

Magellan Behavioral Health of Pennsylvania, Inc.

**Life Domain Format Guidelines
Psychiatric/Psychological Evaluations
for Behavioral Health Rehabilitation Services (BHRS)**

- I. Identifying Information:** Include age, date of birth, gender, race, ethnicity, name of school, grade in school, class setting, name and type of community, names of family and household members. Identify custody of the child, and identify other team members and community supports.
- II. Reason for Referral:** Document medical necessity for care as well as additional needs such as medication evaluation, response to crisis, etc.
- III. Relevant Information:**
 - A. Strengths** (of child, family and community)
 - B. Concerns** (nature, frequency, severity, and history of behaviors and symptoms)
 - C. Family** (family composition and relationships)
 - D. School/Vocational** (child's academic, social, and behavioral adaptations, and efforts of the school to address the problems)
 - E. Community** (peers, activities and community attachments)
 - F. Peer Relationships** (pattern of peer relationships, age of peers, and activities with peers)
 - G. Drug and Alcohol** (child's history of use, family history of use, and current uses of substances)
 - H. Medical/Developmental** (medical illness, developmental history, mental retardation)
 - I. Trauma History** (physical, sexual and/or psychological abuse, neglect)
 - J. Legal** (custody, delinquent status and legal issues)
 - K. Services:**
 - **Service History** (past services implemented and the effectiveness of those interventions, medications, out-of home placements, and services from other systems)
 - **Service Update** (the current services, including hours and location, with summary of recent service history and efficacy of treatment, impact of services, role of service providers and family progress of treatment goals, nature of planned modifications of goals and services, and nature of clinical updates to prescriber by involved mental health staff)

L. **Medication History and Indications** (review of past medication trials, including dosages and effectiveness, blood levels where applicable, and current indications for medications)

M. **Other**

IV. **Interview:** Identify who was interviewed, formal mental status of the child, key issues discussed and consensus reached.

V. **Discussion:** Include summary, hypothesis, rationale for recommendations, and prognosis.

VI. **DSM-5 Diagnosis**

VII. **Recommendations:** Include recommendations for all services, not just limited to mental health services. Recommendations for BHRS services must specify the hours of each service per week, including where the service should be provided, and goals that each specific service needs to address. *(For example: Therapeutic Support Staff eight hours per week in the school to assist child with the aggression manifested during unstructured times such as lunch and recess. TSS four hours per week on Saturdays to assist with the child's participation in community activities such as Boy Scouts. TSS should assist in decreasing aggression and improving compliance with scout instructor.)*