Only      Minor and Adult

Minimum age: \_\_\_\_\_

If this facility admits patients for 24 hours or longer, check this box to confirm it is locked:

If this facility is a Crisis Stabilization Unit, is it a locked or staff-secured with delayed egress facility?

Locked      Staff-secured with delayed egress      Both

Levels of treatment the facility is designated to provide (check all that apply):

Evaluation and treatment pursuant to Article 1 (commencing with WIC Section 5150).

Intensive treatment pursuant to Article 4 (commencing with WIC Section 5250).

Additional intensive treatment pursuant to Article 4.5 (commencing with WIC Section 5260).

Additional intensive treatment pursuant to Article 4.7 (commencing with WIC Section 5270.10).

Post certification treatment pursuant to Article 6 (commencing with WIC Section 5300).

Behavioral health conditions the facility is designated to treat (check all that apply):

Mental health disorder

Severe substance use disorder (only)

Co-occurring mental health disorder and severe substance use disorder

Total number of beds in facility:

Total number of designated beds:

**SECTION B – ATTESTATION**

I, \_\_\_\_\_, hereby attest that I will ensure the following, in accordance with the LPS Facility Designation Interim Regulations:

- (A) The designated facility will maintain compliance with all legal authorities governing its licensure, accreditation, or certification, as applicable. If the facility is a Jail LPS Unit, it will maintain compliance with the Board of State and Community Corrections’ Minimum Standards for Local Detention Facilities (Subchapter 4 of Chapter 1 of Division 1 of Title 15 of the California Code of Regulations).
- (B) I will monitor the designated facility to ensure compliance with the LPS Act and the standards set forth in Article 3 of the LPS Facility Designation Interim Regulations. I will also require the facility to promptly correct any identified deficiencies.
- (C) I, or my designees, will investigate all alleged patients’ rights violations pursuant to Section 5326.9 of the Welfare and Institutions Code.

Behavioral Health Director Contact Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

|             |        |
|-------------|--------|
| Print Name: | Title: |
| Signature:  | Date:  |

**Please submit your completed application to:**

Department of Health Care Services  
 Licensing and Certification Division  
 Mental Health Licensing and Certification  
 Branch PO Box 997413, MS 2800  
 Sacramento, California 95899-7413  
 Email: [LPSInfo@dhcs.ca.gov](mailto:LPSInfo@dhcs.ca.gov)

**Privacy Notice on Collection of Personal Information**

Section 1798.17 of the Civil Code requires this notice to be provided when collecting personal or confidential information from individuals and periodically furnished to all individuals at intervals not exceeding one year. All information furnished by you is subject to the California Information Practices Act and State policy.

**Agency Name:** California Department of Health Care Services (DHCS)

**DHCS Division:** Mental Health Licensing and Certification Division

**Title, business address, and telephone number of officials responsible for the system of records where the information is maintained and who, upon request, can provide details regarding the location of the records obtained and the categories of people who use the information:**

Mental Health Licensing and Certification Branch

PO Box 997413, MS 2800

Sacramento, California 95899-7413

Email: [LPSinfo@dhcs.ca.gov](mailto:LPSinfo@dhcs.ca.gov)

**Authority for DHCS to collect and maintain information:** Welfare and Institutions Code section 5404 and the LPS Facility Designation Interim Regulations.

**Providing Information:** Unless specifically noted as optional, all items of information requested are mandatory for purposes of approving a county's designation of a facility to provide treatment under the Lanterman-Petris-Short (LPS) Act pursuant to Welfare and Institutions Code section 5404. Do not provide any personal information other than what is requested.

**The consequences, if any, of not providing all or any part of the required information:** Failing to provide the requested information could result in denial of the county's application for approval or renewal of approval of a facility designation.

**The principal purpose(s) within the agency for which the information is to be used:** Approving a county's designation of a facility to provide treatment under the Lanterman-Petris-Short (LPS) Act pursuant to Welfare and Institutions Code section 5404.

**Information may be shared with:** (1) other state agencies to perform their legal duties if compatible with the purpose for which it was collected, (2) governmental entities if required by state or federal law, and (3) other entities as permitted by state or federal law, as outlined in DHCS' Notice of Privacy Practices.

**Right of Access:** You have the right to access your personal information maintained by DHCS upon written request by contacting the person identified above.

DHCS' policies regarding personal information are available online in DHCS' Notice of Privacy Practices and Privacy Statement:

<https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>

<https://www.dhcs.ca.gov/pages/privacy.aspx>