

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 532 – Adult Full Assessment

IBHIS Form (DO ONLY): Adult Full Assessment
 Revision Date: 10/01/17
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/01/17
 For LE: 6 months from the date of this Bulletin

KEY REVISIONS:

- Added Columbia Suicide Screening questions and question regarding self-harm under Reason for Referral and Chief Complaint (*Not required for LE providers; refer to Organizational Providers Manual for a complete list of required data elements*)
- Removed reference to Co-Occurring Joint Action Council Screening Form and replaced with new alcohol and drug screening questions. Added an Assessment/Additional Information section to further assess for drug and alcohol use if a positive screening is indicated. (*Not required for LE providers; refer to Organizational Providers Manual for a complete list of required data elements*).
- Added EPSDT Medical Necessity criteria under the Specialty Mental Health Services Medical Necessity Criteria section.
- For LE Providers, put required elements in **CAPITALIZED BOLD LETTERS**

MH 533 – Child Adolescent Full Assessment

IBHIS Form (DO ONLY): Child Adolescent Full Assessment
 Revision Date: 10/01/17
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/01/17
 For LE: 6 months from the date of this Bulletin

KEY REVISIONS:

- Added Columbia Suicide Screening questions and question regarding self-harm under Reason for Referral and Chief Complaint. (*Not required for LE providers; refer to Organizational Providers Manual for a complete list of required data elements*).
- Removed reference to Co-Occurring Substance Use Child Screening Instrument Form and replaced with new child/adolescent drug and alcohol screening questions. Added an Assessment/Additional Information section to further assess for drug and alcohol use if a positive screening is indicated. (*Not required for LE providers; refer to Organizational Providers Manual for a complete list of required data elements*).
- Removed reference to Parent/Caregiver Questionnaire and replaced with a Parent/Caregiver Comments/Concerns section to add information obtained from the parent/caregiver. (*Not required for LE providers; refer to Organizational Providers Manual for a complete list of required data elements*).
- Added EPSDT Medical Necessity criteria under the Specialty Mental Health Services Medical Necessity Criteria section.
- For LE Providers, put required elements in **CAPITALIZED BOLD LETTERS**

MH 645 – Infancy, Childhood, and Relationship Enrichment Initial Assessment (for 0-5)

IBHIS Form (DO ONLY): Age 0-5 ICARE Assessment
 Revision Date: 10/01/17
 Type of Form (LE ONLY): Required Data Elements
 Implementation: For DO: 10/01/17
 For LE: 6 months from the date of this Bulletin

KEY REVISIONS:

- Added EPSDT Medical Necessity criteria under the Specialty Mental Health Services Medical Necessity Criteria section.
- For LE Providers, put required elements in **CAPITALIZED BOLD LETTERS**

OBSOLETE FORMS(S):**MH 633 – Supplemental Co-Occurring Disorders Assessment**

IBHIS Form (DO ONLY):	Adult Substance Use/Abuse Assessment
Date Obsolete:	10/01/17
Type of Form (LE ONLY):	Required Data Elements

MH 659 – Co-Occurring Joint Action Council (COJAC) Screening Instrument

IBHIS Form (DO ONLY):	Questions contained in Adult Full Assessment
Date Obsolete:	10/01/17
Type of Form (LE ONLY):	Required Data Elements

MH 553 – Child/Adolescent Supplemental Co-Occurring Disorders Assessment

IBHIS Form (DO ONLY):	Child Substance Use/Abuse Assessment
Date Obsolete:	10/01/17
Type of Form (LE ONLY):	Required Data Elements

MH 554 – Co-Occurring Substance Use Child Screening Instrument

IBHIS Form (DO ONLY):	Questions contained in Child/Adolescent Full Assessment
Date Obsolete:	10/01/17
Type of Form (LE ONLY):	Required Data Elements

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.

- 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.
- All Contract Providers must utilize clinical forms in a manner defined by the designation of the clinical form within the Clinical Forms Inventory.
 - 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 Concept: Must have a method of capturing the specific category of information indicated by the title and data elements of the form
 - 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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