(Add New Bullets below underneath) Files are attached

<http://www.acbhcs.org/providers/QA/audit.htm>

Medi-Cal Compliant Clinical Forms and Templates

Replace #1 with the Mental Health 18 year form

1. [Sample Medi-Cal Compliant Initial or Annual MH Assessment—Long Form](http://www.acbhcs.org/providers/Forms/Clinical/Adult/Init_Assessment_Long.docx) - **ONLY FOR NETWORK PANEL INDIVIDUAL LICENSED PROVIDERS NOT AGENCIES**
2. [~~Sample Medi-Cal Compliant Initial MH Assessment—Short Form~~](http://www.acbhcs.org/providers/Forms/Clinical/Adult/Init_Assessment_Short.docx)~~-~~**~~ONLY FOR NETWORK PANEL INDIVIDUAL LICENSED PROVIDERS NOT AGENCIES~~ Delete #2**

**ADD**

2. [Sample Medi-Cal Compliant Initial or Annual MH Assessment (Age 0-5)—Long Form](http://www.acbhcs.org/providers/Forms/Clinical/Adult/Init_Assessment_Long.docx) - **ONLY FOR NETWORK PANEL INDIVIDUAL LICENSED PROVIDERS NOT AGENCIES**

1. [Sample Medi-Cal Compliant Initial or Annual MH Assessment (Age 6-10)—Long Form](http://www.acbhcs.org/providers/Forms/Clinical/Adult/Init_Assessment_Long.docx) - **ONLY FOR NETWORK PANEL INDIVIDUAL LICENSED PROVIDERS NOT AGENCIES**
2. [Sample Medi-Cal Compliant Initial or Annual MH Assessment (Age 11-17)—Long Form](http://www.acbhcs.org/providers/Forms/Clinical/Adult/Init_Assessment_Long.docx) - **ONLY FOR NETWORK PANEL INDIVIDUAL LICENSED PROVIDERS NOT AGENCIES**
3. Sample Medi-Cal Compliant Initial or Annual MH Assessment Worksheets
   1. ACBH SMHS Outpatient Medi-Cal Included List by DSM-5 Name
   2. A[CBH SMHS Outpatient Medi-Cal Included Crosswalk](http://www.acbhcs.org/providers/QA/docs/Training/ACBH%20SMHS%20Outpatient%20Medi-Cal%20Included%20Crosswalk%20-%20Updated%209-14-20.pdf)
   3. GMC Codes
   4. ACBHCS Psychosocial Conditions by DSM Name