

## 1932 MEDICAL/PSYCHOLOGICAL EVALUATIONS

Chapter: **Services for Children, Youth and Families**

Section: **Title XX**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **06-04**

Effective Date: **March 6, 2006**

Scheduled Review Date:

Approved:

Handwritten signature of Maggie Bishop in black ink.

Maggie Bishop, DCYF Director

Related Statute(s): [RSA 169-C](#), and [RSA 170-G](#)

Related Admin Rule(s):

Related Federal Regulation(s):

Related Form(s): **FORM 2110**

Bridges' Screen(s) and Attachment(s):

### Purpose

To define the purchased, Title XX service specification for Medical/Psychological Evaluations.

### Definitions

**"Medical/Psychological Evaluations"** means the provision of medical and/or psychological evaluations to help determine if children have been abused, neglected, and/or exploited.

**"Service Code"** means ML.

**"Service Population"** means children who are alleged to have been abused, neglected, and/or exploited.

**"Service Unit"** means one (1) evaluation.

### Policy

#### Provider Qualifications/Requirements

- I. The service provider must be licensed as a psychiatrist or psychologist to do psychological evaluations or licensed as a physician to do medical evaluations.
- II. The service provider must submit to DCYF a written report within 7 days after the evaluation is completed.
- III. The evaluation report must include:
  - A. The reason for the referral,
  - B. An identification of the problem,
  - C. A psychological history, if appropriate,
  - D. The results of psychological tests, if provided,
  - E. The strengths of the child and the family,
  - F. The history and current level of risk of abuse/neglect, and
  - G. Professional impressions and treatment recommendations.

### **Service Provision Guidelines**

- I. Service is to be authorized at the time of the assessment
- II. Prior to authorizing either an evaluation or an examination, the CPSW must:
  - A. Obtain the parent's or legal guardian's permission, or
  - B. Obtain protective custody or protective supervision of the child for the purpose of the evaluation.
- III. Service is not to be used as treatment of the child.
- IV. If a child in an open service case needs medical/psychological evaluation service, the CPSW must obtain a court order and authorize either Diagnostic Evaluation (DE) or Medical (ME) ancillary service.

### **Payment Procedures**

- I. The CPSW must authorize Medical/Psychological Evaluations by completing the "Service Authorization" (Form 2110). Enter the child's name, date of birth (if known), and recipient's identification number (if available).
- II. The child does not need to be open on NH Bridges for this claim to be paid.

<b>Practice Guidance</b>
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#### **What is the Service Rate for this Service?**

- Refer to [Item 2700 Rates](#) (Fiscal Management Chapter, Rates Section) for current rate.