SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

CalAIM Problem List

MR#:

Name:

Instructions

- **To Add a new Problem**

  Add the problem and fill out all the columns. Ensure that the Practitioner listed as adding the problem is the one who identified the problem.

- **To Modify a Problem**

  Enter the "Date Removed" for the existing problem then Add the updated item as a new problem with the appropriate updated specifiers.

- **To Remove when a problem has been resolved or is no longer an active problem.**

  Do not delete from the list. Simply enter the "Date Removed" to indicate that it is no longer an active problem.

- **To Remove an Incorrectly Entered Problem**

  Enter the "Date Removed" and note in the Comments section which item was incorrectly added to the list and needs to be removed.

- **When to Update the Diagnosis Form and the Assessment form** (A new process will be defined when the Problem List is implemented in Avatar) Update the Diagnosis Form in Avatar NX and complete an Assessment Update when making any changes to a behavioral health diagnosis (MH or SUD). If the change is significant, a Reassessment may be more appropriate to complete than an Update Assessment. If the change to the Problem List involves a Z-Code associated with a Social Determinant of Health (SDOH) or other code that is not a behavioral health diagnosis, the Diagnosis Form and Assessment form do not need to be completed unless the change represents a clinically significant change.

- **Filling out the Form:** Because this is a PDF document, if the text you type into the Problem List Grid does not fit on one line, then you may use more than one line on the grid for any problem list item. Example:

ICD-10 Code	DSM V Diagnosis / Problem List Item	Date Added	Date Removed	Added/Removed By (Full Name of Staff)	Provider Title / Discipline	Primary Dx	SUD Dx	Dx Form Updated	Ax Form Updated
F33.3	Major Depressive Disorder	11/1/25		Bob Smith	LCSW	☒	☐	Yes	Yes
	recurrent, severe with					☐	☐		
	psychotic features					☐	☐		

For more information about the Problem List, please review the Problem List section of the BHRS Documentation Manual.

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& RECOVERY SERVICES

CalAIM Problem List

MR#:

Name:

Client Information			
Client Name		Medical Record #	
Birth Date		Age	
Agency/Program		Admission Date	

Problem List						LPHA Only			
ICD-10 Code	DSM V Diagnosis / Problem List Item	Date Added	Date Removed	Added/Removed By (Full Name of Staff)	Provider Title / Discipline	Primary Dx	SUD Dx	Dx Form Updated	Ax Form Updated
						☐	☐		
						☐	☐		
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BEHAVIORAL HEALTH & RECOVERY SERVICES

CalAIM Problem List

MR#:

Name:

Comments

Printed Name and Discipline of Staff who completed this form

Signature of Staff Date

Printed Name of LPHA*
Signature and Date

LPHA* Signature and Discipline Date

LPHA **must** be a *Licensed/Registered/Waivered MD/OD/NP, MFT, LCSW, LPCC, PhD/PsyD, RN with Psych MS or Clinical Trainee with co-signature.*
Any staff may add items to the Problem List but an LPHA must review the problem list before submission of the form.