

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 FORMS:**

**MH 756 – Continuity of Care Request Form**

**IBHIS Form (DO ONLY):** N/A  
**Date:** 5/6/22  
**Implementation:** 5/6/22

**PURPOSE:**

An optional form to be completed by Medi-Cal beneficiaries, their legal representative, or their out of network provider in order to initiate a Continuity of Care request to Los Angeles County Department of Mental Health. A completed form may be emailed to [networkadequacy@dmh.lacounty.gov](mailto:networkadequacy@dmh.lacounty.gov).

**REFERENCES/INSTRUCTIONS:**

For more information about Continuity of Care, refer to [QA Bulletin 22-03](#).

**MH 757 – Problem List**

**IBHIS Form (DO ONLY):** Problem List  
**Date:** 7/1/22  
**Implementation:** Per QA Bulletin 22-04

**PURPOSE:**

A required form for practitioners of any discipline to document a client’s current active problems. The Problem List should reflect a client’s current presentation and should be updated on an ongoing basis by adding or removing problems when relevant changes occur.

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of a Problem List, refer to [QA Bulletin 22-04](#).

**MH 758 – Medication Note**

**IBHIS Form (DO ONLY):** Medication Service Progress Note  
  
**Revision Date:** 7/1/22  
**Implementation:** For DO: 7/1/22  
 For LE: Per QA Bulletin 22-04

**PURPOSE:**

An updated paper version of the Medication Note was created to reflect how Directly Operated (DO) Providers enter information in IBHIS.

*Note: This Medication Note replaces the following forms which are now obsolete:*

- MH 657 Initial Medication Support Service and NCR Version
- MH 653 Complex Medication Support Service and NCR Version
- MH 655 Brief Follow-Up Medication Support Service and NCR Version
- MH 656 Non-Prescription Medication Note and NCR Version
- MH 654A Medication Support Service Addendum
- MH 519 Medication Log

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of a Progress Note, refer to [QA Bulletin 22-04](#) and the [Organizational Provider’s Manual](#). For DO Providers, refer to [IBHIS Notification Bulletin 22-02](#) regarding all progress note form updates.

**UPDATED FORMS:**

**MH 515 – Progress Note**

**IBHIS Form (DO ONLY):** Individual Service Progress Note Special Use Progress Note  
  
**Revision Date:** 7/1/22  
**Implementation:** For DO: 7/1/22  
 For LE: Per QA Bulletin 22-04

The paper version of the Progress Note was updated to reflect how DO Providers enter information in IBHIS.

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of a Progress Note, refer to [QA Bulletin 22-04](#) and the [Organizational Provider’s Manual](#). For DO Providers, refer to [IBHIS Notification Bulletin 22-02](#) regarding all progress note form updates.

**MH 500 – Consent for Services**

<b>IBHIS Form (DO ONLY):</b>	Client Consents / Acknowledgements V2.0
<b>Revision Date:</b>	7/7/22
<b>Implementation:</b>	For DO: 7/1/22 For LE: N/A

**REVISIONS:**

- Added information and fields to consent for email, secure text messaging, telehealth, telephone, and Consent of Minor to the general Consent for Services
- Added information and fields to inform clients about Advance Health Directives, the Provider Directory, and the Medi-Cal Beneficiary Handbook.
- Added field to capture beneficiaries' verbal consent
- Added a general FAQ document to provide beneficiaries with more information about utilizing telehealth, telephone, secure text messaging and secure email as well as Advanced Health Care Directives
- In the 7/7/22 version of this form, the Consent for Minor section was slightly modified from the 7/1/22 version

*Note: This consent form replaces the following forms which are now obsolete:*

- *MH 652 Consent for Tele-Psychiatric Services*
- *MH 732 Consent for Text Messaging/Video Chat*
- *MH 708 Consent for Email*
- *MH 521 Consent of Minor*
- *MH 635 Advance Health Care Directive*
- *MH 710 Medi-Cal Required Informing Materials Beneficiary Acknowledgement of Receipt*

**REFERENCES/INSTRUCTIONS:**

For information about the requirements for obtaining consent, refer to [QA Bulletin 22-07](#). For DO Providers using IBHIS, refer to [IBHIS Notification Bulletin 22-02](#) regarding updates to the Client Consents / Acknowledgments Form V2.0

**MH 730 – Medication Consent (formerly Medication Consent & Medication Support Services Treatment Plan form)**

<b>IBHIS Form (DO ONLY):</b>	Medication Consent
<b>Revision Date:</b>	7/1/22
<b>Implementation:</b>	For DO: 7/1/22 For LE: N/A

**REVISIONS:**

- Removed Treatment Plan fields so form functions as a medication consent
- Added field to capture client or legal representative's verbal consent

**REFERENCES/INSTRUCTIONS:**

The paper form was updated to reflect how DO Providers enter information in IBHIS. For DO Providers, refer to [IBHIS Notification Bulletin 22-02](#) regarding the Medication Consent form updates.

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

<b>IBHIS Form (DO ONLY):</b>	Notice of Adverse Beneficiary Determination (NOABD)
<b>Revision Date:</b>	7/1/22
<b>Implementation:</b>	7/1/22

**REVISIONS:**

- Revised language to reflect updated Criteria to Access Specialty Mental Health Services and Medical Necessity Language for beneficiaries 21 years or older and beneficiaries under 21 years per [QA Bulletin 21-08](#)

**REFERENCES/INSTRUCTIONS:**

For DO Providers using IBHIS, refer to [IBHIS Notification Bulletin 22-02](#) regarding updates to the NOABD form and report.

For Legal Entity (LE) Providers, the NOABD Application is in the process of being updated. Until then, if issuing an NOABD – Service Delivery through the application, staff should copy and paste the relevant, updated reason the beneficiary does not meet access criteria in the "Additional Information" free text field. This will ensure the updated language is clear when the NOABD is printed out.

**MH 682 – FSP Child Baseline (0-15)**  
**MH 685 – FSP Transitional Age Youth (TAY) Baseline (16-25)**  
**MH 688 – FSP Adult Baseline (26-59)**  
**MH 691 – FSP Older Adult Baseline (60+)**

**IBHIS Form (DO ONLY):** N/A  
**Revision Date:** 7/1/22  
**Implementation:** 7/1/22

**REVISIONS:**

- Names of the forms were changed to the following:

From:	To:
Outcome Measures Application Child Baseline Age Group: 0-15	Full Service Partnership (FSP) Baseline Child: Ages 0-15
Outcome Measures Application Transitional Age Youth (TAY) Baseline Age Group: 16-25	Full Service Partnership (FSP) Baseline Transition Age Youth (TAY): Ages 16-25
Outcome Measures Application Adult Baseline Age Group: 26-59	Full Service Partnership (FSP) Baseline Adult: Ages 26-59
Outcome Measures Application Older Adult Baseline Age Group: 60+	Full Service Partnership (FSP) Baseline Older Adult: Ages 60+

**REVISIONS:**

- Removed questions not mandated by the State and Social Support section
- Administrative Information Section:
  - Within Program Name subsection, added the following: "Programs with an asterisk have ended as of 6/30/21"
  - Within the Who Referred the Client subsection, added examples for "Family Member", "Friend/Neighbor", and "Significant Other" categories and "Emergency Shelter" to Homeless Shelter field
- Living Arrangement Section:
  - Within the Living Arrangements table: Added "Total Days" field, which will auto-calculate "Number of Days" column
  - For FSP Child and FSP TAY Baseline forms only:
    - Within Living Arrangements Table, changed category name to "Emergency Shelter/Temporary Shelter Care Facility (TSCF)" and added "Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))" category
  - For FSP Adult and Older Adult Baseline forms only, removed "non-foster" in Living Arrangements Table
- Financial Section:
  - Within the Sources of Financial Support table, removed Benefits subsection, "Monthly Average Amount" columns, and "Unemployment" category
  - For FSP Adult and Older Adult Baseline forms only, removed "Child Support" category within Financial Support table
- Daily Activities/Vocational/Educational (DAVEL) Section:
  - Within the Employment During the Past 12 Months table, added "(Column must = 52 weeks) to "Number of Weeks"
  - For FSP Child and FSP TAY Baseline forms only:
    - Within the School Attendance subsection, changed the timeframe guidelines in parentheses (e.g., "Attends school most of the time (4 days per week)")
    - Within the School Grades subsection, added grade guidelines in parentheses (e.g., "Very Good" (A- or higher)
  - For FSP TAY Baseline forms only:
    - Added subsection headers that group questions to be answered depending on whether the Youth is required by law to attend school, with instructions
    - Removed "Alternative Educational Setting" category under Educational Settings questions
  - For FSP TAY, FSP Adult, and FSP Older Adult Baseline forms only, within Education Settings During the Past 12 Months, added "(Column must = 52 weeks) column header and removed "Average Number of Hours per Week" column and "GED Preparation" category
  - For FSP Adult and Older Adult Baseline forms only, removed the "Retired" category within Employment table
  - For FSP Older Adult Baseline forms only, added "No High School Diploma/No GED" category in Grade Level subsection
  - Removed the Identify Current Status Subsection
- Physical Health Section:
  - Reworded questions regarding primary care physician and added, "Did the client visit a primary care physician or another doctor for physical health reasons IN THE PAST 12 MONTHS?"
- Crisis Stabilization/PMRT Section:
  - Added the following subsection headings, "Emergency Room/Crisis Stabilization" and "Psychiatric Mobile Response Team or 24/7 Crisis Response Team"
- Legal Section:

- Added instruction for “Indicate the number of times the client was arrested DURING THE PAST 12 MONTHS”
- Moved 3 substance abuse questions to their own section, after the Physical Health section

- MH 683 – FSP Child Key Event Change (KEC, 0-15)**
- MH 686 – FSP Transitional Age Youth (TAY) Key Event Change (KEC, 16-25)**
- MH 689 – FSP Adult Key Event Change (KEC, 26-59)**
- MH 692 – FSP Older Adult Key Event Change (KEC, 60+)**

**IBHIS Form (DO ONLY):** n/a  
**Revision Date:** 7/1/22  
**Implementation:** 7/1/22

**REVISIONS:**

- Names of the forms were changed to the following:

<b>From:</b>	<b>To:</b>
Outcome Measures Application Child Key Event Change (KEC) Age Group: 0-15	Full Service Partnership (FSP) Key Event Change (KEC) Child: Ages 0-15
Outcome Measures Application Transitional Age Youth (TAY) Key Event Change (KEC) Age Group: 16-25	Full Service Partnership (FSP) Key Event Change (KEC) Transition Age Youth (TAY): Ages 16-25
Outcome Measures Application Adult Key Event Change (KEC) Age Group: 26-59	Full Service Partnership (FSP) Key Event Change (KEC) Adult: Ages 26-59
Outcome Measures Application Older Adult Key Event Change (KEC) Age Group: 60+	Full Service Partnership (FSP) Key Event Change (KEC) Older Adult: Ages 60+

**REVISIONS:**

- Removed questions not mandated by the State and Social Support and Physical Health sections
- Administrative Information Section:
  - Within Program Name subsection, added the following: "Programs with an asterisk have ended as of 6/30/21"
- Living Arrangements Section:
  - Within Living Arrangements Table
    - Removed columns and residential status subsection
    - Changed column header to “Indicate NEW residential status”
  - For FSP Child and FSP TAY Key Event Change forms only
    - Within Living Arrangements Table, changed category name to “Emergency Shelter/Temporary Shelter Care Facility (TSCF)” and added “Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))” category
  - For FSP Adult and Older Adult Baseline forms only, removed “non-foster” in Living Arrangements Table
- Financial Section:
  - Removed Benefits subsection and moved Change in Payee Status to Legal Section
- Daily Activities/Vocational/Educational Level (DAVEL) Section:
  - Removed “If unemployed...” questions from Current Employment subsection
  - For FSP TAY Key Event Change forms only, added subsection headers to group questions to be answered depending on whether the Youth is required by law to attend school, with instructions
  - For FSP TAY, FSP Adult, and FSP Older Adult Key Event Change forms only, added question “If the client is stopping school, did the client complete a class and/or program?” under the Educational subsection
  - For FSP Older Adult Key Event Change forms only, added “No High School Diploma/No GED” category in Grade Level subsection
- Crisis Stabilization/PMRT Section:
  - Changed name of header to “Emergency Intervention”
  - Added the following subsection headings: “Emergency Room/Crisis Stabilization” and “Psychiatric Mobile Response Team OR 24/7 Crisis Response Team”
  - Replaced “Was the client seen by a Psychiatric Mobile Response Team or 24/7 Crisis Response Team?” with “Date of Psychiatric Mobile Response Team or 24/7 Crisis Response Team Intervention”
- Legal Section:
  - For FSP TAY, FSP Adult, and FSP Older Adult Key Event Change forms only, added “Date client broke the terms of probation:” field

- MH 684 – FSP Child 3-Month (3M, 0-15)**
- MH 687 – FSP Transitional Age Youth (TAY) 3-Month (3M, 16-25)**
- MH 690 – FSP Adult 3-Month (3M, 26-59)**

**REVISIONS:**

- Names of the forms were changed to the following:

**MH 693 – FSP Older Adult 3-Month (3M, 60+)**

**IBHIS Form (DO ONLY):** n/a  
**Revision Date:** 7/1/22  
**Implementation:** 7/1/22

From:	To:
Outcome Measures Application Child 3-Month (3M) Age Group: 0-15	Full Service Partnership (FSP) 3-Month (3M) Child: Ages 0-15
Outcome Measures Application Transitional Age Youth (TAY) 3-Month (3M) Age Group: 16-25	Full Service Partnership (FSP) 3-Month (3M) Transition Age Youth (TAY): Ages 16-25
Outcome Measures Application Adult 3-Month (3M) Age Group: 26-59	Full Service Partnership (FSP) 3-Month (3M) Adult: Ages 26-59
Outcome Measures Application Older Adult 3-Month (3M) Age Group: 60+	Full Service Partnership (FSP) 3-Month (3M) Older Adult: Ages 60+

**REVISIONS:**

- Removed questions not mandated by the State
- Financial Section:
  - Within Sources of Financial Support Table, removed “Monthly Average Amount” column and “Unemployment” category
  - For FSP Adult and FSP Older Adult 3-Month forms only, removed “Child Support” category
- Daily Activities/Vocational/Educational Level (DAVEL) Section:
  - For FSP Child and FSP TAY 3-Month forms only
    - Within the School Attendance subsection, changed timeframe guidelines in parenthesis (e.g., “Attends school most of the time (4 days per week)”)
    - Within the School Grades subsection, added grade guidelines in parenthesis (e.g., “Very Good” (A- or higher))
  - For FSP TAY 3-Month forms only, added subsection header that group questions to be answered if the Youth is required by law to attend school, with instructions
- Physical Health Section
  - Replaced “Client has a primary care physician?” with for “Does the client have a primary care physician CURRENTLY?”
  - Added question “Did the client visit a primary care physician or another doctor for physical health reasons IN THE PAST 3 MONTHS?”
- Legal Section
  - Moved 3 substance abuse questions to their own section, after the Physical Health Section

**OBSOLETE FORMS:**

**MH 652 Consent for Tele-Psychiatric Services**

**IBHIS Form (DO Only):** Client Consents / Acknowledgements  
**Date Obsolete:** 7/1/22

**MH 732 Consent for Text Messaging/Video Chat**

**IBHIS Form (DO Only):** Client Consents / Acknowledgements  
**Date Obsolete:** 7/1/22

**MH 521 Consent of Minor**

**IBHIS Form (DO Only):** Client Consents / Acknowledgements  
**Date Obsolete:** 7/1/22

**MH 635 Advanced Health Care Directive**

**IBHIS Form (DO Only):** Client Consents / Acknowledgements  
**Date Obsolete:** 7/1/22

**MH 710 Medi-Cal Required Informing Materials Beneficiary Acknowledgement of Receipt**

**IBHIS Form (DO Only):** Client Consents / Acknowledgements  
**Date Obsolete:** 3/31/22

**MH 662 Outcome Measures Application Form Field Capable Clinical Services**

**IBHIS Form (DO Only):** N/A  
**Date Obsolete:** As of date of this bulletin

**MH 663 Outcome Measures Application Form FCCS: 2<sup>nd</sup> Year and Later**

**IBHIS Form (DO Only):** N/A  
**Date Obsolete:** As of date of this bulletin

**MH 743 ICC Eligibility Form**

**IBHIS Form (DO Only):** Intensive Care Coordination (ICC) Eligibility  
**Date Obsolete:** 12/13/21  
*\*Providers must have a method to identify the KTA DPI indicator on claims. It is up to providers to determine their own processes and workflows for this.*

**MH 657 Initial Medication Support Service**

**IBHIS Form (DO Only):** Medication Support Progress Note  
**Date Obsolete:** 7/1/22

**MH 653 Complex Medication Support Service**

**IBHIS Form (DO Only):** Medication Support Progress Note  
**Date Obsolete:** 7/1/22

**MH 655 Brief Follow-Up Medication Support Service**

**IBHIS Form (DO Only):** Medication Support Progress Note  
**Date Obsolete:** 7/1/22

**MH 656 Non-Prescription Medication Note**

**IBHIS Form (DO Only):** Medication Support Progress Note  
**Date Obsolete:** 7/1/22

**MH 519 Medication Log**

**IBHIS Form (DO Only):** N/A  
**Date Obsolete:** 7/1/22

*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.

All Directly-Operated and Contracted Providers must adhere to LACDMH Policies 401.02 and 401.03 regarding clinical records contents and clinical documentation.

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