

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 729 Katie A Subclass Membership Verification Form**

IBHIS Form (DO ONLY): N/A  
 Date: 3/7/19  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: 3/8/19 for DO's  
 ASAP for LE's

**PURPOSE:**

To identify if a client meets Katie A. Subclass Membership criteria in order to populate the Demonstration Project Identifier (DPI) on claims.

**REFERENCES/INSTRUCTIONS:**

- This form should be completed in the following situations:
  - Upon intake for any client under 21 years of age who meets Medi-Cal Medical Necessity criteria and has an open child welfare case;
  - Throughout treatment upon opening of a new child welfare case; and/or
  - When a change in treatment is warranted
- The DPI must be placed on claims for clients who meet criteria for Katie A. Subclass Membership. Refer to [CBO Dispatch No. NGA 17-007](#) (LE Providers) or [CBO Dispatch No. DMH 17-006](#)

**MH 732 Secure Text Messaging Consent Form**

IBHIS Form (DO ONLY): N/A  
 Date: 3/7/19  
 Type of Form (LE ONLY): N/A  
 Implementation: 3/7/19 for DO's

**PURPOSE:**

To document informed consent with a client related to the use of secure text messaging/video chat as a means of communication. This form must be completed prior to initiating secure text messaging/video chat with clients.

**REFERENCES/INSTRUCTIONS:**

- Refer to [LAC DMH Policy 401.5 Use of Secure Text Messaging and Video Chat in Practitioner/Client Communications](#)

**UPDATED FORM(S): None at this time**

**OBSOLETE FORM(S): None at this time**

*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 Division. 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: Director's Management Team	SA and Contract Monitoring Program Manager IIIs	Program Heads	Department QA Staff
QA Service Area Liaisons	Randolph Faveau, Compliance Program Office	Zena Jacobi, Central Business Office	
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