

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 779 – Service Request Tracking System (SRTS) Form IBHIS Form (DO ONLY): Not Available Location Online: Referrals & Communication to Other Departments - Department of Mental Health Creation Date: 8/31/2026 Type of Form (CONTRACTOR ONLY): Required Data Elements Implementation: 8/31/2026	PURPOSE: - This form replaces the MH 718 (Service Request Log) and MH 737 (Walk-In Request for Services) - It serves as a paper fallback form to capture required service request details when the SRTS is inaccessible. REFERENCES/INSTRUCTIONS: Used by both Directly Operated (DO) and contracted providers as a paper form during system outages to manually collect initial referral, intake, and service request details. Once system connectivity is restored, all applicable data captured on the MH 779 paper form must be entered into SRTS to maintain accurate tracking of new service requests and referrals in alignment with Behavioral Health Transformation expectations. For specific operational instructions regarding system downtime procedures and SRTS entry workflows, please contact the Access to Care team at AccesstoCare@dmh.lacounty.gov.
Authorization to Share Confidential Member Information (ASCM) Form: Non-AB 133 IBHIS Form (DO ONLY): Not Available Location Online: CalAIM ASCM Initiative DHCS Creation Date: 8/1/25	PURPOSE: - Introduces a standardized statewide authorization form to permit data sharing for California residents. - Captures required special permissions to share protected health data across care partners, including 42 C.F.R. Part 2 Substance Use Disorder records, housing-related personal information, mental health records, intellectual/developmental disability records, HIV test results, and genetic test results.

**Type of Form (CONTRACTOR ONLY): Required
Data Elements
Implementation: 9/1/26**

- Establishes a uniform data-sharing consent mechanism designed for multi-agency, inter-departmental, and cross-county care coordination, including utilization within Juvenile Halls and regional facility settings.

REFERENCES/INSTRUCTIONS:

This state-standardized form is to facilitate compliant health and social services data sharing. Effective January 1, 2027, it will become a mandatory statewide standard. Contractors and providers are not required or expected to actively implement or initiate this form within their routine workflows at this time; however, if received, it must be recognized and accepted as a valid authorization form.

Practitioners may use this form when a client's confidential information will be shared with external care partners and client authorization is required. External care partners may include healthcare providers, community-based organizations, county agencies, and housing networks. Authorization remains valid for one year from the date of signature unless revoked earlier by the client or legal representative. All completed paper forms must be maintained in the clinical record and provided to the client.

UPDATED FORMS

<u>MH 735 – Child and Adolescent Needs and Strengths (CANS-IP)</u> IBHIS Form (DO ONLY): Child Adolescent Needs Strengths Integrated Practice (CANS-IP) Location Online: Treatment Planning - Department of Mental Health Revision Date: 7/14/26 Type of Form (CONTRACTOR ONLY): Ownership Implementation: 7/14/26	REVISIONS: - Revised to incorporate Level of Care decision support features in alignment with QA Bulletin No. 26-08. - Added page 4 to capture the Recommended Level of Care generated by CANS ratings, the Actual Assigned Level of Care, and the Reason for Variance field (required whenever the assigned level of care differs from the recommended level) REFERENCES/INSTRUCTIONS: Directly Operated (DO) providers enter CANS data directly into IBHIS, which calculates the recommended level of care. Contract providers submit data via the CANS API or CANS EPSDT OMA Application. For detailed clinical and operational requirements, refer to the Organizational Provider's Manual.
<u>MH 756 - Continuity of Care Request Form</u> IBHIS Form (DO ONLY): Not Available Location Online: Quality Assurance – Clinical Forms Revision Date: 8/1/26 Type of Form (CONTRACTOR ONLY): Required Data Elements Implementation: 8/1/26	REVISIONS: - Updated the central contact email for submitting completed forms and encrypted supporting documentation to QAPolicy@dmh.lacounty.gov. - Added an explicit requirement to attach a signed "Release of Information" (ROI), depending on who is submitting the request. - Reorganized into a structured 3-page layout featuring distinct sections for <i>Member Information</i>, <i>Existing Out-of-Network Provider Information</i>, and an expanded <i>For LACDMH Quality Assurance Use Only</i> administrative review section. REFERENCES/INSTRUCTIONS: This form is an optional request form to be completed by Medi-Cal members, their legal representatives/caregivers, or out-of-network providers to initiate a Continuity of Care (CoC) request with the Los Angeles County Department of Mental Health (LACDMH). Continuity of Care allows eligible members to continue receiving specialty mental health services from an existing out-of-network provider for up to 12 months following a transition between health plans or counties. The completed form and supporting documentation—including clinical records, a signed Release of Information, or a Caregiver's Authorization Affidavit—

	must be sent via encrypted email to QAPolicy@dmh.lacounty.gov . For additional governing policies and operational details regarding Continuity of Care, refer to QA Bulletin No. 22-03 .
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OBSOLETE FORMS

MH 737 - Walk-In Request for Services IBHIS Form (DO ONLY): Service Request Log Date Obsolete: 7/1/2026
MH 718 - Service Request Log (SRL) IBHIS Form (DO ONLY): Service Request Log Date Obsolete: 7/1/2026
MH 707FC - Provider Communication (Forensic Consultation) IBHIS Form (DO ONLY): Not Available Date Obsolete: 8/1/2026
MH 703 - Behavioral Health Care Exchange of Information Request IBHIS Form (DO ONLY): Not Available Date Obsolete: 7/1/2026
MH 702 - Primary Health Care Exchange of Information Request IBHIS Form (DO ONLY): Not Available Date Obsolete: 7/1/2026
MH 649B - Department of Mental Health Referral Response to Healthcare Providers IBHIS Form (DO ONLY): Not Available Date Obsolete: 7/1/2026
MH 648A - Older Adult FCCS Referral IBHIS Form (DO ONLY): Not Available Date Obsolete: 7/1/2026
MH 648B - Older Adult FCCS Referral Response IBHIS Form (DO ONLY): Not Available Date Obsolete: 7/1/2026
MH 417 - Medication Treatment Authorization Request Form (TAR) IBHIS Form (DO ONLY): Not Available Date Obsolete: 8/1/2026

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- 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.
- All Contract Providers** must utilize clinical forms in a manner defined by the following designation of the clinical forms within the Clinical Forms Inventory.
 - 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.
 - Required Concept:** Must have a method of capturing the specific category of information indicated by the title and data elements of the form.
 - 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.

or Web Services Guide for a complete listing of electronic data transfer requirements.

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