



Clinical Records Staff: **Rose Esquibel, Director** Phone: (213) 739-6335 Fax: (213) 739-6298
Jen Hallman Phone: (213) 738-3770 Fax: (213) 381-8386
Yvonne Mijares Phone: (213) 738-2157 Fax: (213) 381-8386

ANNOUNCEMENTS

The Quality Assurance Division-Clinical Records would like to welcome two new Health Information Associates:
Saimond Cristobal
LaTaz Byrd

NEW FORMS

EXCHANGE OF INFORMATION WITH PRIMARY CARE PHYSICIANS
TRANSFERS TO SERVICE AREA NAVIGATORS

REVISED FORMS

REFERRAL/RESPONSE TO HEALTHCARE PROVIDERS

NEW AND REVISED FORMS AVAILABLE ON INTERNET: http://dmh.lacounty.gov/ToolsForClinicians/clinical_forms.html

Two new forms have been developed to aid in the exchange of information between physical health-care providers and mental health providers. These new forms are the **MH 702 - Primary Health Care Exchange of Information Request** and **MH 703 - Behavioral Health Care Exchange of Information Request**. Both forms can now be found on the DMH Internet under Clinical Forms-Referrals & Communication to Other Departments. The forms are to be used for coordinating the care of Seniors and Persons with Disabilities (SPD) Medi-Cal clients receiving physical health care through Medi-Cal Managed Care and mental health services through DMH contracted or directly operated mental health agencies. Frequently Asked Questions (FAQs) for these forms have been attached to this Bulletin to assist in appropriately filling out and using the forms. These forms are considered Required Data Element Forms* for Contract Agencies.

Important Information

- For Directly-Operated agencies, an authorization to disclose PHI is not required to exchange information with physical health care providers who are treating the client per W&I Code 5328(a)
- "Behavioral Health" includes "Mental Health"
- Only factual information that is based on information found in the Clinical Record should be noted on these forms
- Every effort should be made by mental health providers to coordinate the care of mental health clients with physical health care providers

Implementation

Directly-Operated: The new forms should be implemented immediately.

Contract: Within 6 months of the date of this Bulletin, as appropriate to the program.

DO YOU KNOW THE ANSWERS TO THESE QUESTIONS? (DIRECTLY-OPERATED)

- I. What are the required elements of a HIPAA valid authorization?

Answers on the next page





A new form has been developed for use by Mental Health staff who are referring clients to Service Area Navigators in order to transfer the client to a more appropriate DMH program. While the form was originally designed for use by DMH/DHS Co-Located DMH staff, the form may be used by other programs if applicable. The **MH 707 - Clinical Transfer to Service Area Navigator** form may be completed by Mental Health staff (including Community Partners, Legal Entities, or Directly-Operated) and faxed to the appropriate Service Area Navigator. Please note that this form may be used even if the transfer does not go through the Service Area Navigator (for example, a Community Partner transferring directly to a Legal Entity). The form shall be kept in the Clinical Record and/or Non-Open PHI File in accord with the instructions on the form. For Contract or Community Partner agencies this form is considered an Optional Form*.

Important Information Regarding the Clinical Transfer Form:

- Be sure to complete each section of the form
- If “other” is selected under “Justification/Rationale for above Recommendation” be sure to document the justification/rationale below.
- Information such as the PCP Referral, Short Assessment, or FSP Referral may be attached to the Clinical Transfer form

Implementation:

Directly-Operated: The new forms should be implemented immediately.

Contract: Within 6 months of the date of this Bulletin, as appropriate to the program.

The **MH 649B DMH Response to Healthcare Providers** form has been revised.

Important Information about the Revised Forms:

- Removed Care Coordinator and SA Navigator information
- Added prompt for date of face-to-face appointment and whether or not it was kept
- Clarified that ALL medications prescribed by DMH should be listed

Implementation:

Directly-Operated: The revised form should be used as soon as the Program runs out of the old version of the form or immediately if accessing the form on-line.

Contract: Within 6 months of the date of this Bulletin

The Clinical Forms Inventory has been updated and placed on-line in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

* See the Clinical Forms Inventory and Clinical Records Bulletin Edition 2011-03 for the definition of these forms.

c: Executive Leadership Team	District Chiefs	Program Heads
TJ Hill - ACHSA	Nancy Butram - RMD	Judith Miller - Compliance
Department QA Staff	QA Service Area Liaisons	Provider Record Keepers

I KNOW THE ANSWERS TO THOSE QUESTIONS!

- I. A HIPAA Compliant Authorization must include the following core elements (per the Clinical Records Guidelines page 15)
 - A description of the information to be used or disclosed
 - The name of the person or organization that will receive the PHI
 - The date the authorization expires
 - A statement of the client’s right to revoke the authorization, exceptions to this right and how to revoke
 - A statement that the information used or disclosed may be subject to re-disclosure by the recipient
 - The client’s signature and the date
 - A statement that we will not conditions treatment, payment or eligibility for benefits on the client’s providing authorization
 - A description of each purpose of the requested use or disclosure
 - The names or other specific identification of the person(s) or class of persons authorized to make the disclosure (Note: this requirement is not currently in the Clinical Records Guidelines but will be added)

Los Angeles County Department of Mental Health

Use of Exchange of Information Request Forms to Enhance Coordination of Care for Medi-Cal Managed Care Beneficiaries

FREQUENTLY ASKED QUESTIONS

Form 1: Behavioral Health Care Exchange of Information Request

1. How do I use this form to get information about primary care treatment that my patient is receiving?

Complete the top part of the form. Make a copy for the mental health clinical record. Give the form to the beneficiary with instructions to deliver it to his or her primary care practitioner. The primary care practitioner is expected to complete the lower part of the form and fax it to you, or send it back with the beneficiary.

2. Under what circumstances may I use this form?

You may use this form if you are a licensed, registered or waived mental health professional.

3. What do I do with the completed form when it is returned to me?

Place the form in the mental health clinical record. For Directly-Operated programs, the forms should be filed in the Correspondence section of the clinical record. Incorporate the information obtained into your assessment and treatment.

4. How does this form and procedure ensure appropriate confidentiality of medical information?

This form, transmitted by the beneficiary or by fax, is compliant with confidentiality requirements. The form should not be transmitted in any other fashion.

5. What if I do not wish to share with the beneficiary the information that I would place on this form?

In such cases, the form may be faxed directly to the primary care practitioner instead of given to the beneficiary. If you choose not to fax the form, the information that you do not wish to share with the beneficiary may be omitted from the form or the form should not be used. In this case, the exchange of information with the primary care practitioner should occur via other means, consistent with confidentiality requirements, such as a telephone discussion. Remember that this information must still become part of the clinical record.

6. Can this form alone be used to obtain an appointment with a primary care practitioner?

No. The purpose of this form is to exchange information with a primary care practitioner. However, the form may be used by other program personnel as part of the process of making a primary care referral.

7. What do I do if I'd like to exchange information with a primary care practitioner, but the beneficiary says that he/she doesn't have one?

Follow the referral procedures used by the program in which you are seeing the beneficiary.

8. What if I need the primary care information more rapidly than this procedure permits or wish to otherwise contact the primary care practitioner?

That is completely appropriate. Use a different method for contacting the primary care practitioner and requesting information.

9. What do I do if the beneficiary fails to return the form to me and I do not receive it by fax?

Use a different method for contacting the primary care provider and requesting information.

10. What if I want the primary care practitioner to send me additional information or to discuss the case with me?

Indicate this as a request on the form.

Form 2: Primary Care Exchange of Information Request

1. What do I do with a form that is given to me to complete?

Review the reason for the request in the "Initiating Query or Coordination of Care" section and determine that you can respond to the query within your scope of practice. Next, complete the "Responding to request" section. Make a copy of the form for the mental health clinical record and return the form to the beneficiary. Alternatively, you may fax, but not email, the form to the primary care practitioner.

2. If the clinician determines that the beneficiary does not meet medical necessity criteria for treatment, how should the form be handled?

Complete the "Responding to Request" section of the form with the appropriate information. Make a copy of the form and file it with all other clinical documentation related to the beneficiary in accord with DMH Policies and Procedures 104.08 and 202.38.

3. One of the Reasons for Request is suspected pediatric ADHD. Does this exchange of information pertain to children?

Yes, this population does include minors.

4. What if a comprehensive response to the request is not within my scope of practice?

Note this in your recommendations or, consistent with the procedures in the program in which you are seeing the beneficiary, transmit the form to a practitioner in the program who can respond within his/her scope of practice.

5. What if I wish to contact the primary care practitioner to ask additional questions or transmit additional information?

That is completely appropriate.

6. What should be done if the reason for the query is suspected substance abuse?

Provide whatever information you have regarding the beneficiary's substance abuse and any relationship to a mental health diagnosis.