

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:	7/1/19
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 7/1/19 For LE: N/A

**IMPORTANT:** No changes have been made to the required data needed for a new client assessment. Updates to this form were made based on input from surveys and discussions with practitioners across different programs within LACDMH. Changes were made to improve the workflow of how assessment information is gathered with clients, to increase documentation efficiency, and to prompt practitioners to gather and enter in relevant clinical information.

**Reminder:** For LE Providers, required elements are in CAPITALIZED BOLD LETTERS

**KEY REVISIONS TO PAPER FORM:**

- Combined Precipitating Event(s)/Reason For Referral, Current Symptoms and Behaviors and Impairments in Life Functioning fields
- Removed History of Problem Prior to Precipitating Event and Impact of Treatment and Non-Treatment History fields
- Added a field for Past Homicidal Thoughts/Attempts
- Changed wording to Trauma or Exposure to Trauma field by adding “Examples include...”
- Added Alcohol Screening Scores and definitions of each score range
- Added 2 questions under Substance Use/Abuse: Have you used marijuana? and Have you used hallucinogens?
- Added fields to capture if a client is homeless and estimated onset date of homelessness.
- Moved Strengths field to the end of the form before the Clinical Formulation.
- Changed wording to Clinical Formulation and Diagnostic Justification to prompt practitioners on what pertinent information to include.
- Removed the Specialty Mental Health Services Medical Necessity criteria section

**For Directly Operated providers, additional changes to the form in IBHIS include:**

- Removed PMRT Assessment question
- Changed date fields to free text fields
- Unrequired allergies field
- Embedded Mental Status Exam fields within the form
- Added links to the Outside Providers form and Pediatric Symptom Checklist on the left side of the assessment
- Added “within the past 6 months” to define “Recently Used” under the Drug Screening questions
- Added the lightbulbs for Alcohol Screening Scores, Brief Intervention under Alcohol Screening, Clinical Formulation and Diagnostic Justification
- Added functionality to launch any of the below forms from within the assessment:
  - Patient Health Questionnaire-9 (PHQ-9)
  - Generalized Anxiety Disorder-7 (GAD-7)
  - PTSD Checklist for DSM 5 (PCL-5)
  - Child Adolescent Needs and Strengths (CANS)
  - Diagnosis form

**MH 533 – Child Adolescent Full Assessment**

IBHIS Form (DO ONLY):	Child Adolescent Full Assessment
Revision Date:	7/1/19
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 7/1/19 For LE: N/A

**IMPORTANT:** No changes have been made to the required data needed for a new client assessment. Updates to this form were made based on input from surveys and discussions with practitioners across different programs within LACDMH. Changes were made to improve the workflow of how assessment information is gathered with clients, to increase documentation efficiency, and to prompt practitioners to gather and enter in relevant clinical information.

**Reminder:** For LE Providers, required elements are in CAPITALIZED BOLD LETTERS

**KEY REVISIONS TO PAPER FORM:**

- Combined Precipitating Event(s)/Reason For Referral, Current Symptoms and Behaviors and Impairments in Life Functioning fields
- Changed wording to Trauma or Exposure to Trauma field by adding, “Examples include...”
- Added fields to capture if a client is homeless and estimated onset date of homelessness.
- Changed Mental Status Exam questions from free text fields to checkboxes and comments fields
- Moved Strengths field to the end of the form before the Clinical Formulation
- Changed wording to Clinical Formulation and Diagnostic Justification to prompt practitioners on what pertinent information to include
- Removed Specialty Mental Health Services Medical Necessity criteria section

**For Directly Operated providers, additional changes to the form in IBHIS include:**

- Removed PMRT Assessment question
- Changed date fields to free text fields
- Unrequired allergies field
- Combined Family History, Family Relationships, and Family Strengths fields
- Removed multi-iteration table for Relevant Past Living Situations and replaced with a free text field
- Embedded Mental Status Exam fields within the form and replaced with checkboxes
- Added links to the Outside Providers form and Pediatric Symptom Checklist on the left side of the assessment
- Added a lightbulb for Clinical Formulation and Diagnostic Justification
- Added functionality to launch any of the below forms from within the assessment:
  - Patient Health Questionnaire-A (PHQ-A)
  - Child Adolescent Needs and Strengths (CANS)
  - Diagnosis form

**MH 714 – Child/Adolescent Re-Assessment**

IBHIS Form (DO ONLY):	Child Adolescent Assessment Addendum
Revision Date:	7/1/19
Type of Form (LE ONLY):	Required Data Elements
Implementation:	For DO: 7/1/19 For LE: N/A

**IMPORTANT:** No changes have been made to the required data needed for a returning client or continuous client. Updates to this form were made based on input from surveys and discussions with practitioners across different programs within LACDMH. Changes were made to improve the workflow of how assessment information is gathered with clients, to increase documentation efficiency, and to prompt practitioners to gather and enter in relevant clinical information.

**Reminder:** For LE Providers, required elements are in CAPITALIZED BOLD LETTERS

**KEY REVISIONS TO THE PAPER FORM:**

- Combined Precipitating Event(s)/Reason For Referral, Current Symptoms and Behaviors and Impairments in Life Functioning fields
- Added field to capture Special Service Needs
- Added fields to capture if a client is homeless and estimated onset date of homelessness.
- Changed Mental Status Exam questions from free text fields to checkboxes and comments fields
- Moved Strengths field to the end of the form before the Clinical Formulation.
- Changed wording to Clinical Formulation and Diagnostic Justification to prompt practitioners on what pertinent information to include.
- Removed Specialty Mental Health Services Medical Necessity Criteria section.

**For Directly Operated providers, additional changes to the form in IBHIS include:**

- Changed date fields to free text fields
- Embedded Mental Status Exam fields and replaced with checkboxes
- Added links to the Outside Providers form and Pediatric Symptom Checklist on the left side of the assessment
- Added a lightbulb for Clinical Formulation and Diagnostic Justification
- Added functionality to launch any of the below forms from within the assessment:
  - Patient Health Questionnaire-A (PHQ-A)
  - Child Adolescent Needs and Strengths (CANS)
  - Diagnosis form

**MH 713 – Adult Re-Assessment**

IBHIS Form (DO ONLY): Adult Assessment Addendum  
 Revision Date: 7/1/19  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: For DO: 7/1/19  
 For LE: N/A

**IMPORTANT:** No changes have been made to the required data needed for a returning client or continuous client. Updates to this form were made based on input from surveys and discussions with practitioners across different programs within LACDMH. Changes were made to improve the workflow of how assessment information is gathered with clients, to increase documentation efficiency, and to prompt practitioners to gather and enter in relevant clinical information.

**Reminder:** For LE Providers, required elements are in CAPITALIZED BOLD LETTERS

**KEY REVISIONS TO THE PAPER FORM:**

- Combined Precipitating Event(s)/Reason For Referral, Current Symptoms and Behaviors and Impairments in Life Functioning fields
- Added field to capture Special Service Needs
- Added fields to capture if a client is homeless and estimated onset date of homelessness.
- Moved Strengths field to the end of the form before the Clinical Formulation.
- Changed wording to Clinical Formulation and Diagnostic Justification to prompt practitioners on what pertinent information to include.
- Removed Specialty Mental Health Services Medical Necessity Criteria section.

**For Directly Operated providers, additional changes to the form in IBHIS include:**

- Changed date fields to free text fields
- Embedded Mental Status Exam fields
- Added links to the Outside Providers form and Pediatric Symptom Checklist on the left side of the assessment
- Added a lightbulb for Clinical Formulation and Diagnostic Justification
- Added functionality to launch any of the below forms from within the assessment:
  - Patient Health Questionnaire-9 (PHQ-9)
  - Generalized Anxiety Disorder-7 (GAD-7)
  - PTSD Checklist for DSM 5 (PCL-5)
  - Child Adolescent Needs and Strengths (CANS)
  - Diagnosis form

**MH 720 – Immediate/Same Day Services Assessment**

IBHIS Form (DO ONLY): Immediate/Same Day Assessment  
 Revision Date: 7/1/19  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: For DO: 7/1/19  
 For LE: N/A

**IMPORTANT:** No changes have been made to the required data needed for a new client assessment. Updates to this form were made based on input from surveys and discussions with practitioners across different programs within LACDMH. Changes were made to improve the workflow of how assessment information is gathered with clients, to increase documentation efficiency, and to prompt practitioners to gather and enter in relevant clinical information.

**Reminder:** For LE Providers, required elements are in CAPITALIZED BOLD LETTERS

**KEY REVISIONS TO THE PAPER FORM:**

- Combined Precipitating Event(s)/Reason For Referral, Current Symptoms and Behaviors and Impairments in Life Functioning fields
- Moved Special Service Needs field to the beginning of the form
- Add Columbia Suicide Severity Rating Scale Screener (LACDMH Version) to the form
- Added field to capture estimated onset date of homelessness after “Is the client homeless”
- Moved Strengths field to the end of the form before the Clinical Formulation
- Changed wording to Clinical Formulation and Diagnostic Justification to prompt practitioners on what pertinent information to include.

**For Directly Operated providers, additional changes to the form in IBHIS include:**

- Changed date fields to free text fields
- Embedded both the Adult and Child Mental Status Exams
- Added links to the following forms on the left side of the assessment:
  - Outside Providers
  - Pediatric Symptom Checklist

- Client Contacts
- Client Service History Report
- Notice of Action Letters
- Added a lightbulb for Clinical Formulation and Diagnostic Justification
- Added functionality to launch any of the below forms from within the assessment:
  - Patient Health Questionnaire-9 (PHQ-9)
  - Generalized Anxiety Disorder-7 (GAD-7)
  - PTSD Checklist for DSM 5 (PCL-5)
  - Child Adolescent Needs and Strengths (CANS)
  - Diagnosis form

**MH 532A – Adult Assessment Addendum**

IBHIS Form (DO ONLY): Adult Assessment Addendum

Revision Date: 7/1/19

Type of Form (LE ONLY): Required Data Elements

Implementation: For DO: 7/1/19  
For LE: N/A

**KEY REVISIONS TO THE PAPER FORM:**

- Added Date of Addendum, Assessing Practitioner, and Assessment to Addend fields
- Added “Medical” to “Medical and Psychiatric History”
- Added “Other Information” and “Living Situation” under areas to update on the initial assessment

*For Directly Operated providers, see the above changes made in IBHIS to the Adult Assessment Addendum*

**MH 536A – Child/Adolescent Assessment Addendum**

IBHIS Form (DO ONLY): Child/Adolescent Assessment Addendum

Revision Date: 7/1/19

Type of Form (LE ONLY): Required Data Elements

Implementation: For DO: 7/1/19  
For LE: N/A

**KEY REVISIONS TO THE PAPER FORM:**

- Added Date of Addendum, Assessing Practitioner, and Assessment to Addend fields
- Added the following under areas to update on the initial assessment:
  - Mental Health History/Risks
  - Diagnosis/Symptoms/Impairments
  - Medications
  - Substance Use/Abuse

*For Directly Operated providers, see the above changes made in IBHIS to the Child/Adolescent Assessment Addendum*

**OBSOLETE FORMS(S): None at this time**

**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.*

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: 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