NO 15-05   CLINICAL FORMS BULLETIN   09/09/15

The following Clinical Forms have been created, updated or discontinued and the Clinical Forms Inventory has been updated accordingly.

NEW FORM(S): None at this time

UPDATED FORMS(S):

MH 533 – Child/Adolescent Full Assessment

IBHIS Form (DO ONLY):	Child/Adolescent Full Assessment
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

MH 532 – Adult Full Assessment

IBHIS Form (DO ONLY):	Assessment Addendum
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

Key Revisions:
- Added reference to Columbia Suicide Risk Severity Scale (for DO only; additional information coming soon) under Mental Health History
- Added prompt and check boxes for Self-Harm under Mental Health History
- Replaced Five Axis DSM Diagnosis with ICD code and diagnosis (nomenclature)

MH 714 – Child/Adolescent Re-Assessment

IBHIS Form (DO ONLY):	Adult Full Assessment
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

MH 713 – Adult Re-Assessment

IBHIS Form (DO ONLY):	Adult Assessment Addendum
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

Key Revisions
- Added prompt for Suicidal/Homicidal Thoughts/Attempts and reference to Columbia Suicide Risk Severity Scale (for DO only; additional information coming soon) under Mental Health History
- Added prompt for Self-Harm and Trauma under Mental Health History
- Replaced Five Axis DSM Diagnosis with ICD code and diagnosis (nomenclature)

MH 501 – Diagnosis Information

IBHIS Form (DO ONLY):	Diagnosis
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

Key Revisions:
- Replaced Five Axis DSM Diagnosis with ICD code and diagnosis (nomenclature)

MH 224OO – Open Outpatient Episode

IBHIS Form (DO ONLY):	N/A
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

MH 224CO – Close Outpatient Episode

IBHIS Form (DO ONLY):	N/A
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

Key Revisions:
- Replaced Five Axis DSM Diagnosis with Primary and Secondary ICD Diagnosis

MH 224OI – Open Inpatient Episode

IBHIS Form (DO ONLY):	N/A
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

Key Revisions:
- Replaced Five Axis DSM Diagnosis with Primary and Secondary ICD Diagnosis

MH 224CO – Close Inpatient Episode

IBHIS Form (DO ONLY):	N/A
Revision Date:	10/1/15
Type of Form (LE ONLY):	Required Data Elements
Implementation:	10/1/15

OBSOLETE FORM(S): None at this time

If you have any questions regarding this Bulletin, please contact your SA Liaison.

c: Executive Management Team	Judith Weigand, Compliance Program Office	Nancy Butram, Central Business Office
District Chiefs	Program Heads	Department QA staff
Pansy Washington, Managed Care	QA Service Area Liaisons	

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 *("Required" form type has been eliminated. All "Required" forms are now "Required Data Element" forms.)*
   b. Required Concept *(Formerly "Optional")*: 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 (Note: Policy 401.02 is being revised to reflect the above information)