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Announcements

The following Consent and Authorization forms are now available on-line in Russian, Korean, Kmer and Tagalog (Spanish and English are already available). Other languages are in the process of being translated and will be available soon!

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| • MH 500 - Consent for Services | • MH 556 - Outpatient Medication Review |
| • MH 528 - Consent to Photograph | • MH 646 - Caregivers Authorization Affidavit |
| • MH 625 - Consent for Telemental Health Services | • MH 635 - Advance Health Care Directive |

ADULT & CHILD/ADOLESCENT ASSESSMENT FORMS CLIENT CARE COORDINATION PLAN, TIER TWO CLINICAL TRANSFER, & OLDER ADULT FCCS REFERRAL FORM

REVISED FORMS AVAILABLE ON INTERNET
([Assessment](#), [Treatment Plan](#), [Referrals & Communication](#))

As a result of the findings of the recent State Chart Review, the development of the DMH electronic health record (for directly-operated providers), and the implementation of the Affordable Healthcare Act (ACA), the Quality Assurance (QA) Division has revised the **Adult Initial Assessment (MH 532)** and the **Child/Adolescent Initial Assessment (MH 533)**. All programs with the exception of those under the Emergency Outreach Bureau and Urgent Care Centers will be required to use the revised forms when assessing clients that require the opening of a new clinical record. Note: the ICARE (MH 645) may be used to assess clients 0-5 years of age and revised rules regarding the use of this form are noted later in this bulletin.

Effective immediately, the Adult Short Assessment (MH 678) and Child/Adolescent Assessment Short Format (MH 536) are discontinued. Results of the State Chart Review indicate that the Short Assessment forms contain insufficient prompts to adequately support the documentation of all required data elements.

Important Changes to the Revised Forms:

- Renamed to "FULL" Assessment (previously "INITIAL" Assessment)
- Added field for the assessing practitioner (rendering provider)
- Added field to list the names of people interviewed for the assessment (Adult form only)
- Reformatted prompts to be at the top of the field instead of the left margin (Child form only)
- Reordered sequence of sections and renamed section headers to maintain consistency across Child and Adult forms.
- Added checkboxes in several sections to identify the presence or absence of specific data elements including Psychiatric Hospitalizations, Outpatient Treatment, Special Education, Current Paid Employment, Military Service, and History of Mental Illness in Immediate Family
- Added section for Trauma or Exposure to Trauma
- Added section for Specialty Mental Health Services Medical Necessity verification

ADDITIONAL RESOURCES

For additional information regarding the changes mentioned in this Bulletin, please refer to QA Bulletin 14-02 and DMH Policy 104.09.





Implementation for Directly-Operated Providers:

Directly-Operated programs NOT in IBHIS should use the revised forms as of the date of this Bulletin. If in IBHIS, see the Organizational Providers Manual for information regarding the use of assessment forms.

Implementation for Contract Providers:

For **Contract Agencies**, the MH 532 and MH 533 are Required Data Elements-type* forms and should be implemented within 6 months of the date of this Bulletin. The required data elements can be found in the Organizational Providers Manual.

Policy 104.09 (a revision of Policy 104.9) removes the requirement for an Annual Assessment Update and replaces it with the requirement for an assessment minimally every three years (tri-annual assessment). Based on the revised policy, the **Adult Re-Assessment form (MH 713)** and **Child/Adolescent Re-Assessment form (MH 714)** have been developed. These new forms are to be used for clients requiring the tri-annual assessment, or for clients returning to treatment after terminating services (per Policy 202.30), or for clients returning to treatment after 180+ days of inactivity.

Important Information Regarding the Re-Assessment forms:

- The Full Assessment and any subsequent Addenda should always be used as a baseline when completing the form. The date(s) of previous assessments should be entered on the top of the form.
- Check boxes are provided in many of the sections to indicate whether updated information has been gathered.
- Staff are required to complete every section but may utilize the check box to signify that there are no updates since the previous assessment.

Implementation for Directly-Operated Providers:

Directly-Operated programs NOT in IBHIS should use the revised forms as of the date of this Bulletin. If in IBHIS, see the Organizational Providers Manual for information regarding the use of assessment forms.

Implementation for Contract Providers:

For **Contract Agencies**, the MH 713 and MH 714 are Required Data Elements-type* forms. The required data elements can be found in the Organizational Providers Manual.

MH 645 - ICARE

The ICARE Initial Assessment document was designed exclusively for the assessment of children ages birth to five years. **It should be used only if the assessing clinician has:**

1. Received a full-day DMH- or other-agency sponsored Infancy, Childhood & Relationship Enrichment (ICARE) Initial Assessment training,
- OR
2. Received a copy of the Los Angeles County Department of Mental Health Infancy, Childhood & Relationship Enrichment (ICARE) Initial Assessment Reference Manual; reviewed it with his or her supervisor; and committed to referring to the manual to complete each section of the assessment document.

If neither of these conditions are met, the clinician should complete the Child/Adolescent Full Assessment form for children ages birth to five years.

For supervisors of clinicians who provide mental health assessment to children ages birth to five, the supervisor must:

1. Have experience conducting 0-5 assessments and supervising clinicians on assessment and interpretation, and
2. Have reviewed the ICARE Reference Manual in its entirety, and
3. Have reviewed the ICARE Reference Manual with the supervisee.



The **Client Care Coordination Plan (MH 636)** has been revised to account for revisions in DMH Policy 104.09 and changes coming with the Affordable Healthcare Act (ACA).

Important Information Regarding the Revisions:

- Renamed to “CLIENT TREATMENT PLAN”
- Removed cycle date check boxes and replaced with Plan Date and Next Review Date
- Renamed the Objective “Effective Date” to “Assigning Date”
- Added check boxes for Day Treatment Intensive and Day Rehabilitation Types of Services
- Removed “Outcomes” and “Additional Client Contacts/Relationships”
- Removed the entire Coordination Page

Implementation for Directly-Operated Providers:

Directly-Operated programs NOT in IBHIS should use the revised form as of the date of this Bulletin.

Implementation for Contract Providers:

For **Contract Agencies**, the MH 636 is a Required Data Elements-type* of form and should be implemented within 6 months of the date of this Bulletin. The required data elements can be found in the Organizational Providers Manual.

The **Tier Two Clinical Transfer form (MH 707)** has been revised and renamed the Care Coordination Between Providers form. Revisions were made to increase the general utility and applicability of the form. As a result, the form may now be used by any provider/program/agency to communicate with any other provider/program/agency for the purpose of sharing or requesting information.

The MH 707 is an Optional-type* of form and should be implemented by Directly-Operated programs as of the date of this Bulletin. Specific instructions for the use of the form with health care providers are attached to this Bulletin.

The **Referral to FCCS form (MH 648A; DMH use only)** and **FCCS Referral Response form (MH 648B)** have been revised and placed on-line.

Important Information Regarding the Revisions:

- Form names changed to include “Older Adult” as these forms are only for use by older adult programs
- Updated the DMH Directly-Operated Clinics and Fax Numbers (MH 648A only)
- Added Race/Ethnicity, Preferred Language, and Insurance (MH 648A only)
- Changed format from NCR to PDF Fillable

OBSOLETE forms as of the date of this bulletin:

- MH 678 - Adult Short Assessment
- MH 536 - Child/Adolescent Assessment Short Format
- MH 637 - Annual Assessment Update
- MH 517 - Discharge Summary
- MH 530 - Transfer of Single Fixed Point of Responsibility
- MH 664 - Transfer of SFPR Memo

The Clinical Forms Inventory has been updated and placed on-line at (http://file.lacounty.gov/dmh/cms1_188062.pdf) in accord with the information in this Bulletin. If you have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Leadership Team	District Chiefs	Program Heads
TJ Hill - ACHSA	Nancy Butram - RMD	Judith Weigand- Compliance
Pansy Washington - Managed Care	Department QA Staff	QA Service Area Liaisons
Keepers of Records	Regional Medical Directors	

* See the Clinical Forms Inventory, Clinical Records Bulletin Edition 2011-03 and DMH Policy 104.08 for the definition of these types of forms.

**CARE COORDINATION BETWEEN PROVIDERS PROCESS
WHEN CLIENT NOT REFERRED BY HEALTH PROVIDER
(EXISTING DMH CLIENT OR SELF-REFERRED)**

Definition: Health Care Provider is a provider of health care (e.g. physician, nurse practitioner or physician's assistant) who provides services directly or through contract with LA Care/Beacon; Health Net/MHN or DHS. DHS providers may serve health plan members as well as persons with no health care coverage.

1) DMH evaluates client and determines client does not meet specialty mental health Medical Necessity Criteria (MNC):

A) If **Authorization to Release Information is not obtained**, no information is to be released to the client's health provider.

B) If **Authorization to Release information is obtained**, attach final page of the *Adult Initial Assessment Form* to the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

Please note:

Clinical Supervisor or Program Manager must confirm client no longer meets MNC by countersigning the *Care Coordination Between Providers Form*.

i) If client is a beneficiary of LA Care, FAX forms to Beacon at (866-422-3413).

ii) If client is a beneficiary of Health Net, FAX forms to MHN at (TBD).

iii) Please note: If in the opinion of the evaluating clinician, the client would benefit from individual or group therapy or psychiatric medication management, please note recommendation(s) on the *Care Coordination Between Providers Form*, even though client does not meet DMH MNC.

C) If a determination is made client does not meet specialty mental health MNC, ensure client is given a *Notice of Action Form*.

2) DMH evaluates client and determines client meets specialty mental health MNC:

A) If **Authorization to Release Information is not obtained**, no information is to be released to the client's health provider.

B) If **Authorization to Release information is obtained**, attach the final page of the *Adult Initial Assessment Form* to the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

i) If client is a beneficiary of LA Care, FAX forms to Beacon at (866-422-3413).

ii) If client is a beneficiary of Health Net, FAX forms to MHN at (TBD).

**CARE COORDINATION BETWEEN PROVIDERS PROCESS
WHEN CLIENT NOT REFERRED BY HEALTH PROVIDER
(EXISTING DMH CLIENT OR SELF-REFERRED)**

- 3) DMH provided and continues to provide specialty mental health services and requires information about services currently provided by the Health Provider, e.g. medical diagnosis(es), current medication regimen

-- or --

DMH needs to coordinate care with the Health Provider, e.g. client will be started on an anti-psychotic medication that may impact his/her health status:

- A) If **Authorization to Release Information is not obtained**, no information is to be released to the client's health provider.
- B) If **Authorization to Release information is obtained**, document request for information or information to be shared on the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:
- i) If client is a beneficiary of LA Care, FAX form to Beacon at (866-422-3413).
 - ii) If client is a beneficiary of Health Net, FAX form to MHN at (TBD).
- 4) Client received treatment, no longer meets MNC and requires referral back to Health Plan for medical services. Complete the referral back to the Health Plan and then follow A) or B):
- A) If **Authorization to Release Information is not obtained**, no information is to be released to the client's health provider.
- B) If **Authorization to Release information is obtained**, attach a *progress note* summarizing treatment and aftercare recommendation(s) to the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

Please note:

Clinical Supervisor or Program Manager must confirm client no longer meets MNC by countersigning the *Care Coordination Between Providers Form*.

- i) If client is a beneficiary of LA Care, FAX form to Beacon at (866-422-3413).
- ii) If client is a beneficiary of Health Net, FAX form to MHN at (TBD).
- iii) *Please note:* If in the opinion of the evaluating clinician, the client would benefit from individual or group therapy or psychiatric medication management though does not meet DMH MNC, please note recommendation(s) on the *Care Coordination Between Providers Form*.

CARE COORDINATION BETWEEN PROVIDERS PROCESS WHEN CLIENT IS REFERRED TO DMH BY HEALTH PROVIDER

Definition: Health Care Provider is a provider of health care (e.g. physician, nurse practitioner or physician's assistant) who provides services directly or through contract with LA Care/Beacon; Health Net/MHN or DHS. DHS providers may serve health plan members as well as persons with no health care coverage.

1) DMH evaluates client and determines client does not meet specialty mental health Medical Necessity Criteria (MNC):

A) Complete *Care Coordination Between Providers Form*.

i) Clinical Supervisor or Program Manager must confirm client does not meet MNC by countersigning the *Care Coordination Between Providers Form*.

ii) If **Authorization to Release Information is not obtained**, you may acknowledge having evaluated client and client does not meet MNC. If in opinion of evaluating clinician, client would benefit from individual or group therapy or psychiatric medication management, please note recommendation(s) on *Care Coordination Between Providers Form*, even though client does not meet DMH MNC. No additional information is to be provided.

a) If client is a beneficiary of LA Care, FAX form to Beacon at (866-422-3413).

b) If client is a beneficiary of Health Net, FAX form to MHN at (TBD).

iii) If **Authorization to Release information is obtained**, attach final page of the *Adult Initial Assessment Form* to the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

a) If client is a beneficiary of LA Care, FAX forms to Beacon at (866-422-3413).

b) If client is a beneficiary of Health Net, FAX forms to MHN at (TBD).

c) Please note: If in the opinion of the evaluating clinician, client would benefit from individual or group therapy or psychiatric medication management, please note recommendation(s) on the *Care Coordination Between Providers Form*, even though client does not meet DMH MNC.

d) Please note: Ensure any information provided to Health Care Provider is covered in the *Authorization to Release Information*.

B) If a determination is made that client does not meet specialty mental health MNC, ensure client is given a *Notice of Action Form*.

2) DMH evaluates client and determines client meets specialty mental health MNC:

A) Complete *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

i) If **Authorization to Release Information is not obtained**, you may acknowledge having evaluated client and that client does meet MNC. No additional information is to be provided.

a) If client is a beneficiary of LA Care, FAX form to Beacon at (866-422-3413).

b) If client is a beneficiary of Health Net, FAX form to MHN at (TBD).

CARE COORDINATION BETWEEN PROVIDERS PROCESS WHEN CLIENT IS REFERRED TO DMH BY HEALTH PROVIDER

ii) If **Authorization to Release information is obtained**, attach final page of *Adult Initial Assessment Form* to the *Care Coordination Between Providers Form* and forward to Health Care Provider as follows:

- a) If client is a beneficiary of LA Care, FAX forms to Beacon at (866-422-3413).
- b) If client is a beneficiary of Health Net, FAX forms to MHN at (TBD).
- c) Please note: Ensure any information provided to the Health Care Provider is covered in the *Authorization to Release Information*.

3) DMH provided and continues to provide specialty mental health services and requires information about services currently provided by Health Provider, e.g. medical diagnosis(es), current medication regimen;

-- or --

DMH needs to coordinate care with Health Provider, e.g. client will be started on an anti-psychotic medication that may impact his/her health status:

A) Complete *Care Coordination Between Providers Form* including information requested or information to be shared. Authorization to Release Information should be obtained; however you are permitted to share the minimum amount of information necessary to effectively coordinate care among health care providers, even in the absence of an Authorization to Release Information. The sharing must be consistent with health care provider's Notice of Privacy Practices.

i) If client is a beneficiary of LA Care:

- a. Contact assigned primary care provider located on the LA Care member ID card, or
- b. If you are not certain who the primary care provider is, call LA Care at (866) 522-2736 to identify assigned primary care provider and obtain the primary care provider's contact information.

ii) If client is a beneficiary of Health Net:

- a. Contact assigned primary care provider, or
- b. If you are not certain who primary care provider is, call Health Net at (TBD) to identify assigned primary care provider and obtain the primary care provider's contact information.

4) Client received treatment and no longer meets MNC and is referred back to Health Plan:

Please note: Clinical Supervisor or Program Manager must confirm client no longer meets MNC by countersigning the *Care Coordination Between Providers Form*.

A) Complete *Care Coordination Between Providers Form* and attach a *progress note* summarizing treatment and aftercare recommendation(s) once authorization is obtained and forward to Health Care Provider. If there is no Authorization to Release Information, you are permitted to advise the health provider that client no longer meets MNC.

- a) If client is a beneficiary of LA Care, FAX forms to Beacon at (866-422-3413)

**CARE COORDINATION BETWEEN PROVIDERS PROCESS
WHEN CLIENT IS REFERRED TO DMH BY HEALTH PROVIDER**

- b) If client is a beneficiary of Health Net, FAX forms to MHN at (TBD).
- c) Please note: If in the opinion of the evaluating clinician, the client would benefit from continuing individual or group therapy or psychiatric medication management though does not meet DMH MNC, please note recommendation(s) on the *Care Coordination Between Providers Form*.