The Organizational Provider’s Manual (the Manual) has been revised and updated as part of an overall effort to streamline the Manual, provide up-to-date and accurate information to all Providers, and ensure LACDMH requirements are closely tied to Department of Health Care Services (DHCS) contractual requirements and State and Federal regulations.

The following significant modifications have been made:

1. **Chapter 1 (Assessments):** Added paragraph in the New Client Assessment section related to emphasis on the specific purpose of the assessment guiding whether to accept an existing assessment and note about optional prompts on the Full Assessment paper forms.
2. **Chapter 1 (Client Treatment Plan):**
   a. Removed the requirement for SMART objectives and replaced with the requirement for objectives that are “specific observable and/or specific quantifiable”
   b. Removed separate data element requirements for updating objectives versus updating interventions; all updates where information is modified require a client signature.
   c. Modified requirement for client signature to state “the client or legal representative” and included statement about written explanation if unable to obtain signature to be consistent with State Contract language.
3. **Chapter 1 (Progress Notes):** Added the following statement as a requirement of progress notes: “Describe how services provided reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan.”
4. **Chapter 1 (Service Components):** Added service component definitions related to Intensive Care Coordination.
5. **Chapter 2:** Added a section for services to special populations, moved TBS into this section and added in Intensive Care Coordination and Intensive Home Based Services.
6. **Chapter 4:** Added Psychiatric Inpatient Hospital Services.
7. **Chapter 5:** Added a new chapter for Regulations and Requirements for Short-Doyle/Medi-Cal Certification.

In addition to the above significant modifications, slight revisions have been made throughout the manual to ensure the language used is consistent with regulatory language (e.g. page 13 added “specialty mental health” to CCR 1830.210(b)), clear and specific (e.g. page 19 added “and selecting the Returning Client type” to the statement regarding using the Assessment Addendum in IBHIS), and/or reflects the accurate reference (e.g. page 23 added (LACDMH) as the reference for the mandated review periods for Update Client Treatment Plans).

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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