NO. 26-02 CLINICAL FORMS BULLETIN 6/22/26

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 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.

This Bulletin does not address requirements for electronic billing and/or reporting. Contracted Providers should refer to the 837 Companion Guide or Webservices Guide for a complete listing of electronic data transfer requirements.

The following clinical forms have been created, updated, or discontinued, and the Clinical Forms Inventory has been updated to reflect the changes. If you have questions regarding this Bulletin, please email QAPolicy@dmh.lacounty.gov.

NEW FORMS

MH768 – Universal Entry Referral Form **IBHIS Form (DO ONLY):** Not Available **Location Online:** Not Available **Creation Date:** 4/17/2026 **Type of Form (LE ONLY):** N/A **Implementation:** 4/17/2026	**PURPOSE:** The purpose of this form is to communicate referral information to providers for referrals made via the online Universal Entry Referral portal. **REFERENCES/INSTRUCTIONS:** • This form is a read-only document, pre-populated by information entered by referring parties who enter DMH referrals via the online Universal Entry Referral. It is automatically generated from the UER and attached when a referral is made via the Service Request Tracking System (SRTS).
MH 769 – Co-Occurring Disorders (COD) Multidimensional Screener **IBHIS Form (DO ONLY):** Not Available **Location Online:** Not Available **Creation Date:** 5/1/2026 **Type of Form (LE ONLY):** N/A **Implementation:** 5/1/2026	**PURPOSE:** The purpose of this screener is to determine the most appropriate initial level of care for clients who may be in need of substance use disorder (SUD) treatment. **REFERENCES/INSTRUCTIONS:** • This screener is part of an FSP pilot project and is only available to pilot program participants, which will be distributed directly to those programs. • This form satisfies the FSP requirement to conduct an American Society for Addiction Medicine (ASAM) screener.

UPDATED FORMS

MH 734 – Transcranial Magnetic Stimulation (TMS) Referral Form **IBHIS Form (DO ONLY):** N/A **Location Online:** Clinical Forms-Referrals **Revision Date:** 4/21/2026 **Type of Form (LE ONLY):** N/A **Implementation:** 4/21/2026	**REVISIONS:** • The form was revised to expand accessibility to clients aged 15 and older. **REFERENCES/INSTRUCTIONS:** This form can be used by both directly-operated and contracted providers to refer existing specialty mental health services clients for TMS services. For more information, reference QA Bulletin No. 25-05R.

1. All Directly-Operated Providers must utilize clinical forms approved by the QA Unit. 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 forms 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:
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