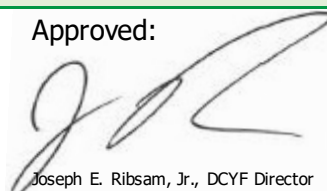
 <p>NH Department of Health &amp; Human Services Division for Children, Youth &amp; Families</p>	<b>DCYF Standard Operating Procedure</b>	
	<b>1919.1 STANDARD DIAGNOSTIC EVALUATION SERVICES</b>	
	Policy Directive: <b>21-24</b> Effective Date: <b>April 2021</b> Implements Policy: <b>1919</b>	Approved:  Joseph E. Ribsam, Jr., DCYF Director

This SOP defines how to access standard Diagnostic Evaluation Services.

**Procedure**

*The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.*

- I. When the CPSW/JPPO has identified a therapeutic need, they will identify a provider.
  - A. If the CPSW/JPPO identifies a provider who is not certified, the CPSW/JPPO will:
    - 1. Request the current certified rate for Diagnostic Evaluation Services from Provider Relations;
    - 2. Send the provider information on the current certified rates; and
    - 3. If the provider accepts the certified rates, refer the provider to the District Office Supervisor.
  - B. The District Office Supervisor will collaborate with the Community and Family Support Specialist to screen providers to become certified.
- II. When certification of a new provider is supported, the Community and Family Support Specialist will:
  - A. Send the provider:
    - 1. An Application For Certification And Enrollment Of Private Behavioral Health Service Providers (Form 2617);
    - 2. A State of New Hampshire Alternate W-9 Form; and
    - 3. A copy of He-C 6344 Certification Payment Standards for Community-Based Behavioral Health Service Providers; and
  - B. Process the application within 60 days of return by the provider.
- III. Once a certified provider is confirmed, the CPSW/JPPO notifies Provider Relations by submitting a Service Authorization Request (Form 1869) via e-mail.

- IV. The CPSW/JPPPO must provide the following information to the provider upon referral:
- A. The child and family members' names and home address or other contact information;
  - B. Reasons for referral, including:
    - 1. A summary of the specific problems, symptoms and stresses, including the therapeutic need;
    - 2. Duration and intensity of problems;
    - 3. Causes or contributing factors;
    - 4. Family's attempts at resolution; and
    - 5. Previous evaluations, treatments, and outcomes, if known, and changes desired;
  - C. History of involvement with DCYF, including court and other legal history;
  - D. Social history including:
    - 1. Family of origin;
    - 2. Each family member's personal history, including physical and behavioral health; and
    - 3. Alcohol or substance use;
  - E. Type of evaluation or treatment requested and timeframes;
  - F. Specific areas to address; and
  - G. Method of payment, including any private insurance, Medicaid, or Medicaid Managed Care Organization information.

<b>Applicable Forms</b>	
<b>Form</b>	<b>Title</b>
<b>1869</b>	Service Authorization Request

**Frequently Asked Questions**

**Q1. What does a diagnostic evaluation and assessment include?**

- A** A diagnostic evaluation and assessment shall include, but is not limited to the following:
  - i. Mental status exam;
  - ii. Current developmental status;

- iii. Impact of trauma on current level of functioning;
- iv. Identifying strengths and risk factors;
- v. Assessment of capacity for healthy attachment;
- vi. Any appropriate standardized psychological or neuropsychological tests; and
- vii. A detailed report submitted to the CPSW/JPPO.

**Q2. When is the Diagnostic Evaluation report due from providers?**

- A** The CPSW/JPPO should receive the Diagnostic Evaluation report from the provider within 45 calendar days from the date of the referral for abuse, neglect, and CHINS cases, or within 30 calendar days from the date of referral for delinquency cases.

**Glossary and Document Specific Definitions**

A - B    C - D    E - F    G - I    J - L    M - N    O - Q    R - S    T - V    W - Z

**For the Purpose of this Document:**

**"Diagnostic Evaluation"** means psychological testing and/or psychosocial assessment to determine the nature and cause of a child and/or family's dysfunction including mental status, child development, family history, and recommendations for treatment.

**"Therapeutic Need"** means either the specific skills needed to reduce a physical or mental disability, or specific behaviors that should be altered to restore the child/youth/family to their best functioning level.

<b>Document Change Log</b>			
<b>PD</b>	<b>Modification Made</b>	<b>Approved</b>	<b>Date</b>