Clinical Guidelines and Service Definitions
Psychiatric (Medication) Evaluation

Originated 8/03
Reviewed 1/07
Revised 7/10
CAC Approved 3/07
Revised 11/13

Funding Stream
Medicaid, Private Insurance, or other Community Resources (e.g. The Community Health Center) should be accessed before Core Service dollars are requested.

Definition of Service
- **Service goals are centered on promoting child and family safety and family protective capacity.**
- A psychiatric evaluation is generally a prescriber’s face-to-face interview with the individual to gather information about the individual’s mental state/functioning, formulate a five-axis diagnosis and determine if pharmacological treatment is appropriate. A review of medical records, physical examination, diagnostic tests, and history from collateral sources may also be included in the evaluation. If the evaluator concludes that the use of psychotropic medication would likely be beneficial for the individual, a medication regimen may be offered to the client. This service may only be utilized as an adjunct treatment for an individual engaged in ongoing mental health and/or substance abuse treatment and is followed by medication management if medications are prescribed.
- In general, referral to this service is through a therapist’s recommendation, and, in most cases, the individual must be in active mental health therapy (not group therapy) prior to receiving this evaluation. However, this service may be requested at any time after consultation with a Care Coordinator. Also, if a client is just beginning a regimen of psychotropic medications, it is important that the client be stabilized on those meds prior to a psychological evaluation being initiated.
- A Psychiatric Evaluation may be requested when an individual’s mental health issues are highly complex and a clinical consultation by a psychiatrist is needed to provide a second opinion and to confirm that the appropriate treatment is being offered to the individual.
- **The report should contain the following information:** Identifying Information, Referral Source, Reason for Referral, Procedures Used, Collateral Contacts, History of Present Illness, Past Psychiatric History, Past Medical History, Social and Family History, Mental Status Examination, Strengths and Liabilities, and Conclusions with Five-Axis Diagnosis and Recommendations.

**Estimated Length of Treatment:**
One to one-and-a-half hours

**Frequency of Services:**
Once per year
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Provider Credentials:
- Psychiatric Medication Evaluations are provided by Licensed Psychiatrists or other medically licensed staff with prescriptive authority (i.e. Nurse Practitioners, Physician Assistants, or Clinical Nurse Specialists with Prescriptive Authority).

Provider Responsibilities:
A report is required within ten business days of the completed evaluation. Both the Caseworker and Care Coordinator are to receive copies of the report.

Caseworker Responsibilities:
The Caseworker is responsible for providing specific referral question(s) to the Care Coordinator on the referral form. This will enable the provider to most effectively address the relevant issues.

Staffing:
Not applicable.