**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  
Approved: 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):

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### 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.

Practice Guidance
What is the Service Rate for this Service?
- Refer to Item 2700 Rates (Fiscal Management Chapter, Rates Section) for current rate.