

The background of the slide features a close-up, soft-focus photograph of blue flowers, likely hydrangeas, with some petals in sharp focus on the left side and others blurred in the background. The overall color palette is a range of blues, from light sky blue to deep cerulean.

Community Outreach Services (COS)

**LACDMH – Quality, Outcomes & Training
Quality Assurance Unit
10/22/21**

About this Presentation

- This video presentation is meant to highlight the basic guidelines for the provision and reimbursement of Community Outreach Services (COS) and reflects the minimum documentation standards for Los Angeles County Department of Mental Health (LACDMH) and its contract providers.
- For a comprehensive list of documentation and claiming rules please refer to the [Community Outreach Services \(COS\) Manual](#), which can all be accessed through the LACDMH website at <https://dmh.lacounty.gov/> on the Quality Assurance page.

Community Outreach Services

Community Outreach Services (COS) - Indirect services aimed at bringing more individuals into the mental health system and promoting the benefits of mental health

Community Outreach Services (COS)

COS Services allow mental health providers to:



1. Reach more people in the community



2. Work with non-mental health organizations to promote mental health

What is COS?

Services that enable mental health providers (DO and LE) to:

- **Engage (and maintain engagement of) individuals who are not yet clients in our mental health system**
 - ✓ Brings more individuals into our mental health system
 - ✓ Allows mental health professionals to build relationships with individuals and families who may not yet be ready to receive services
- **Re-engage clients who have not been consistent with their treatment**
 - ✓ Allows mental health professionals to keep clients engaged in treatment or find other ways to support a client's treatment
- **Promote the benefits of mental health services and provide information**
 - ✓ Inform non-mental health providers/businesses/community at large about mental health services available in the community
 - ✓ Provide information or skills to non-mental health providers/businesses so that they can utilize skills to assist their own clients
 - ✓ Provide information to 24-Hour facilities to assist in connecting individuals with outpatient services

What COS are not?

COS are Indirect Services that are:

- Not linked to Medi-Cal medical necessity
- Not done in response to a client's assessment or assessed treatment needs
- Not an avenue for providing direct treatment services to clients, no matter the funding source

How do I know when to choose COS?

- If the provider have an approved COS contract with an identified funding source

And

- The practitioner did one of the following:
 - ✓ Promoted the mental health system and its benefits
 - ✓ Engaged a potential client
 - ✓ Re-engaged a client back into treatment
 - ✓ Provided information about mental health to a non-mental health entity
 - ✓ Improved the mental health system in the community

Then they can select COS to claim for the service

2 Categories of COS:



Mental Health Promotion

Services that are provided prior to there being a need for mental health

This can look like:

1. **Providing consultation to non-mental health organizations** (e.g. schools and businesses) about mental health topics
2. **Educating** non-mental health organizations and the community at large **about mental health and its benefits**
3. **Teaching** non-mental health organizations and the community-at-large **mental health related skills**




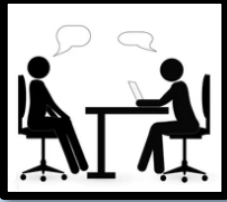

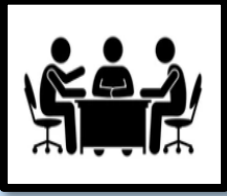

Community Client Services

Services that are provided when there is an identified mental health need






This can look like:

1. **Outreaching to identified populations** who are likely to benefit from mental health services
2. **Providing information about mental health services** to individuals and their families
3. **Engaging** potential clients
4. **Re-engaging** existing clients to bring them back into mental health services

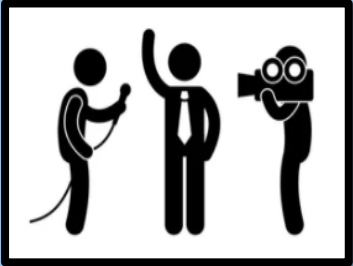


COS Service Types

COS Service Type	Activity
Engagement 	Building a relationship/forming a connection with a potential client or family member(s) of a potential client with the intention of connecting the potential client with mental health services. Or re-engaging individuals back to MH services.
Screening/ Triage 	Completing screening/triage activities (e.g. completing Mental Health Triage Form and/or Service Request Log) to determine how soon a person should be seen for an intake appointment
Access 	Providing general mental health services information to potential clients and families to reduce barriers to mental health services
Consultation/ Technical Assistance 	Providing general mental health information/consultation to the community/non-mental health professionals to increase capabilities, efficiency, and effectiveness in meeting mental health needs
Education/ Training 	Providing a formal presentation about mental health to the community/non-mental health professionals

COS Service Types

COS Service Type	Activity
Referral/ Linkage 	Referring and connecting individuals to a specific mental health service provider within the community and ensuring linkage is complete
Peer Support 	Consumers with lived experience providing knowledge, assistance, and support to their peers or individuals with similar experiences. Examples include peer-led groups .
Case Management Support 	Assisting with linking or referring a potential client to ancillary services (e.g. medical, alcohol/drug treatment, educational, etc.)
Crisis Response 	Assisting in a crisis situation which can involve arranging for needed linkages to help stabilize the crisis.
Disaster Response 	Providing an emergency or recovery response during a natural disaster/human-oriented disaster (e.g. debriefing)

COS Service Types

COS Service Type	Activity
<p data-bbox="65 322 278 422">Media Outreach</p> 	<p data-bbox="823 379 1823 572">Services that utilize media (e.g. radio, social media, television, websites, etc.) to promote and share knowledge about mental health, services, and its benefits</p>
<p data-bbox="65 662 363 762">Community Organization</p> 	<p data-bbox="823 755 1818 901">Collaborating with community leaders to develop new mental health programs or bring other desired improvements in mental health to the community.</p>
<p data-bbox="65 1026 370 1183">Program/ Resource Development</p> 	<p data-bbox="823 1143 1785 1239">Assisting with developing specific mental health programs within an existing organization</p>

COS Service Recipients

COS Service Recipient = Who Received the Service

- An individual person
 - ✓ Homeless Individual
 - ✓ Mental Health Involved
 - ✓ Justice Involved Individual
- A non-mental health organization
 - ✓ Justice System
 - ✓ Homeless Assistance Agency
 - ✓ Education System
- The larger community
 - ✓ Community at large



COS Procedure Codes:

Procedure Code = code used in claim for reimbursement

Mental Health Promotion

- **Procedure Code:** 200
 - 200SC: COS done over the phone
 - 200GT: COS via telehealth
 - 200HK: Client specific service (DO only)
 - 200SCHK: Client specific service done over the phone (DO only)
 - 200GTHK: Client specific service via telehealth (DO only)
- **Additional Rules:**
 - Time can be claimed for preparation of literature, mass media, advertisement
 - Time may be claimed for attending meetings for program/resource development

Community Client Services

- **Procedure Code:** 231
 - 231SC: COS done over the phone
 - 231GT: COS via telehealth
 - 231HK: Client specific service (DO only)
 - 231SCHK: Client specific service done over the phone (DO only)
 - 231GTHK: Client specific service via telehealth (DO only)
- **Additional Rules:**
 - Time cannot be claimed for preparation time or internal planning meetings

Claiming Guidance and Assistance for Contract Providers:

- [HIPAA 837 Companion Guide Link](#)
- CIOB/LACDMH Help Desk – (213) 351-1335

COS Reimbursement Rules

- COS may only be claimed by directly-operated and contract providers with approved COS contracts with an identified funding source
 - Follow up with your Program Manager regarding what funding plan is available in your programs

NOTE: Contract providers may also need to follow-up with their LACDMH Contract Management Lead

- Every COS claim must have a COS note to support the service

COS Reimbursement Rules

- COS claims are based on staff time, exact number of minutes by staff should be reported and billed
- When more than one practitioner provides a COS at the same time, the total time spent by all practitioners may be added together to yield the total claimable time
 - **Example:** 2 staff provided COS to client/family for 63 min = 126 min total claimable time
 - Practitioners have the option of writing separate notes, or 1 note with each practitioners' interventions, time, and signatures
- Duration of COS = contact (face-to-face/telehealth or telephone) + documentation time
- For MHSA and CalWorks funding only, duration of COS can include **travel time**
 - Within the body of the COS note, document specific time traveled
 - Requirements for travel time are similar to Medi-Cal

COS Reimbursement Rules – Never Claimable

COS is never claimable when:

- Activities are solely clerical and administrative (cost of doing business)
 - e.g. Faxing forms/emailing forms/making copies of forms, printing out information, logging/tracking referrals, leaving voicemails, general staff meetings/trainings, doing outcome measures
- Anything for the purpose of supervision or time training/orienting staff
- Services are solely for transportation
- Time is spent on translation/interpretation
- Appointments with potential clients are missed or canceled
- Opportunities for Mental Health Promotion are cancelled or missed

COS Reimbursement Rules – Cannot Claim

Cannot claim COS for:

- Mental health practitioners providing information to one another (exception inpatient providers)
- Attending trainings or staff meetings, unless specifically stated in the funding plan
 - *CalWorks does reimburse for attending sponsored trainings and meetings*
- Providing personal care services (e.g. house-keeping, grooming, personal hygiene, meal preparation) unless otherwise stated in the funding plan

COS Documentation Rules

Rules:

- A COS note must be written for each service provided
- Documentation must be done by the rendering provider
- All providers must refer and adhere to LACDMH Policy 401.02
 - **Documentation must be completed and finalized by the end of the next scheduled work day*

COS Documentation Rules

Individual Services:

- **Definition:** directed towards or on behalf of only one individual
- **Rule:** multiple COS interventions provided to or on behalf of different individual clients cannot be grouped together into a single note

Example: A practitioner completed 5 triages/screenings on 5 different individuals, the practitioner must write 5 separate COS notes.

Group Services/Community Service:

- **Definition:** directed towards more than one individual at the same time or directed towards an organization (service is not to or about an individual person).
- **Rule:** COS interventions to groups, providers, or the community may be grouped into a single note with the combined duration of the intervention. The duration should reflect the total amount of time spent providing the service to the group/community

Example: A practitioner provided Education/Training to a group of 15 individuals, the practitioner will write 1 COS note.

COS Note Requirements

Requirements:

- Date of Service
- The date the documentation was entered
- Practitioner(s)
- Duration of Service (in minutes) for each staff providing the COS
- Procedure Code
- Service Type
- Program Area
- Descriptive Information of Recipient(s) of Service including:
 - Service Recipient
 - Number of Persons Contacted
 - Race/Ethnicity
 - Language
 - Age Category
 - Name of Individual or Group (if applicable)
 - Contact Person (if applicable)
 - Phone Number of the Contact Person (if applicable)
- Location of Service
- Description of the COS services provided
- Future Plans & Recommendations
- The signature of the practitioner providing the service (or electronic equivalent), the practitioner's type of professional degree, licensure, or job title; and the relevant identification number (if applicable)

COS Note Requirements

- **Number of Persons Contacted:** if the exact number is unknown, then provide an estimate
- **Language:** Select the language used when providing the service
 - e.g. 002-Spanish would be selected for a COS service provided in Spanish
- **Age Category:** Select the age or age range of the individual(s) that is the focus of the COS service. If the age or age range cannot be determined, “multiple” or “unknown” can be selected.
- **Location of Service:** Provide the address of where the service was provided. If the exact address is unknown, then identify the names of streets, if possible. If the COS service took place in a park or specific landmark, then provide the name of the park/landmark

COS Note Requirements

AGE CATEGORY					
1	0-15	2	16-25	3	26-59
				4	60+
				5	Multiple
				6	Unknown

RACE/ETHNICITY					
1	African-American	10	Eastern European	19	Mexican
2	American Indian/Alaska Native	11	Filipino	20	Mien
3	Armenian	12	Guamanian	21	North African
4	Asian Indian	13	Hawaiian Native	22	Other
5	Cambodian	14	Hmong	23	Other Asian
6	Central African	15	Iranian	24	Other Black
7	Central American	16	Japanese	25	Other Hispanic or Other Latino
8	Chinese, Cuban	17	Korean	26	Other Middle Eastern
9	East African	18	Laotian	27	Other Pacific Islander
				28	Other White
				29	Puerto Rican
				30	Samoan
				31	South American
				32	Southern African
				33	Unknown/Not Reported
				34	Vietnamese
				35	West African
				36	White

LANGUAGE					
001	English	016	German	031	Czech
002	Spanish	017	American Sign	032	Danish
003	Mandarin	018	Armenian	033	Dutch
004	Swatowese	019	Afghan, Pashto, Pusho	034	Ethiopian
005	Toisan	020	Afrikaans	035	Greek
006	Cantonese	021	Arabic	036	Mie
007	Chinese, other	022	Farsi	037	Hindi
008	Japanese	023	Bengali	038	Hindustani
009	Korean	024	Bulgarian	039	Hmong
010	Samoan	025	Burman or Burmese	040	Hungarian
011	Filipino, Tagalo	026	Calo	041	Ibonese
012	Vietnamese	027	Cambodian	042	Igorot
013	Hebrew	028	Cebuano	043	Italian
014	Yiddish	029	Choctaw	044	Ilocano or Iloko
015	French	030	Creole	045	Ilongot
				046	Konkani
				047	Lao
				048	Lingala or Ngal
				049	Lithuanian
				050	Marathi
				051	Norwegian
				052	Pakistani
				053	Pangasiman
				054	Other Sign
				055	Polish
				056	Portuguese
				057	Punjabi
				058	Romanian
				059	Russian
				060	Serbo-Croatian
				061	Singhalese
				062	Swahili
				063	Swedish
				064	Taiwanese
				065	Telegu
				066	Thai
				067	Tonga
				068	Turkish
				069	Urdu
				070	Ukrainian
				071	Visayan
				072	Yao
				073	Yorba
				074	Other Non-English
				098	Unknown/Not Reported
				099	Other

COS Note Requirements

Program Area:

- Programs should refer to their funding sources for any specific requirements regarding selecting program area
- Program area describes the general setting/system where mental health professionals operate
- Can be the program where a client is currently receiving services or will be linked for future services
- Practitioners should choose the Program Area that best represents the focus of the COS Activity

COS Note Requirements

PROGRAM AREA: General category staff is working under or to which client is linked

1	Birth to Five	21	Cultural Competency	40	PEI Prevention – PIER Model
2	Child Welfare	22	Benefit Establishment	41	PEI Prevention – Project Fatherhood
3	Consumer Advocacy/Patient's Rights	23	Employment/Vocational	42	PEI Prevention – Project LEARN
4	Co-Occurring/Dual Diagnosis	25	Community Capacity Building	43	PEI Prevention – Psychological First Aid
5	Countywide Community Based Program	26	PEI Prevention - AAFEN	44	PEI Prevention – SCALE
6	Disaster Services	27	PEI Prevention - Active Parenting	45	PEI Prevention - Second Step
7	EOB/PMRT	28	PEI Prevention - AILS	46	PEI Prevention – Senior Reach
9	Forensic Services	29	PEI Prevention - ARISE	47	PEI Prevention – Shifting Boundaries
10	FSP	30	PEI Prevention - Child Help	48	PEI Prevention – Teaching Kids to Cope
11	Housing/Community Care	31	PEI Prevention - Erika's Lighthouse	49	PEI Prevention - Triple P
12	IMD/Residential and Bridging	32	PEI Prevention - Guiding Good Choices	50	PEI Prevention – Why Try
13	Integrated Services	33	PEI Prevention - Healthy IDEAS	51	PEI Prevention - Outreach
14	LPS/Public Guardian	34	PEI Prevention – Life Skills Training	52	PEI Prevention - FOCUS
15	MHSA Innovative Services	35	PEI Prevention – Love Notes	53	QPR - Suicide Prevention
17	Veteran Affairs	36	PEI Prevention – MPAP	54	Mental Health First Aid
18	Client-Run	37	PEI Prevention – Mindful Schools	55	Recovery, Resilience, Reintegration
19	Suicide Prevention	38	PEI Prevention – More Than Sad		
20	Anti-Stigma and Discrimination	39	PEI Prevention – PeaceBuilders		

COS Service Recipients

COS Service Recipient = Who Received the Service

- Is the purpose of the COS service is for an individual or agency/organization?
- Practitioners should select the recipient that is the reason for the COS
- Service recipient can be either:
 - ✓ The individual, or groups of individuals, seeking or receiving services from an organization, agency, or larger system (e.g. Veteran, student, victim of abuse/neglect)
 - ✓ The organization/agency or larger system that provides services to individuals (e.g. Veteran Affairs, Educational System, Child or Adult Protective Services)

COS Note Requirements

SERVICE RECIPIENT: Describe the individual/group to which the service is directed.

Select the description that best describes the status prompting the outreach.

2	Disaster Survivor (individual)	18	Under-Served Cultural Community	32	Mental Health Involved (individual)
3	Educational System	19	Uninsured (individual)	33	Faith-Based/Spiritual (individual)
4	Family Members	20	Unemployed/Underemployed (individual)	34	Victim of Abuse/Neglect (individual)
5	Political System/Government	21	Parent/Guardian/Caregiver	35	Substance Use Disorder Agency
7	Homeless (individual)	22	Community At Large	36	Veteran Affairs
8	Justice System	23	Primary Care/DHS	37	Developmentally Disabled (individual)
9	Other (Used if no other description fits)	24	LGBTQ Assistance/Advocacy Agency	38	Employment Agency
10	Business	25	Adult Protective Services	39	Medical Issues (individual)
11	Faith-Based/Spiritual Organization	26	24-Hour Facility	40	LGBTQ (individual)
12	Child Welfare Dependency System	27	Domestic Violence Assistance Agency	41	Blind (individual)
13	Social Services/DPSS	28	Legal Aid/Human Rights Agency	42	Deaf/Hard of Hearing (individual)
15	Substance Use Involved (individual)	29	Disaster Assistance Agency	43	Department of Public Health
16	Veteran (individual)	30	Homeless Assistance Agency	44	Under-Serviced Cultural (individual)
17	Regional Center	31	Justice Involved (individual)	45	Student (individual)

COS Note Requirements

Signature Requirements:

- Signature (or electronic equivalent) of the practitioner providing the COS including type of professional degree, licensure/job title, and relevant license/identification number must be on every COS note
- When one or more practitioners participates in the same COS, the names of each practitioner must be included with his/her specific contribution and time

Storing for COS:

- Original form must be maintained separately from client charts
- If service was directed toward an individual with a clinical record, a copy of the COS may be placed in the clinical record
- COS forms with Protected Health Information (PHI) should be safeguarded

COS Forms

COS Forms:

- DO Providers:
 - IBHIS users: COS/MAA/QA Service Note
 - Non IBHIS users: DMH paper COS form (MH709)
- LE Providers:
 - DMH paper COS form (MH709) or
 - Incorporate all required elements in their EHR system

COS Paper Form MH 709:

http://file.lacounty.gov/SDSInter/dmh/1069681_MH709COS6-7-17.pdf

COS Form MH 709

MH 709
Revised 7/03/17

COMMUNITY OUTREACH SERVICES

Page 1 of 2

I. Contact/Service Information

Date of Service: _____ Funding Plan: _____

Practitioner: _____ Time (Min): _____

Additional Participating Staff: _____ Time (Min): _____

Additional Participating Staff: _____ Time (Min): _____

Procedure Code: _____ Service Type: _____ Number of Persons Contacted: _____

Race/Ethnicity: _____ Language: _____ Age Category: _____

Program Area: _____ Service Recipient: _____

Name: _____
(Individual: Name of individual; Group: Name of the group or presentation)

Location of Service: _____
(Individual: Address of individual; Group: Address of where the group or presentation was provided)

Contact Person: _____ Phone #: _____
(Only required for group contacts) (Individual: Individual's phone #; Group: Contact Person's phone #)

COS Form MH 709

II. Notes/Future Plans & Recommendations

Blank area for notes, future plans, and recommendations.

Staff Signature*

Date

Co-Signature*

Date

***Must include Discipline/Title and License/Certification/Registration Number (if applicable)**

COS Note Examples

COS Note Example – Engagement

(Note format/structure below is recommended but not required)

Purpose: *For the purpose of engagement, practitioner met with a teenager residing in a temporary shelter that serves LGBTQ+ teens. Youth had been on the streets for almost a year before getting into the shelter.*

What you did: *Practitioner built rapport with the youth and discussed how mental health agency can assist him. Practitioner also discussed how case managers can assist with finding resources with employment, education, and housing.*

Response: *Youth was receptive to speaking with practitioner. Youth was more interested in assistance with case management needs, but was open to hearing about mental health services. Youth recalled some positive experiences with therapy and groups in the past.*

Plan: *Practitioner plans to see youth next week to continue to encourage youth to consider mental health services. Practitioner also plans on providing information specifically related to TAY Services.*

Service Type: Engagement

Service Recipient: Homeless (Individual) or LGBTQ (Individual)

COS Code: 231 (directly operated add **HK** to link to specific client)

COS Note Example – Crisis Response

(Note format/structure below is recommended but not required)

Purpose: *For the purpose of a crisis response, practitioner responded to a call from an individual who reported his 53 year old sister has been up for over 24 hours, responding to auditory hallucinations and her husband reported feeling very tired having to monitor her. Individual reported his sister and her husband newly emigrated from Korea 6 months ago and have not adjusted well.*

What you did: *Practitioner arrived at the individual's home, where he, his sister, and her spouse reside. Upon arrival, sister and her spouse had left and were not available. Practitioner provided individual with mental health brochures and information for his sister and brother in law. Informed that mental health services are available in other languages including Korean.*

Response: *Individual expressed that his sister and brother in law went on a walk before support arrived. Per Individual, walks in the park help soothe his sister. Individual indicated that he believes the information provided today about mental health services by the practitioner will be helpful and supportive for his sister and brother in law and he will be sure to pass it along.*

Plan: *Practitioner will return tomorrow to speak with sister directly for evaluation and outreach and engagement.*

Service Type: Crisis Response

Service Recipient: Family member

COS Code: 231 (directly operated add **HK** to link to specific client)

COS Note Example – Screening/Triage

(Note format/structure below is recommended but not required)

Purpose: *For the purpose of screening/triage, Officer of the Day (OD) took call for a consumer requesting mental health services, specifically medication. Completed SRL dated x/x/21 and provided consumer with an appointment.*

What you did: *OD screened consumer via SRL. OD also provided information about what mental health services are provided at this clinic. Consumer interested in intake appointment.*

Response: *Consumer was receptive during call and screening. Consumer asked if the clinic offered groups about domestic violence. Consumer was interested in an intake appointment after hearing about what mental health services were provided at the clinic.*

Plan: *Intake appointment provided within 10 business days.*

Service Type: Screening/Triage

Service Recipient: Mental Health Involved

COS Code: 231SC (directly operated add **HK** to link to specific client)

COS Note Example – Education/Training

(Note format/structure below is recommended but not required)

Purpose: *For the purpose of education and training the local school staff, practitioner presented information on the impact of domestic violence on mental health and how to assist children who witnessed DV.*

What you did: *Practitioner went to XXX school to speak with the administration and teachers there about how a child's mental health is impacted as a result of witnessing domestic violence, how to look for signs and symptoms, and when to refer out for services. Described the mental health services available in the community.*

Response: *School administrators and teachers were engaged. They provided examples of what they have experienced with children who have experienced DV and voiced that they now feel more comfortable in identifying the risks and providing the necessary resource information to help the students.*

Plan: *Coordinate follow-up sessions with the school for those who missed the training.*

Service Type: Education/Training

Service Recipient: Educational System

COS Code: 200

COS Note Example – Disaster Response

(Note format/structure below is recommended but not required)

Purpose: *For the purpose of disaster response, practitioner provided assistance to a community after a school shooting by sharing information about available mental health services.*

What you did: *Practitioner went to XXX middle school where a school shooting occurred. Practitioner met with an individual who reported experiencing stressed out by the experience and worrying about safety with being in school. Practitioner provided support, comfort and reassurance with education and grounding exercises. Provided information about available mental health resources and services in the community for additional support.*

Response: *Individual was observed to be in distress as she talked about the school shooting, fear of her life, and worries for safety. Individual was able to ground self with guided deep breathing and guided body awareness. She reported she felt calmer and found learning about and using the techniques to be helpful. Individual was open to learning more about mental health services and accepted the brochure provided to her by practitioner.*

Plan: *Practitioner will be visiting this school for an additional 2 weeks and will follow up with this individual on the progress to engaging and accessing services.*

Service Type: Disaster Response

Service Recipient: Student

COS Code: 231

COS - Review

True or False?

I can claim COS for non-billable activities that cannot be claimed as a direct service.

False

COS are specific services that aim to bring more individuals into our mental health system and promote the benefits of mental health. They are NOT provided in response to a client's Assessment or assessed treatment needs, and are not to be used as another means or catch-all for activities that cannot be claimed to Medi-Cal.

COS - Review

True or **False**?

A practitioner re-engages an existing client to come back into services. COS can be claimed for this engagement service.

True

COS services include both engaging new individuals in our mental health system as well as re-engaging existing clients so that they can benefit from mental health services.

COS Manual

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

OUR **1** FOR PROVIDERS ▾ ABOUT DMH ▾ CONTACT INFORMATION ▾ EVENT CALENDAR GET HELP NOW!

dmh.lacounty.gov

2 ADMINISTRATIVE TOOLS ▾ ADMINISTRATIVE INFORMATION FOR CLINICIANS
POLICIES, PROCEDURES AND PARAMETERS
PROVIDER MANUALS & DIRECTORIES
CLINICAL TOOLS ▾ ADMINISTRATIVE FORMS
3 QUALITY ASSURANCE
QUALITY IMPROVEMENT

QUICK LINKS
[DMH Provider Directory](#)
[Geospatial Initiative](#)
[Sign Up For Email Updates](#)

MENTAL HEALTH RESOURCES &

4 Quality Assurance
Quality Assurance
Manuals
Bulletins
Clinical Forms
Chart Review Requirements
Certification
Meetings
Training
Final Rule

5 QUALITY ASSURANCE - MANUALS
A A A
[Organizational Provider's Manual](#)
[Outpatient / Day Service: Medi-Cal Included ICD-10-CM Diagnoses](#)
[Inpatient: Medi-Cal Included ICD-10-CM Diagnoses](#)
[CMS ICD-10 Webpage](#)
[A Guide to Procedure Codes](#)
[IBHIS Addendum Guide to Procedure Codes](#)
[Community Outreach Services \(COS\) Manual](#)
[Medi-Cal Administrative Activities \(MAA\) Manual \(Directly Operated Only\)](#)

Directing Questions

QA related questions can be sent to the
QA Mailbox:

QualityAssurance@dmh.lacounty.gov