

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

IBHIS Form (DO ONLY):	Child and Adolescent Needs and Strengths (CANS-IP)
Date:	7/1/19
Type of Form (LE ONLY):	Required Data Elements
Implementation:	7/1/19

#### PURPOSE:

- The CANS is a multi-purpose tool developed to support decision-making, including level of care and service planning.
- The CANS was developed to facilitate the linkage between the assessment process and individualized treatment planning.
- The CANS can 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.
- Each item on the CANS suggest different pathways for treatment planning.
- Department of Health Care Services (DHCS) has selected the CANS-50 to measure child and youth functioning, however LACDMH will be requiring the CANS-IP to best support DCFS who are required to use the CANS-IP. The CANS-IP includes additional trauma and risk questions and allows for the capture of additional caregiver resources and needs.

#### REFERENCES/INSTRUCTIONS:

- A practitioner must be certified by the PRAED Foundation in order to complete the CANS-IP. Any practitioner can be certified. Practitioners must be re-certified annually through the PRAED Foundation.
- **Initial CANS-IP**
  - An **Initial CANS-IP** must be completed when:
    - A New Client Assessment (e.g. Adult Full Assessment, Child Adolescent Full Assessment, and ICARE) or Returning Client Assessment (e.g. Adult Re-Assessment, Child/Adolescent Re-Assessment) is given for all clients between the ages of 6 and 21 OR
    - An existing client turns 6 years old. LACDMH recommends that when a client turns 6 years of age, the **Initial CANS-IP** is done the next time the **Reassessment PSC-35** is done in order for both tools to be on the same schedule (see PSC-35 instructions below).
  - LACDMH recommends that the same practitioner who completed the assessment also complete the **Initial CANS-IP**.
  - Any previously completed CANS-IP provided by other providers should be used as a baseline for the **Initial CANS-IP** and updated as needed.
- **Reassessment CANS-IP**
  - After the Initial CANS-IP is completed, a **Reassessment CANS-IP** must be completed every 6 months throughout the client's treatment. A **Reassessment CANS-IP** should be completed during the service closest to the 6-month mark. DHCS will not accept a Reassessment CANS-IP if it has been completed more than 2 months prior to or 2 months after the 6-month mark.
  - The **Reassessment CANS-IP** should be completed based on information gathered over the past 6 months of services and connected to a service provided to the client or family at a time near the 6-month mark (e.g. individual therapy).
  - If multiple providers are providing treatment services to the client, only one provider needs to complete the **Reassessment CANS-IP**.
  - All providers treating the client should be involved in providing information to inform the CANS-IP.
- **Discharge CANS-IP**
  - At the end of treatment, a **Discharge CANS-IP** must be completed.
  - Completing the **Discharge CANS-IP** should be linked to the discharge planning service.
- A CANS-IP is not required in the following situations:
  - A client only receives crisis intervention services (e.g. the Crisis Evaluation Progress Note was completed)
  - A client or potential client only receives indirect services (i.e. Community Outreach Services)
- Refer to QA Bulletin 19-02 for more information regarding training/certification requirements and data submission.

**MH 736 Pediatric Symptom Checklist (PSC 35) LA County DMH Version**

IBHIS Form (DO ONLY): Pediatric Symptom Checklist (PSC-35)  
 Date: 7/1/19  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: 7/1/19

**PURPOSE:**

- The PSC is a brief parent/caregiver questionnaire designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.
- This questionnaire provides a snapshot of a child’s difficulties or impairments. The PSC is one of the most widely used screening tools and is recommended by the American Academy of Pediatrics.
- The PSC can help practitioners understand the types and severity of problems experienced by clients that are reported by their parents and/or caregivers. The PSC is useful in assessing whether a client’s behaviors are improving or worsening throughout treatment.
- DHCS has selected the PSC-35 to measure child and youth functioning.

**REFERENCES/INSTRUCTIONS:**

- The PSC-35 should be given for all clients between the ages of 3 and 19. During the period of time in which the PSC-35 and CANS-IP administration ages overlap, an **Initial, Reassessment, and Discharge PSC-35** should be completed when these versions of the CANS-IP are completed (refer to instructions above for the CANS-IP). A PSC-35 is not required under the same circumstances in which a CANS-IP is not required as noted above for the CANS-IP.
- The client’s caregiver must complete the PSC-35. If a caregiver is not available, a client may complete the tool if he/she is 11 years of age or older. Providers should make every effort to have the caregiver complete the tool if they are involved in the client’s treatment.
- Once the caregiver completes the tool, a practitioner must review the PSC-35 and score it. A free webinar training is available through LACDMH related to scoring the PSC-35. For information about PSC training, contact [peioutcomes@dmh.lacounty.gov](mailto:peioutcomes@dmh.lacounty.gov).
- Refer to QA Bulletin 19-02 for more information regarding data submission

**MH 733 Consent for Transcranial Magnetic Stimulation (TMS) Treatment**

IBHIS Form (DO ONLY): N/A  
 Date: 5/6/19  
 Type of Form (LE ONLY): N/A  
 Implementation: 5/6/19

**PURPOSE:**

- For clients to provide consent for TMS treatment.

**REFERENCES/INSTRUCTIONS:**

- The client must provide consent for TMS Treatment prior to starting these services.

**MH 734 Mobile Transcranial Magnetic Stimulation (TMS) Referral Form**

IBHIS Form (DO ONLY): N/A  
 Date: 5/6/19  
 Type of Form (LE ONLY): N/A  
 Implementation: 5/6/19

**PURPOSE:**

- For directly operated practitioners to refer their clients for TMS treatment.

**REFERENCES/INSTRUCTIONS:**

- Clients who are currently in treatment with a directly operated provider and have one of the following diagnoses listed on the form may be referred for TMS treatment at this time:
  - Major Depressive Disorder
  - Bipolar Disorder, Current Episode Depressed
  - Dysthymia
  - Schizoaffective Disorder, Depressed Type

**UPDATED FORM(S): None at this time**

**OBSOLETE 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.*

C: DMH Executive Management  
DMH CIOB  
LE Executive Management

DMH Clinical Operations Managers  
DMH Administrative Managers  
LE QA Contacts

DMH Quality Management Division  
DMH QA Liaisons

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*