

ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
PSYCHIATRIC EVALUATION AND/OR MEDICATION MONITORING
Service Code 125, 126, 129, 117

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 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 one hour; however, services must be billed in quarter hour increments.

Medication Monitoring: Per visit.

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SERVICE GOAL:

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

SERVICE TASKS:

1. For psychiatric evaluation:
 - a. Review referral material and develop an evaluation strategy;
 - b. Conduct a clinical interview with the client and other key informants, including review of:
 - i. current problem
 - ii. family background
 - iii. social background
 - iv. educational history
 - v. medical history
 - vi. mental status examination
 - c. Provide a written report which contains
 - i. reason for referral
 - ii. history of current problem
 - iii. family history
 - iv. social history
 - v. educational history
 - vi. medical history
 - vii. mental status examination
 - viii. diagnostic statement which conforms to current DSM IV terminology,
 - ix. recommendations for treatment, including medications, special treatment recommendations, precautions and/or other diagnostic tests.
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.

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3. For medication review:
 - a. Review existing medication use on a regular basis.
 - b. Obtain relevant behavioral and physical data as needed.
 - c. Report findings to any involved treatment service provider and probation officer.
 - d. Modify medication, if indicated.

4. For psychiatric paper review: Conduct a paper review of a youth's risk of self-harm while detained.

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Physician Services

Please check the following services and rates you are proposing to deliver.

_____ Psychiatric Evaluation (service code 125) Proposed rate \$ _____/hour
_____ Medication Monitoring (service code 126) Proposed rate \$ _____/visit
_____ Psychiatric Consultation (service code 129) Proposed rate \$ _____/15 minutes
_____ Psychiatric Paper Review (service code 117) Proposed rate \$ _____/10 minutes

I have read, fully understand and agree to abide with all of the requirements and restrictions in providing the above checked service.

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Psychiatric Evaluation (service code 125) Final contract rate \$ _____/hour
Medication Monitoring (service code 126) Final contract rate \$ _____/visit
Psychiatric Consultation (service code 129) Final contract rate \$ _____/15 minutes
Psychiatric Paper Review (service code 117) Final contract rate \$ _____/10 minutes

Other agreement: _____

Provider Signature / Date

AOC Signature / Date

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Nurse Practitioner Services

Please check the following services and rates you are proposing to deliver.

_____ Medication Monitoring Proposed rate \$ _____/visit

_____ Psychiatric Consultation Proposed rate \$ _____/15 minutes

I have read, fully understand and agree to abide with all of the requirements and restrictions in providing the above checked service.

Provider Signature / Date

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Medication Monitoring Final contract rate \$ _____/visit

Psychiatric Consultation Final contract rate \$ _____/15 minutes

Other agreement: _____

Provider Signature / Date

AOC Signature / Date

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Physician Assistant Services

Please check the following services and rates you are proposing to deliver.

_____ Medication Monitoring Proposed rate \$ _____/visit

_____ Psychiatric Consultation Proposed rate \$ _____/15 minutes

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

I have read, fully understand and agree to abide with all of the requirements and restrictions in providing the above checked service.

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Medication Monitoring Final contract rate \$ _____/visit

Psychiatric Consultation Final contract rate \$ _____/15 minutes

Other agreement: _____

Provider Signature / Date

AOC Signature / Date