

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.

UPDATED FORM(S):

MH 726 – Notice of Action (Assessment)

IBHIS Form (DO ONLY): Notice of Action Letters
 Revision Date: 01/01/18
 Type of Form (LE ONLY): Notice of Action (Assessment)
 Implementation: For DO: immediately
 For LE: 01/01/18

PURPOSE:

- For staff and practitioners to have a standardized Medi-Cal Notice of Action Form to provide to Medi-Cal beneficiaries when it is determined that the beneficiary does not meet the medical necessity criteria after completion of the mental health assessment.

KEY REVISIONS:

- Added “Client ID#” field to allow practitioners to provide any client ID numbers from either the Integrated System (IS) or Integrated Behavioral Health Information System (IBHIS).
- Added “Provider Name” and “Provider ID” fields to allow Legal Entity practitioners to provide the name and provider number of their programs.
- Legal Entity Providers will be sending copies of NOA-A forms to LACDMH Patient’s Rights Office. Patient’s Rights’ staff will be entering data into IBHIS for tracking and reporting.

MH 727 – Notice of Action (Lack of Timely Service)

IBHIS Form (DO ONLY): Notice of Action Letters
 Revision Date: 01/01/18
 Type of Form (LE ONLY): Notice of Action (Lack of Timely Service)
 Implementation: For DO: immediately
 For LE: 01/01/18

PURPOSE:

- For staff and practitioners to have a standardized Medi-Cal Notice of Action Form to provide to Medi-Cal beneficiaries when it is determined that the beneficiary was not provided timely access to mental health services as stated in LACDMH Policy 302.07 Access to Care.

KEY REVISIONS:

- Added “Client ID#” field to allow practitioners to provide any client ID numbers from either the Integrated System (IS) or Integrated Behavioral Health Information System (IBHIS).
- Added “Provider Name” and “Provider ID” fields to allow Legal Entity practitioners to provide the name and provider number of their programs.
- Added the following list of possible services requested by the beneficiary or on behalf of the beneficiary:
 - Routine initial clinical appointment
 - Routine medication appointment
 - Expedited initial clinical appointment after discharge from an acute inpatient facility, jail, or juvenile justice facility
 - Rescheduled initial clinical appointment due to unavoidable circumstances at the provider
 - Rescheduled initial clinical appointment due to beneficiary cancelling initial appointment beforehand
 - Reschedule initial clinical appointment due to beneficiary not keeping the initial appointment
 - Other
- Removed comment about certifying that copy of NOA-E was sent/faxed to LACDMH Patient’s Rights Office
- Legal Entity Providers will be sending copies of NOA-E forms to LACDMH Patient’s Rights Office. Patient’s Rights’ staff will be entering data into IBHIS for tracking and reporting.

OBSOLETE FORMS(S): None at this time

NEW 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*

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