NO 20-01 CLINICAL FORMS BULLETIN 2/20/20

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 FORM(S):

MH 737 – Walk-In Request for Services

IBHIS Form (DO ONLY):	Service Request Log
Implementation Date:	2/20/2020
Type of Form (LE ONLY):	N/A
Implementation:	For DO: Immediately for programs opting to use it LE: N/A

PURPOSE:

- For programs opting to use it, this is a form that can be used for potential clients who walk into provider sites requesting mental health services. This form allows potential clients to fill-out Universal Screening questions while in the waiting room. Staff can then enter the information from this form electronically into the Service Request Log.

REFERENCES/INSTRUCTIONS:

- Potential clients fill out the first page of the form. Staff complete the disposition and appointment information on the second page of the form.
- Information gathered from this form will be entered electronically into the Service Request Log.

MH 738 – Disclosure of Physician Probation Status

IBHIS Form (DO ONLY):	N/A
Revision Date:	2/20/20
Type of Form (LE ONLY):	Ownership
Implementation:	For DO: Immediately For LE: N/A

PURPOSE:

- To inform clients that a physician is on probation, provide the physician's probationary information, and the contact number for the Medical Board of California. This is in accord with California Senate Bill 1448, the Patient's Right to Know Act.

REFERENCES/INSTRUCTIONS:

- Refer to Policy 201.04 Disclosure of Licensee Probation Status to Clients
- Physicians shall notify their clients, or client's guardian, that they are on probation using the Disclosure of Physician Probation Status form prior to the client's first visit following the probationary status.

UPDATED FORM(S):

MH 645 – Infancy, Childhood, & Relationship Enrichment Initial Assessment (ICARE)

IBHIS Form (DO ONLY):	Age 0-5 ICARE Full Assessment
Revision Date:	2/20/20
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 2/20/20 For LE: N/A

IMPORTANT: No changes have been made to the required data elements needed for a new client assessment. This form is considered to be a comprehensive tool for assessing the 0-5 population and goes beyond state and federal required data elements. Updates and changes were made to account for using the DC: 0-5 Manual. Practitioners must be trained in using the ICARE form.

Reminder: *For LE Providers, required elements are in CAPITALIZED BOLD LETTERS*

For questions regarding ICARE and DC: 0-5 trainings, please contact **FCPTrainings@dmh.lacounty.gov**

KEY REVISIONS TO PAPER FORM:

- Added the following fields:
  - Special Services Needs
  - Within Primary Caregiver and Contact Information section, added a field for "Date Finalized" under the option of Adoptive
  - Mental Health History/ Risks section
  - Substance Exposure/Parental Substance Use
  - Under Physical Status/Medical History section:
    - Option for Public Health Nurse as a Source of Information
    - Options for Colic, Glasses/Vision, Endocrine Problems, Sensory/Motor Impairment, Dental, and Cancer
  - Questions related to the Ages and Stages Questionnaire under Developmental Assessment Tools and Results section
  - Regional Center Services section
  - Fields to capture if a client is homeless and estimated onset date of homelessness

  - Under Child Abuse and Protective Services Information, questions for DCFS or Police Intervention and current visitation/involvement
  - Field for Relationship Between Caregivers under Behavioral Observation and Interview w/ Caregiver
  - Fields to capture Risk to Self/Others, Muscle Tone, Play, and Unusual Behaviors under Mental Status
- Removed the following fields:
  - Impairments in Life Functioning within Reason for Referral/Chief Concern section
  - History of Problem
  - Additional Problem Area
  - Capacities for Emotional and Social Functioning section
  - Specialty Mental Health Services Medical Necessity criteria section
- Re-worded the following fields to better prompt practitioners and align with DC: 0-5:
  - Presenting Problem(s): Type of help family is hoping to receive
  - History of Medical Procedures and/or Hospitalizations (NICU, surgeries) and the impact on the child/dyad/family
  - Changed "natural" to "vaginal" under Type of Birth
  - Provided examples under Prenatal Complications/Concerns
  - Provided examples under Postpartum Psychiatric Problems
  - Mother/Caregiver Perceptions of Pregnancy and Birth
  - Provided more examples under Feeding, Sleeping Patterns, and Temperament/Regulation sections
  - Changed "Child Care/Early Intervention/Preschool Services" header to "Psychosocial History"
  - Child Abuse and Protective Services Information
  - Observed Caregiver – Child Interaction section
  - Socio-Emotional/Mood/Affect and Thought Content fields under Mental Status
  - Clinical Formulation and Diagnostic Justification
- Moved the following sections to improve workflow of how assessment information is gathered:
  - Psychosocial History section after Developmental Milestones
  - Family Visitation and Involvement Plan under Child Abuse and Protective Services Information section
  - Mental Status section after Behavioral Observations and Interview w/ Caregiver section
  - Strengths field to the end of the form before the Clinical Formulation
- Expanded the Medications section to include dosage/frequency, period taken, effectiveness, response, side-effects, and reactions
- Updated DC: 0-5 Diagnosis Section

For <u>Directly Operated providers</u>, additional changes to the form in IBHIS include:

- Changed date fields to free text fields
- Unrequired allergies field
- Added multi-iteration table for Medications
- Added links to Outside Providers, Pediatric Symptom Checklist, and Notice of Action Letters on the left side of the assessment
- Added a lightbulb for the Ages and Stages Questionnaire to assist with scoring
- Added functionality to launch the Diagnosis form

MH 501 – Diagnosis Information

IBHIS Form (DO ONLY):	Diagnosis
Implementation Date:	N/A
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: N/A For LE: N/A

PURPOSE: Historically, the Diagnosis Information form was used as a method of recording the diagnosis to be entered into the Integrated System (IS) for claiming purposes. Now that providers have electronic systems, there is no need for the Diagnosis Information form. LACDMH is retaining the paper form to be used by Directly Operated providers in the case of downtime procedures when the diagnosis needs to be recorded along with the Crisis Evaluation Progress Note or a Medication Note. If the diagnosis is recorded on an Assessment form, there is no need for the Diagnosis Information form.

REVISIONS:

- Simplified options for Type of Diagnosis to Admission Diagnosis and Update Diagnosis
- Added Date of Diagnosis
- Removed any information regarding entering diagnoses into the IS
- Under Current Diagnosis,
  - Added option for Tertiary

  - Changed "Code" to "ICD-10 Code"
  - Changed "Nomenclature" to "DSM5 Description"
- Changed "Justification" to "Remarks" section and removed checkboxes
- Added CSI questions for Trauma, Substance Abuse/Dependence and Diagnosis, and General Medical Condition(s)

OBSOLETE FORMS(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

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