

The following Clinical Forms have been created, updated or discontinued, and the [Clinical Forms Inventory](#) has been updated accordingly. If you have any questions regarding this Bulletin, please contact your QA Liaison.

NEW FORM(S):

MH 742 – Needs Evaluation Tool (NET)

IBHIS Form (DO ONLY): Needs Evaluation Tool
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/1/20
 For LE: 1/1/21

PURPOSE:

- To evaluate a client’s (ages 21 and over) need for services to access ancillary services including medical, alcohol & drug treatment, educational, social, prevocational, vocational, rehabilitative, or other community services. (*Refer to QA Bulletin 20-06*)

REFERENCES/INSTRUCTIONS:

- Administer after medical necessity has been established and before the development of the Client Treatment Plan
 - May also be used during the assessment (when medical necessity has not been established) to help determine potential functional impairments
- To be completed annually for clients age 21 and over receiving Targeted Case Management (TCM) services and when new ancillary needs arise for clients
Note: If a new ancillary need arises, and the NET is completed, providers do not need to complete an Assessment Addendum in addition to the NET to document the new ancillary need
- This form may be used by staff of any discipline eligible to provide TCM services

MH 743 – Intensive Care Coordination (ICC) Eligibility form

IBHIS Form (DO ONLY): N/A
 Implementation Date: 10/1/20
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/1/20
 For LE: 10/1/20

PURPOSE:

- To determine if a client meets criteria to receive Intensive Care Coordination (ICC) services (*Refer to QA Bulletin 20-05*) and if the client meets Katie A Subclass criteria in order to add the DPI segment on the claim

REFERENCES/INSTRUCTIONS:

- To be completed for all clients who meet EPSDT eligibility any time the treatment plan is due or being considered for updates based on significant changes to the client’s condition or status
- This form may be completed by staff of any discipline

MH 744 – Supplemental Intensive Home Based Services (IHBS) Assessment

IBHIS Form (DO ONLY): N/A
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/1/20
 For LE: 10/1/20

PURPOSE:

- To request prior authorization for Intensive Home Based Services (IHBS)

REFERENCES/INSTRUCTIONS:

- To be completed for eligible clients for whom IHBS is indicated; must be completed prior to service delivery of IHBS
- This form is to be submitted to the CCR Authorization Unit for prior authorization
- Must be completed every six-months and submit for prior authorization for clients continuing to receive IHBS
- This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

MH 745 – Supplemental Therapeutic Foster Care Services (TFCS) Assessment

IBHIS Form (DO ONLY):	N/A
Implementation Date:	10/1/2020
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 10/1/20 For LE: 10/1/20

PURPOSE:

- To request prior authorization for Therapeutic Foster Care (TFC) Services. *(Refer to QA Bulletin 20-05)*

REFERENCES/INSTRUCTIONS:

- To be completed for eligible clients for whom TFC is indicated; must be completed prior to service delivery of TFC
- This form is to be submitted to the CCR Authorization Unit for prior authorization
- Must be completed every six-months and submit for prior authorization for clients continuing to receive TFC
- This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

MH 746 – Notice of Adverse Benefit Determination (NOABD) Denial Notice

IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/2020
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a request for a service.

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule *(DHCS Info Notice 18-010)*
- This form/letter serves as a template for the NOABD letter for denial notices. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 747 – Notice of Adverse Benefit Determination (NOABD) Payment Denial

IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Revision Date:	10/1/20
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies payment for a service rendered by a provider

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule *(DHCS Info Notice 18-010)*
- This form/letter serves as a template for the NOABD letter for payment denial. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 748 – Notice of Adverse Benefit Determination (NOABD) Service Delivery

IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/2020
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 10/1/20 For LE: 1/1/21

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a requested service and to explain why a beneficiary’s condition does not meet medical necessity criteria

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule *(DHCS Info Notice 18-010)*
- This form/letter serves as a template for the NOABD letter for service delivery. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS
- For LE providers, the blue text and brackets indicates information that will be individualized to the beneficiary, the reason the beneficiary does not meet medical necessity, and the information of the staff providing this notice to the beneficiary. LE providers will provide these forms using the LACDMH letterhead.

MH 749 – Notice of Adverse Benefit Determination (NOABD) Modification

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
 Implementation Date: 10/1/20
 Type of Form (LE ONLY): N/A
 Implementation: For DO: 10/1/20
 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH modifies or limits a provider’s request for a service

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for modification. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 750 – Notice of Adverse Benefit Determination (NOABD) Termination

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): N/A
 Implementation: For DO: 10/1/20
 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH terminates, reduces, or suspends a previously authorized service

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for termination. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 751 – Notice of Adverse Benefit Determination (NOABD) Authorization Delay

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
 Implementation Date: 10/1/20
 Type of Form (LE ONLY): N/A
 Implementation: For DO: 10/1/20
 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH delays processing a provider’s request of authorization of Specialty Mental Health Services

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for authorization delay. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 752 – Notice of Adverse Benefit Determination (NOABD) Timely Access

IBHIS Form (DO ONLY): Notice of Adverse Benefit Determination (NOABD)
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/1/20
 For LE: 1/1/21

PURPOSE:

- To provide Medi-Cal beneficiaries written notification when LACDMH fails to provide timely access to service

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for timely access to service. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS
- For LE providers, the blue text and brackets indicates information that will be individualized to the beneficiary, the reason the beneficiary does not meet medical necessity, and the information of the staff providing this notice to the beneficiary. LE providers will provide these forms using the LACDMH letterhead.

MH 753 – Notice of Adverse Benefit Determination (NOABD) Financial Liability

IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/20
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH denies a beneficiary's request to dispute financial liability

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form/letter serves as a template for the NOABD letter for financial liability. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

MH 754 – Notice of Adverse Benefit Determination (NOABD) Grievance and Appeal Timely Resolution

IBHIS Form (DO ONLY):	Notice of Adverse Benefit Determination (NOABD)
Implementation Date:	10/1/20
Type of Form (LE ONLY):	N/A
Implementation:	For DO: 10/1/20 For LE: N/A

PURPOSE:

- To provide Medi-Cal beneficiaries and/or providers written notification when LACDMH does not meet the required timeframes for the standard resolution of grievances and appeals

REFERENCES/INSTRUCTIONS:

- This form is a requirement under the Final Rule (*DHCS Info Notice 18-010*)
- This form serves as a template for the NOABD letter for grievances and appeals. NOABD language on these forms should not be altered in any way except for the fields in blue text and brackets.
- For DO providers, this letter will be generated as a report in IBHIS

UPDATED FORM(S):**MH 661 – Supplemental Therapeutic Behavioral Service (TBS) Assessment**

IBHIS Form (DO ONLY):	N/A
Revision Date:	10/1/2020
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 10/1/20 For LE: 10/1/20

REVISIONS:

- This form will now be used to request prior authorization for TBS (Refer to QA Bulletin 20-05)
- Removed the following fields:
 - SFPR information
 - Child/Adolescent Initial Assessment and Diagnosis sections
 - TBS assessment question for "Identify what changes in behaviors and/or symptoms TBS is expected to achieve and how the child's therapist or treatment team will know when these services have been successful and can be reduced or terminated"
- Added a field for requested start date for Therapeutic Behavioral Services
- Providers will now be required to complete the assessment on an existing assessment form (e.g. Child Adolescent Full Assessment form, Re-Assessment form or Assessment Addendum)
- The form no longer needs to be completed every three months; however, it must be completed every six-months and submit for prior authorization for clients continuing to receive TBS

REFERENCES/INSTRUCTIONS:

- To be completed for eligible clients for whom TBS is indicated; must be completed prior to service delivery of TBS
- This form is to be submitted to the CCR Authorization Unit for prior authorization
- This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

OBSOLETE FORMS(S):

MH 506 – Community Functioning Evaluation

IBHIS Form (DO ONLY): Community Functioning Evaluation
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements

MH 729 – Katie A. Subclass Membership Verification

IBHIS Form (DO ONLY): N/A
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements

MH 726 –Notice of Action – Assessment (NOA-A)

IBHIS Form (DO ONLY): Notice of Action Letters
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements

MH 727 – Notice of Action – Lack of Timely Service (NOA-E)

IBHIS Form (DO ONLY): N/A
 Implementation Date: 10/1/2020
 Type of Form (LE ONLY): Required Data Elements

The Clinical Forms Bulletin is utilized to announce changes to clinical forms and data elements that are needed to capture clinical documentation within the Los Angeles County Department of Mental Health (LACDMH). The Bulletin will identify any new, updated or obsolete clinical forms. The term “clinical forms” is used to describe either a paper clinical document within a paper Clinical Record OR a set of data elements within an electronic Clinical Record. All “clinical forms” must be available upon chart review/audit.

NOTE: *This Bulletin does not address requirements for electronic billing and/or reporting. Contractors should refer to the 837 Companion Guide or WebServices Guide for a complete listing of electronic data transfer requirements.*

1. All Directly-Operated Providers must utilize clinical forms approved by the QA Unit. The Integrated Behavioral Health Information System (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted on this Bulletin.
2. All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical form within the Clinical Forms Inventory.
 - a. Required Data Element: Must maintain all required data elements of the form and have a method for producing a paper form or electronic report with all the required data elements
 - b. Required Concept: Must have a method of capturing the specific category of information indicated by the title and data elements of the form
 - c. Ownership: Must have a method for complying with all laws/regulations encompassed by the form

DMH Policy 401.02: Clinical Records Maintenance, Organization, and Content

C: DMH Executive Management
 DMH CIOB
 LE Executive Management

DMH Clinical Operations Managers
 DMH Administrative Managers
 LE QA Contacts

DMH Quality, Outcomes and Training Division
 DMH QA Liaisons