

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2014 - 2016
SERVICE SPECIFICATION
PSYCHIATRIC EVALUATION AND/OR MEDICATION MONITORING
Service Codes 125, 126 and 180**

SERVICE DEFINITION:

This service provides for diagnostic assessment and/or consultation to determine behavioral/mental health problems and may recommend intervention, treatment or review and adjustment of psychotropic medications.

STANDARDS/LICENSURE REQUIREMENTS:

Evaluation Services: Shall only be provided by a physician (M.D. or D.O.) who meets the state licensure requirements in accordance with Arizona Revised Statutes, Title 32, Chapter 13, Article 2, et seq., or Title 32 Chapter 17, Article 2, et seq. It is preferred that the psychiatrist be a Board certified child psychiatrist, or function in consultation with a Board certified child psychiatrist.

Medication Monitoring: May be provided by any of the following professionals:

- A psychiatrist (M.D. or D.O.) meeting state licensure requirements in accordance with Arizona Revised Statutes, Title 32, Chapter 13, Article 2, et seq., or Title 32 Chapter 17, Article 2, et seq. It is preferred that the psychiatrist be a Board certified child psychiatrist, or function in consultation with a Board certified child psychiatrist;
- A nurse practitioner meeting state licensure requirements in accordance with Arizona Revised Statutes Title 32, Chapter 15, Article 2, et seq;
- A physician's assistant meeting state licensure requirements in accordance with Arizona Revised Statutes, Title 32, Chapter 25, Article 2, et seq., under the supervision of a physician who meets meeting state licensure requirements in accordance with Arizona Revised Statutes, Title 32, Chapter 13, Article 2, et seq., or Title 32 Chapter 17, Article 2, et seq.

UNITS OF SERVICE:

Evaluation Services: One unit equals an evaluation. In the instance of a paper review, one unit equals 15 minute increments and services must be billed accordingly.

Medication Monitoring: One unit shall be billed for each medication monitoring visit.

SERVICE GOAL:

To determine the behavioral/cognitive/mental health status of the individual and facilitate appropriate treatment/psychiatric interventions within the individual's cultural context.

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SERVICE TASKS:

1. For Psychiatric Evaluation:
 - a. Review referral material and develop an evaluation strategy to meet the service goal and the identified reason for referral;
 - b. Conduct clinical interviews with the client, parent/guardian, and other key informants such as; probation officer, school personnel, case worker, and primary care physician as may be appropriate, including review of:
 - i. current problem
 - ii. family background, including developmental or genetic factors, if applicable
 - iii. social and cultural background
 - iv. educational history
 - v. medical history, including any current
 - vi. mental status examination
 - vii. cognitive functioning
 - viii. physical examination prior to initiation of psychotropic medication
 - c. Provide an individualized written report containing the following within ten (10) business days of evaluation appointment, in accordance with AOC Standard Terms & Conditions:
 - i. reason for referral;
 - ii. history of current problem;
 - iii. family history, including developmental or genetic factors, if applicable;
 - iv. social history;
 - v. educational history;
 - vi. medical history;
 - vii. mental status examination;
 - viii. evaluation of cognitive functioning;

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- ix. diagnostic statement which conforms to current DSM-5 terminology with clearly identified supporting characteristics and symptoms specified in the report. Diagnosis based on historical data or information should include the statement “by history”;
 - x. Statement of findings and recommendations to include the following:
 - A. Specific identified issues and corresponding treatment recommendations and/or treatment interventions;
 - B. Type of care needed (ie: substance abuse, mental health, sex offender);
 - C. Level of care (inpatient, residential, outpatient) based on identifying least restrictive environment without recommending specific treatment provider or location;
 - D. Medications including precautions; and;
 - E. Need for other diagnostic tests;
 - F. Recommendations shall include cultural considerations as appropriate.
2. For Psychiatric Consultation: Provide consultation based upon specific requesting agency requirements including, but not limited to, participation in multi-disciplinary teams. Consultation will be paid at the contracted rate in quarter hour increments.
- a. For Medication Monitoring: Review all existing medication use, including over-the-counter, and those prescribed by any medical/naturalistic providers, on a regular basis.
 - b. Conduct clinical interview with the client;
 - c. Obtain relevant behavioral and physical data to ensure that the medications are targeting the identified symptoms. Physical data gathering may include cursory physical examination of client;
 - d. Report findings to any involved treatment service provider and probation officer within ten (10) business days, with documentation of such retained in client file;
 - e. Modify medication, if indicated.

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3. Prepare and provide all required reports in accordance with AOC Standard Terms & Conditions.

CONTENT OF CLIENT RECORD:

Confidentiality and Content of Client Records of the AOC Standard Terms & Conditions are not applicable to this service. The required client record items for this service are listed below.

At a minimum, the record for each client shall include the following:

1. Client assessments and evaluations as specified in the AOC Standard Terms & Conditions , including pertinent notes taken during the evaluation process and interviews, as applicable, with client, family, probation officer and/or other key persons interviewed;
2. Copies of any consultation reports, evaluations and referral material conducted by other agencies, professionals or physicians which are relevant to treatment and/or services to be provided by the Contractor;
3. Referral source summary, including the reason for referral, presenting problem and medications and dosage at the time of referral;
4. Evaluation report required by AOC Standard Terms & Conditions and document the date and method of report dissemination to identified parties;
5. Fully documented incident reports as required in accordance with AOC Standard Terms & Conditions;
6. Notations of communications pertinent to the client's well-being or treatment;
7. A copy of the signed SAF for initiating/continuing services;

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8. Documentation of the client's receipt of his/her rights as required in accordance with AOC Standard Terms & Conditions; excluding sub-paragraphs that require client consent or receiving treatment, and parent/guardian release of information and A.R.S.§36-504.
9. Notation of communication regarding the occurrence of the evaluation service and all attempts made to conduct interviews, as applicable, with the client's parent(s), probation officer, guardian or designated representative, if person(s) was not involved in the evaluation process;
10. If applicable, all raw test data shall identify by name and title the person administering and scoring the testing instrument(s) and date the test was administered;
11. An informed consent signed by the client's parent, guardian, or designated representative, except when testing is mandated by law or government regulations; or a copy of the client's signed Terms and Conditions of Probation; or a copy of the client's signed Terms of Release Conditions; or a copy of the court minute entry ordering the completion of an evaluation.
12. Release of the written evaluation to parties other than the referring Court/Probation Department, ASC/AOC, and anyone authorized by the Contract Officer to receive it is prohibited without court order in accordance with the AOC Standards Terms & Conditions.

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Physician Services:

I have read and fully understand the requirements to provide psychiatric evaluations, agree to all requirements and restrictions and propose the following rates:

_____ Psychiatric Evaluation (service code 125) Proposed rate \$ _____ / evaluation
_____ Medication Monitoring (service code 126) Proposed rate \$ _____ / visit
_____ Professional Consultation (service code 180) Proposed rate \$ _____ / 15 minutes

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Psychiatric Evaluation (service code 125) Final contract rate \$ _____ / evaluation
Medication Monitoring (service code 126) Final contract rate \$ _____ / visit
Professional Consultation (service code 180) Final contract rate \$ _____ / 15 minutes

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date

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Nurse Practitioner Services:

I have read and fully understand the requirements to provide psychiatric evaluations, agree to all requirements and restrictions and propose the following rates:

_____ Medication Monitoring (service code 126) Proposed rate \$ _____ / visit
_____ Professional Consultation (service code 180) Proposed rate \$ _____ / 15 minutes

Identify the name and address of the physician who will supervise the delivery of the proposed services:

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Medication Monitoring (service code 126) Final contract rate \$ _____ / visit
Professional Consultation (service code 180) Final contract rate \$ _____ / 15 minutes

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date

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Physician Assistant Services:

I have read and fully understand the requirements to provide psychiatric evaluations, agree to all requirements and restrictions and propose the following rates:

_____ Medication Monitoring (service code 126) Proposed rate \$ _____ / visit

_____ Professional Consultation (service code 180) Proposed rate \$ _____ / 15 minutes

Identify the name and address of the physician who will supervise the delivery of the proposed services:

Other proposed agreement: _____

Contractor Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Medication Monitoring (service code 126) Final contract rate \$ _____ / visit

Professional Consultation (service code 180) Final contract rate \$ _____ / 15 minutes

Other agreement: _____

Contractor Signature / Date

AOC Signature / Date