

**MAGELLAN BEHAVIORAL HEALTH OF
PENNSYLVANIA**
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 team member 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, behavioral adaptations and efforts of the school to address 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 past history of use, family history of use, and current use of substances
 - H. **Medical/Developmental** - medical illness, developmental history, mental retardation, and trauma history
 - I. **Legal** - custody, delinquent status and legal issues
 - J. **Services** -
 - Service History:** past services implemented and the effectiveness of these interventions, medications, out-of home placements, and services from other systems
 - Service Update:** current services, including hours and sits, with summary of recent service history, 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
 - K. **Medication History and Indications** - review past medication trials, including dosages and effectiveness, blood levels where applicable, and current indications for medications
 - L. **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. **Diagnosis:** Complete all five axes

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- 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. *(Example: Therapeutic Support Staff 8 hours per week in the school to assist child with the aggression manifested during unstructured times such as lunch and recess. TSS 4 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.)*