

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 759 – Open Payments Database Notification**

**IBHIS Form (DO ONLY):** N/A  
**Date:** 1/1/23  
**Type of Form (LE ONLY):** Ownership  
**Implementation:** 1/1/23

**PURPOSE:**

Assembly Bill (AB) 1278 requires physicians to provide notice to their clients regarding the Open Payments database, managed by the Centers for Medicare & Medicaid Services (CMS), beginning January 1, 2023. The Open Payments Database provides information to clients on financial relationships between physicians and medical device, pharmaceutical and other biologic manufacturers.

**REFERENCES/INSTRUCTIONS:**

For more information about AB 1278, refer to [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB1278](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1278).

- This form is to be used for existing clients. New clients will receive the updated Consent for Services which has the notification included.
- If the form is completed, there is no requirement to also document in a progress note that the notification was provided.
- Upon completion, give a copy to the client and scan into IBHIS.

**DHCS 8765 C – Youth Screening Tool for Medi-Cal Mental Health Services**

**IBHIS Form (DO ONLY):** N/A  
**Date:** 01/2023  
**Type of Form (LE ONLY):** Required  
**Implementation:** January 2023

**PURPOSE:**

Beginning January 1, 2023, all initial requests by Medi-Cal beneficiaries or their care givers must be screened to determine the most appropriate mental health delivery system.

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of the Youth Screening Tool for Medi-Cal Mental Health Services, refer to QA Bulletin 22-11 and the workflow identified in Appendix A.

- The form shall be utilized for beneficiaries under the age of 21.
- The form shall only be used for beneficiaries not currently receiving services anywhere in the LACDMH system of care.
- An additional page has been added to the DHCS version that includes contact information for the beneficiary as well as contact information for the various Managed Care Plans.
- For directly-operated, the PDF paper form shall be utilized and scanned into IBHIS upon completion. The form will be added to the SRL in IBHIS at a later point.
- Legal entity providers may utilize the PDF paper form or incorporate the form into their EHRS. The content, including the specific wording, order of the questions and the scoring methodology must remain intact.
- The screening questions will be added to the Service Request Tracking System (SRTS) in the near future.

**DHCS 8765 A – Adult Screening Tool for Medi-Cal Mental Health Services**

<b>IBHIS Form (DO ONLY):</b>	N/A
<b>Date:</b>	01/2023
<b>Type of Form (LE ONLY):</b>	Required
<b>Implementation:</b>	January 2023

**PURPOSE:**

Beginning January 1, 2023, all initial requests by Medi-Cal beneficiaries must be screened to determine the most appropriate mental health delivery system.

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of the Youth Screening Tool for Medi-Cal Mental Health Services, refer to QA Bulletin 22-11 and the workflow identified in Appendix A.

- The form shall be utilized for beneficiaries over the 21 years of age and older.
- The form shall only be used for beneficiaries not currently receiving services anywhere in the LACDMH system of care.
- An additional page has been added to the DHCS version that includes contact information for the beneficiary as well as contact information for the various Managed Care Plans.
- For directly-operated, the PDF paper form shall be utilized and scanned into IBHIS upon completion. The form will be added to the SRL in IBHIS at a later point.
- Legal entity providers may utilize the PDF paper form or incorporate the form into their EHRs. The content, including the specific wording, order of the questions and the scoring methodology must remain intact.
- The screening questions will be added to the Service Request Tracking System (SRTS) in the near future.

**DHCS 8765 B – Transition of Care Tool for Medi-Cal Mental Health Services**

<b>IBHIS Form (DO ONLY):</b>	N/A
<b>Date:</b>	01/2023
<b>Type of Form (LE ONLY):</b>	Required
<b>Implementation:</b>	January 2023

**PURPOSE:**

Beginning January 1, 2023, all transitions of care to a lower level of care Non Specialty Mental Health Services through the Managed Care Plan must be documented on the Transition Form.

**REFERENCES/INSTRUCTIONS:**

For information about the requirements of the Transition Form, refer to QA Bulletin 22-11 and the workflow identified in Appendix B.

- An additional page has been added to the DHCS version that includes contact information for the various Managed Care Plans.
- For directly-operated, the PDF paper form shall be utilized and scanned into IBHIS upon completion. The form will be added to IBHIS at a later point.
- Legal entity providers may utilize the PDF paper form or incorporate the form into their EHRs. The content, including the specific wording and order of the questions must remain intact.

**UPDATED FORMS:**

**MH 500 – Consent for Services**

<b>IBHIS Form (DO ONLY):</b>	Client Consents / Acknowledgements
<b>Revision Date:</b>	1/1/23
<b>Type of Form (LE ONLY):</b>	Ownership
<b>Implementation:</b>	For DO: 1/1/23 For LE: N/A

**REVISIONS:**

- Added a notification regarding the Open Payments Database per AB 1278

**REFERENCES/INSTRUCTIONS:**

- This form is to be used for new clients as of 1/1/23. Existing clients will receive the Open Payments Database Notification so as not to require a new Consent for Services to be signed.

**OBSOLETE FORMS:**

**MH 707 Provider Communication**

<b>IBHIS Form (DO Only):</b>	Provider Communication
<b>Date Obsolete:</b>	As of date of this bulletin
<b>Type of Form (LE Only):</b>	Required Data Elements

**MH 739 Consent for Groups or Family Sessions Conducted via Telehealth or Telephone**

<b>IBHIS Form (DO Only):</b>	N/A
<b>Date Obsolete:</b>	As of date of this bulletin
<b>Type of Form (LE Only):</b>	Optional

*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