NO. 26-03 CLINICAL FORMS BULLETIN 7/1/26

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 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 review/audit chart.

This Bulletin does not address requirements for electronic billing and/or reporting. Contracted Providers should refer to the 837 Companion Guide or Webservices Guide for a complete listing of electronic data transfer requirements.

The following clinical forms have been created, updated, or discontinued, and the Clinical Forms Inventory has been updated to reflect the changes. If you have questions regarding this Bulletin, please email QAPolicy@dmh.lacounty.gov.

NEW FORMS

MH 770 – Clubhouse Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Clubhouse services for Medi-Cal members ages 18+ who meet criteria for Specialty Mental Health Services with a severe mental illness (SMI) who will benefit from a community-based center aimed at providing vocational support, education, housing, and social reconnection to foster independence. Clubhouse services are considered an adjunct service and should be provided in addition to medically necessary mental health services from a primary provider. **REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives to expand access to coordinated, community-based behavioral health services. • Complete all required sections of referral form and submit supplemental documents outlined on referral form • Submit referrals through SRTS
MH 772 – Functional Family Therapy (FFT) Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A**	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Functional Family Therapy (FFT) services for EPSDT Medi-Cal youth ages 11-18 with behavioral and emotional challenges. FFT is an intense, short-term, evidence-based family intervention focused on improving family communication, strengthening relationships, and reducing maladaptive behaviors.

Implementation: 7/1/2026	**REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives to expand access to coordinated, community-based behavioral health services. • Complete all required sections of referral form. • Submit referrals through SRTS • Refer to FFT program guidelines and eligibility requirements.
MH 773 – Multisystemic Therapy (MST) Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Multisystemic Therapy (MST) for EPSDT Medi-Cal youth ages 12-17 at risk of severe consequences within their family, school or community due to serious externalizing, anti-social, and/or challenging behaviors. MST may be appropriate for youth who are involved in the juvenile justice system and/or who are at risk of out-of-home placement due to a history of criminogenic behavior. **REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives to expand access to coordinated, community-based behavioral health services. • Complete all required sections of referral form. • Submit referrals through SRTS • Refer to MST program guidelines and eligibility requirements.
MH 774 – Parent Child Interaction Therapy (PCIT) Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Parent Child Interaction Therapy (PCIT) for EPSDT Medi-Cal young children ages 2-7 who may have serious behavioral problems such as aggressiveness, defiance, temper tantrums and oppositional behaviors. PCIT is an Evidence-Based Program that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. **REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives to expand access to coordinated, community-based behavioral health services. • Complete all required sections of referral form. • Submit referrals through SRTS • Refer to PCIT program guidelines and eligibility requirements.

MH 776 – Day Treatment Intensive (DTI) Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Day Treatment Intensive (DTI) services for eligible Medi-Cal members meeting criteria outlined on the referral form. DTI services are intended to provide an alternative to hospitalization, avoid placement in a more restrictive setting, or assist the client in living within a community setting. **REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives to expand access to coordinated, community-based behavioral health services • Complete all required sections of referral form and submit supplemental items outlined on checklist • *In-Network providers:* Submit referrals through SRTS • *Hospitals:* Submit referrals through Universal Entry Referral (UER) • Requires prior authorization before delivery of services and re-authorization at least every 3 months
MH 777 – Child and Youth Full-Service Partnership **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to Child & Youth FSP for individuals ages 0-25 with significant behavioral health needs, supporting family-centered, team-based care and access to community-based services. **REFERENCES/INSTRUCTIONS:** • Supports BHSA and BH-CONNECT initiatives by expanding access to coordinated community-based behavioral health services. • Complete all required sections of referral form. • Submit referrals through SRTS or designated SA Navigation Team. • Refer to Child & Youth FSP program guidelines and eligibility guidelines prior to submission.
MH 778 – Full-Service Partnership Intensive Case Management (FSP-ICM) Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Referrals & Communication to Other Departments **Creation Date:** 7/1/2026 **Type of Form (LE ONLY): N/A** **Implementation:** 7/1/2026	**PURPOSE:** The purpose of this form is to initiate and coordinate referrals to FSP-ICM for individuals with significant behavioral health needs. FSP-ICM provides intensive, community-based services through a multidisciplinary team, supporting care coordination, access to behavioral health services and recovery-oriented care. **REFERENCES/INSTRUCTIONS:** • Supports BHSA goals of increasing access to community-based behavioral health services. • Complete all required sections of referral form.

	• Submit referrals through SRTS or designated SA Navigation team. • Refer to FSP-ICM program guidelines and eligibility requirements prior to submission.

UPDATED FORMS

MH 661 – Supplemental Therapeutic Behavioral Services (TBS) Assessment **IBHIS Form (DO ONLY):** N/A **Location Online:** Assessment/Diagnosis - Department of Mental Health **Revision Date:** 5/21/2026 **Type of Form (LE ONLY):** Required Data Elements **Implementation:** 7/6/2026	**REVISIONS:** • Removed the following field: ○ The 'male/female' checkbox option under 'Sex' in the Client Identifying Information (Section I) has been removed and replaced with a write-in field to allow providers to document the client's sex/gender identity in a more inclusive manner • Added a field for 'Agency Contact Name/Email/Phone Number' under the Referring Provider Contact Information (Section V) **REFERENCES/INSTRUCTIONS:** • To be completed for eligible clients for whom TBS is indicated; must be completed prior to service delivery of TBS • This form is to be submitted to the CCR Authorization Unit for prior authorization • Must minimally be completed every six months and submitted for prior authorization for clients continuing to receive TBS • This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

MH 745 – Supplemental Therapeutic Foster Care (TFC) Services Assessment
 	
IBHIS Form (DO ONLY): N/A
Location Online: Assessment/Diagnosis - Department of Mental Health
 	
Revision Date: 5/21/2026
Type of Form (LE ONLY): Required Data Elements
Implementation: 7/6/2026
	REVISIONS:
	• Removed the following fields:
	  ○ The 'male/female' checkbox option under 'Sex' in the Client Identifying Information (Section I) has been removed and replaced with a write-in field to allow providers to document the client's sex/gender identity in a more inclusive manner.
	  ○ The 'Copies of clinical records are required for request to be considered. Required documents are' field in "TFCS Eligibility" (Section II)
	• Added a field for 'Agency Contact Name/Email/Phone Number' under the Referring Provider Contact Information (Section V)
	
	REFERENCES/INSTRUCTIONS:
	• To be completed for eligible clients for whom TFCS is indicated; must be completed prior to service delivery of TFCS
	• This form is to be submitted to the CCR Authorization Unit for prior authorization

	• Must be completed at least every six months and submitted for prior authorization for clients continuing to receive TFCS • This form can be completed by any discipline but must be signed by an Authorized Mental Health Discipline (AMHD)

OBSOLETE FORMS

MH 744 - Supplemental Intensive Home-Based Services (IHBS) Assessment **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 693 - FSP Older Adult 3-Month (3M, 60+) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 692 - FSP Older Adult Key Event Change (KEC, 60+) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 691 - FSP Older Adult Baseline (60+) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 690 - FSP Adult 3-Month (3M, 26-59) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 689 - FSP Adult Key Event Change (KEC, 26-59) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 688 - FSP Adult Baseline (26-59) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 687 - FSP Transitional Age Youth (TAY) 3-Month (3M, 16-25) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 686 - FSP Transitional Age Youth (TAY) Key Event Change (KEC, 16-25) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 685 - FSP Transitional Age Youth (TAY) Baseline (16-25) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 684 - FSP Child 3-Month (3M, 0-15) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 683 - FSP Child Key Event Change (KEC, 0-15) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025
MH 682 - FSP Child Baseline (0-15) **IBHIS Form (DO ONLY):** N/A **Date Obsolete:** 7/1/2025

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 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 Web Services 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 Systems (IBHIS) has incorporated clinical forms, when appropriate, and has been updated to reflect the changes noted in this Bulletin.
2. All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical forms 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