

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 679 Mental Health Triage

IBHIS Form (DO ONLY): Mental Health Triage

Revision Date: 08/13/18

Type of Form (LE ONLY): Required Concept

Implementation: For DO: 8/13/18  
For LE: NA

**KEY REVISIONS:**

Form was revised and simplified in order to support the purpose of triage to determine how soon an individual needs to be seen for an assessment.

It is not necessary to complete every question on the form, only those needed to determine how quickly the individual needs to be seen.

This form can be used for both adult and child potential clients.

Revised sections include:

- Modified “I. Initial Contact Data” by removing “Individual Resides With,” “Household Constellation (adults/children/pets),” “Referral Source (list contact info if available),” “Individual is responsible for,” “If dependent(s), specify age and any disability,”
- Replaced “II. Special Service Needs” with “II. Current Risk and Safety Concerns”
  - Added suicide screening questions and self-harm question
  - Added additional options under “Other Safety/Risk Factors”
- Replaced “III. Reason for Referral/Chief Complaint/Presenting Situation” with “III. Details About the Above section” and added the following fields:
  - Relevant information about the above that assists in determining how quickly the person needs to be seen
  - Current Medication including non-psychiatric (include pertinent information such as medication names, compliance, and effects of discontinuation if applicable)
  - If currently on psychiatric medications, how long is the supply good for?
- Removed “IV. Psychiatric History”
- Replaced “VI. Summary/Disposition (only to be completed if above information completed by Non-AMHD or over the phone)” with “VI. Disposition” and made slight modifications to the disposition titles for clarity
- Removed “VII. Mental Status”
- Removed “VIII. Clinical Summary/Disposition”

**MH 525 Contact Information**

IBHIS Form (DO ONLY):	Client Contacts Outside Providers
Revision Date:	08/13/18
Type of Form (LE ONLY):	Required Concept
Implementation:	For DO: 08/13/18 For LE: NA

**KEY REVISIONS:**

The paper form was revised to capture similar elements found on both Client Contacts and Outside Providers forms in IBHIS for Directly Operated Providers.

- Changed heading from “Significant Contacts” to “Client Contacts”
- Added column to indicate if contact is an emergency contact
- Added column to enter in email addresses of all contacts
- Added options under “Relationship to Client”
- Changed heading from “Legal Numbers” to “Outside Providers”
- Added the following columns to capture contact information about Outside Providers:
  - Outside Provider Type/Agency
  - Outside Provider Name/Title
  - Medical Record Number
  - Outside Provider Address/Phone Number
  - Outside Provider Email Address

Note: There are no changes to the Client Contacts form in IBHIS. The Outside Providers form will be available to Directly Operated providers in IBHIS on Monday, August 13, 2018 and will be used to capture contact information for Outside Providers.

**NEW FORM(S): NONE****OBSOLETE FORMS(S):**

**MH 680 – Child Mental Health Triage:** The MH 679 Mental Health Triage form should now be used for both adults and children

*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: Director’s Management Team  
Program Managers I, II, III  
Department QA staff  
QA Service Area Liaisons  
Legal Entity Executive Management  
Legal Entity QA Contacts

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