

## **DIRECTOR'S DESIGNEE ATTESTATION INSTRUCTIONS**

County Behavioral Health Directors: The "Director's Designee Attestation," is to be completed by the County Behavioral Health Director (CBHD).

The attestation designates who is approved by the CBHD to submit Lanterman-Petris-Short (LPS) Act data pursuant to Welfare and Institutions (W&I) Code section 5402 via the online data collection platform.

The CBHD's and their Designee's contact information is required on the online data collection platform to attest that the information provided to Department of Health Care Services (DHCS) is accurate and complete.

The DHCS LPS Unit will retain this attestation and will not accept anyone's signature other than the Director, the Director's Designee, or the Director's Alternate Designee to submit LPS data pursuant to W&I Code section 5402.

Thank you,

LPS Unit

E-MAIL signed and completed attestation to: [MHDATA@dhcs.ca.gov](mailto:MHDATA@dhcs.ca.gov).

If you need additional information, please email questions to [MHDATA@dhcs.ca.gov](mailto:MHDATA@dhcs.ca.gov) or call (916) 323-1864.

## DIRECTOR'S DESIGNEE ATTESTATION

### Director's Designee Information

I, \_\_\_\_\_  
(Print Name)

Behavioral Health Director of \_\_\_\_\_  
(County)

Designate the following individuals:

Primary Designee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

and/or

Alternate Designee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

to submit LPS Data pursuant to W&I Code section 5402 to the Department of Health  
Care Services (DHCS) for

\_\_\_\_\_, effective \_\_\_\_\_.  
(County) (Date)

**Note:** The CBHD must notify DHCS when the Director's Designees change or if the  
contact information changes. Return this attestation to <mailto:MHDATA@dhcs.ca.gov>.

\_\_\_\_\_  
Signature of Behavioral Health Director (Date)