

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):** **None at this time**

## UPDATED FORMS(S):

### MH 718 – Service Request Log (SRL)

IBHIS Form (DO ONLY): Service Request Log  
 Revision Date: 2/26/16  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: For DO: 2/26/16  
 For LE: 6 months from the date of this Bulletin

#### KEY REVISIONS:

In order to incorporate the universal screening elements into the Service Request Log, questions were added related to the following areas (see MH 718 - Service Request Log for specific data elements):

- Reason for request
- Potential client being aware of the request
- Potential client information (if not an existing client) including date of birth, contact number and insurance status
- Legal guardian information (if not referring party)
- Mental health service information
- Emergent medication needs information

In addition, the following areas were removed from the SRL for all programs except ACCESS:

- ACCESS appointment line
- Referring Health Plan

#### IMPORTANT INFORMATION:

- ✓ Universal screening is the standard process to evaluate all initial requests for service in order to determine if an individual should receive an initial clinical and medical appointment and, if so, the timeline for providing services. All points of entry to the DMH system of care are required to ask the same, consistent set of questions for all new requests for service. Universal screening requirements have been added to Policy 302.07 which is expected to be approved and signed within the next month.
- ✓ Emergent medication needs are defined as “An apparent need for psychiatric medication by a potential client who is exhibiting significant psychiatric/emotional symptoms and/or who has run out or is about to run out of medication and must be provided with an initial medication appointment on the same day as the initial clinical appointment.”
- ✓ QA Bulletin 14-03 required that all Service Request Logs are captured electronically, making the paper SRL obsolete. The paper version of the SRL is meant to serve as an illustration of the SRL and the data elements it captures for Contracted providers and as a method to capture information should IBHIS be unavailable for Directly Operated providers.
- ✓ Legal entity contract providers should be aware that DMH will begin collecting Service Request Log data electronically from them per QA Bulletin 14-03. DMH has developed an XML schema to allow for the export and exchange of SRL data; an IBHIS Integration Deployment (REMINDER) Notice will be issued with the details.

### MH 708 – Community Outreach Services (COS)

IBHIS Form (DO ONLY): COS/MAA/QA Service Note  
 Revision Date: 4/19/16  
 Type of Form (LE ONLY): Required Data Elements  
 Implementation: For DO: 3/21/16  
 For LE: 6 months from the date of this Bulletin for **providers in IBHIS ONLY**

#### KEY REVISIONS:

While the data elements on the form have not been modified, this is to notify all providers of two new dictionary values for selection with COS services within IBHIS:

- Service Recipient: Community at large
- Service Type: Mental Health First Aid

**UPDATED FORMS(S):****MH 506 – Community Functioning Evaluation**

IBHIS Form (DO ONLY): Community Functioning Evaluation

Revision Date: 5/22/15

Type of Form (LE ONLY): Required Concept

Implementation: For DO: 4/20/16  
For LE: N/A

**KEY REVISIONS:**

There are no changes to the paper form. This notice is just to alert Directly Operated providers that the Community Functioning Evaluation will be available in IBHIS on Wednesday, April 20<sup>th</sup>, 2016.

**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.

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 (*"Required" form type has been eliminated. All "Required" forms are now "Required Data Element" forms.*)
  - b. Required Concept (*Formerly "Optional"*): 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 (Note: Policy 401.02 is being revised to reflect the above information)*

c: Executive Management Team    District Chiefs  
Judith Weigand, Compliance Program Office

Program Heads    Department QA Staff  
Zena Jacobi, Central Business Office

QA Service Area Liaisons  
Pansy Washington, Managed Care