

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 755 – Child and Adolescent Needs and Strengths 0-5 (CANS 0-5) LA County DMH Version

| | |
|--------------------------------|---|
| IBHIS Form (DO ONLY): | Child Adolescent Needs Strengths Age 0 to 5 (CANS 0 to 5) |
| Implementation Date: | 2/5/21 |
| Type of Form (LE ONLY): | N/A |
| Implementation: | For DO: 2/5/21 For LE: N/A |

PURPOSE:

- The CANS 0-5 is a multi-purpose tool developed to support decision-making, including level of care and service planning for children ages 0 to 5. The CANS was developed to facilitate linkage between the assessment process and individualized treatment planning. It can also be used to facilitate communication and consensus among treatment team members and other professionals who are jointly working with a child and his/her family.
- The CANS 0-5 can also be used to satisfy the requirement to conduct a TCM needs evaluation for clients ages 0-5 who are receiving TCM services. Refer to [QA Bulletin 20-06](#) more information about the TCM Needs Evaluation requirement.

REFERENCES/INSTRUCTIONS:

- When completing any version of the CANS, a practitioner must be certified by the PRAED Foundation and that practitioner must also be re-certified annually. Any practitioner can be certified through PRAED. There is no separate CANS 0-5 certification.
- Refer to [Clinical Forms Bulletin 19-03](#) regarding when to complete an Initial, Reassessment, and Discharge CANS as the CANS 0-5 has the same timeframes and requirements. Refer to the [CANS Training webpage](#) for any training information.
- An Administrative Close CANS 0-5 is selected in situations when providers are unable to complete the CANS at the required times. When this option is selected, one of the following reasons for the Administrative Close must also be selected:
 - Client not available/assess only
 - Client/Caregiver declined to participate
 - Other
 If a CANS is done after an Administrative Close, the first subsequent CANS must be marked as an “Initial” CANS.
- An Urgent CANS 0-5 is selected when there is a need for a reassessment CANS prior to the due date of the reassessment. Examples of this include significant changes in the child’s life such as placement disruptions or significant changes in the child’s behavior.
 - Completion of an Urgent CANS does not change the due date of the next CANS. A Reassessment CANS must still be completed every 6 months from the previous Reassessment or Initial CANS.
- Once a client turns 6 years old, providers must switch to using the CANS-IP. The first CANS-IP must be marked as an “Initial” CANS. Providers are encouraged to complete a CANS 0-5 Discharge before doing the Initial CANS-IP, however it is not required.

NOTE: Legal Entities do not need to submit the CANS 0-5 to the Department through the EPSDT application or the LE Web Services.

UPDATED FORM(S):

MH 735 – Child and Adolescent Needs and Strengths Integrated Practice (CANS-IP) LA County DMH Version

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|--------------------------------|---|
| IBHIS Form (DO ONLY): | Child and Adolescent Needs and Strengths |
| Revision Date: | 2/5/21 |
| Type of Form (LE ONLY): | Required Data Elements |
| Implementation: | For DO: 2/5/21 For LE: within 6 months |

REVISIONS:

- The following fields have been added to the CANS-IP:
 - Assessment Types for Administrative Close and Urgent
 - Administrative Close Reasons
 - Questions to satisfy the requirement of a TCM Needs Evaluation were added on page 3 to help providers determine a client’s areas of needs and strengths

REFERENCES/INSTRUCTIONS:

- Refer to [Clinical Forms Bulletin 19-03](#) regarding when to complete an Initial, Reassessment, and Discharge CANS. Refer to the [CANS Training webpage](#) for any training information.

- An Administrative Close CANS 0-5 is selected in situations when providers are unable to complete the CANS at the required times. When this option is selected, one of the following reasons for the Administrative Close must also be selected:
 - Client not available/assess only
 - Client/Caregiver declined to participate
 - Other
 If a CANS is done after an Administrative Close, the first subsequent CANS must be marked as an “Initial” CANS.
- An Urgent CANS IP is selected when there is a need for a reassessment CANS prior to the due date of the reassessment. Examples of this include significant changes in the child’s life such as placement disruptions or significant changes in the child’s behavior.
 - Completion of an Urgent CANS does not change the due date of the next CANS. A Reassessment CANS must still be completed every 6 months from the previous Reassessment or Initial CANS.

Note: The EPSDT application and LE Web Services will be updated to include the two new assessment types.

MH 736 – Pediatric Symptom Checklist 35 (PSC-35)

IBHIS Form (DO ONLY): Pediatric Symptom Checklist PSC 35

Revision Date: 2/5/21

Type of Form (LE ONLY): Required Data Elements

Implementation: For DO: 2/5/21
For LE: within 6 months

REVISIONS:

- The following fields have been added to the PSC-35:
 - Assessment Types for **Administrative Close** and **Urgent**
 - Administrative Close Reasons

REFERENCES/INSTRUCTIONS:

- Refer to [Clinical Forms Bulletin 19-03](#) regarding when to complete an **Initial**, **Reassessment**, and **Discharge** PSC.
- An **Administrative Close PSC-35** is selected in situations when providers are unable to complete the PSC-35 at the required times. When this option is selected, one of the following reasons for the Administrative Close must also be selected:
 - Client not available/assess only
 - Client/Caregiver declined to complete
 - Other
 If a PSC-35 is done after an Administrative Close, the first subsequent PSC-35 must be marked as an “Initial” PSC-35.
- An **Urgent PSC-35** is selected when there is a need for a reassessment CANS prior to the due date of the reassessment. Examples of this include significant changes in the child’s life such as placement disruptions or significant changes in the child’s behavior.
 - Completion of an Urgent PSC-35 does not change the due date of the next PSC-35. A Reassessment PSC-35 must still be completed every 6 months from the previous Reassessment or Initial PSC-35.

Note: The EPSDT application and LE Web Services will be updated to include the two new assessment types.

MH 718 – Service Request Log (SRL)

IBHIS Form (DO ONLY): Service Request Log

Revision Date: 2/5/21

Type of Form (LE ONLY): Required Data Elements

Implementation: For DO: 2/5/21
For LE: N/A

REVISIONS:

- The SRTS Reference Number fields has been removed. An SRL is not required when an SRTS has already been completed.
- The following fields have been added:
 - Disposition option for **Initiated Outreach & Engagement**
 - Fields to capture the dates of the 2nd and 3rd offered appointments for both non-medication and medication appointments. Completing these fields are optional.

Note: The SRTS is being updated to reflect these changes

REFERENCES/INSTRUCTIONS:

- Refer to QA Bulletins [14-03](#) and [17-01](#) that requires that all Service Request Logs to be captured electronically, making the paper version obsolete. This paper SRL form is meant to serve as an illustration of the SRL and the necessary data elements.
- **Initiated Outreach & Engagement** would be selected as a disposition in situations when a potential client is not ready to accept an appointment for mental health services, and the provider will provide outreach and engagement activities rather than providing the potential client with an intake or initial medication appointment.
- For Access to Care and Network Adequacy updates, refer to the [Access to Care webinar page](#) for up-to-date information.

MH 744 – Supplemental Intensive Home Based Services (IHBS) Assessment

IBHIS Form (DO ONLY): N/A
Revision Date: 2/2/21
Type of Form (LE ONLY): Required Data Elements
Implementation: For DO: 2/2/21
 For LE: 2/2/21

REVISIONS:

- Removed statement regarding client needing Full Scope Medi-Cal for IHBS
- Added fields to capture the referring provider’s contact information in case there are questions regarding the pre-authorization request
- Added a statement to Target Population Criteria to ensure it is clear the criteria are used as guidance regarding target population for IHBS services and not as a requirement of eligibility

MH 745 – Supplemental Therapeutic Foster Care (TFCS) Assessment

IBHIS Form (DO ONLY): N/A
Revision Date: 2/2/21
Type of Form (LE ONLY): Required Data Elements
Implementation: For DO: 2/2/21
 For LE: 2/2/21

REVISIONS:

- Removed statement regarding client needing Full Scope Medi-Cal for TFCS
- Added fields to capture the referring provider’s contact information in case there are questions regarding the pre-authorization request
- Added a statement to Target Population Criteria to ensure it is clear the criteria are used as guidance regarding target population for TFCS services and not as a requirement of eligibility

MH 636 – Annual Client Treatment Plan

IBHIS Form (DO ONLY): DMH Treatment Plan
Revision Date: 2/5/21
Type of Form (LE ONLY): Required Data Elements
Implementation: For DO: 2/5/21
 For LE: within 6 months

REVISIONS:

- Revisions were done to align with the requirements for an “Annual” Client Treatment Plan identified in the Organizational Providers Manual
- Added fields to specify Plan Date and Plan End Date
- Within the Objective section,
 - Replaced statement about objectives to match current Organizational Providers Manual language
 - Removed “Assigning Date”
- Within the Clinical Interventions section,
 - Added ICC, IHBS, and TFC under Type of Service to select
 - Replaced options for “Trans Res” and “Long-Term Res” with “Adult Res”
 - Added fields for Proposed Frequency and Duration
- Changed Family Involvement section to an open text field
- Created more Objective and Intervention fields so that practitioners can enter more than two of each
- Simplified Signature section by removing instructions which can be found in the Organizational Providers Manual as well as the multiple signature blocks. The signature section will apply to all objectives on the Annual Client Treatment Plan.

MH 636A – Update Client Treatment Plan

IBHIS Form (DO ONLY): DMH Treatment Plan
Revision Date: 2/5/21
Type of Form (LE ONLY): Required Data Elements
Implementation: For DO: 2/5/21
 For LE: within 6 months

REVISIONS:

- Revisions were done to align with the requirements for an “Update Client Treatment Plan” identified in the Organizational Providers Manual
- Added statement to refer to the Annual Client Treatment Plan for plan dates since an Update Client Treatment Plan does not change the plan dates
- Added a field to indicate if the Client Long Term Goals remains the same or is being updated
- Within the Objective section,
 - Replaced statement about objectives to match current Organizational Providers Manual language
 - Removed “Assigning Date”
 - Added fields to indicate if the objective is an update to an existing objective or a new objective
- Under Clinical Interventions section,
 - Added ICC, IHBS, and TFC under Type of Service to select
 - Replaced options for “Trans Res” and “Long-Term Res” with “Adult Res”
 - Added fields for Proposed Frequency and Duration
- Changed Family Involvement section to an open text field
- Created more Objective and Intervention fields so that practitioners can enter more than two of each
- Simplified Signature section by removing instructions which can be found in the Organizational Providers Manual as well as the multiple signature blocks. The signature section will apply to all objectives on the Update Client Treatment Plan.

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 Unit. 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