



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES PSYCHOLOGICAL EVALUATIONS INVOICE

Date of Referral: / / Invoice #:

Referral Source: Zip code: Referral Questions(s)

Referral Source Contact: _____ Referral Source Phone #: - -

Provider Name: _____ Provider #: (given by DCF)

A. Identified Child's Name (IC)

Last Middle: First:

DOB: / / S. S. #: - -

DCF Person I.D. (LINK)#: DCF Case I.D. (LINK) #:

Gender: Ethnicity: DCF Status: Placement at time of services:

Other Individuals Being Evaluated:

	Name			Relationship to I/C	DOB:	Social Security #:
	Last	First	Middle			
B.						
C.						
D.						
E.						
F.						
G.						
H.						



State of Connecticut Department of Children and Families Psychological Evaluation Invoice Form Instructions and Coding

The following are instructions for completing the Psychological Evaluation Invoice Form. Please use additional sheets as necessary.

Date of Referral:	Required	Identify date the request for evaluation was made.
Invoice #:	Required	This number will be used for tracking purposes. The billing agent must supply their own invoice number.
Referral Source:	Required	Identify the Referral Source using One of the Following Codes
		01 Superior Court for Juvenile Matters
		02 Probate Court
		03 Other Court
		04 DCF Regional Office
		05 Other
Referral Source Zip Code	Required	Identify the zip code for the referral source
Referral Questions:	Req (1)	The following codes are to be used to identify the referral questions(s). Please list in order of priority.
		01 Recommendations for Permanency Planning (e.g., Termination of Parental Rights, Adoption, Reunification)
		02 Recommendations for Placement or Treatment Setting
		03 Child Safety Assessment
		04 Determination of Parental/Caretaker Capacities
		05 Assessment of Caretaker/Child Relationships
		06 Assessment of Family Functioning/Relationships
		07 Assessment of Individual Functioning of Child (e.g., cognitive, emotional, adaptive)
		08 Assessment of Individual Functioning of Adult (e.g., cognitive, emotional, adaptive)
		09 Determination of Treatment Needs and Approaches
		10 All of the Above
Referral Source Contact:	Required	Print Name of the Referral Source
Referral Source Phone:	Required	Provide Phone Number of Referral Source
Provider Name:	Required	Print Name of Provider Conducting Evaluation
Provider Number:	Required	Provide Vendor Number Given by DCF
Identified Child's Information:		
Name:	Required	List the Identified Child's Name. In the Case of Multiple Children, Use the Oldest Child.
Date of Birth:	Required	List the Date of Birth for the Identified Child.
Social Security Number:	Not Req'd	List the Social Security Number (if available) for the Identified Child.
DCF Person ID (Link) #:	Required	List the DCF PERSON Id (Link) Number.
DCF Case ID (Link) #:	Required	List the DCF CASE Id (Link) Number.
Gender	Required	List the Gender of the Identified Child - Indicate "M" for Male, or "F" for Female

Req (1) - Item requires at least one reply to be indicated

Ethnicity:	Required	Identify Ethnicity/National Origin Using One of the Following Codes:			
		01	Caucasian/White	11	Japanese
		02	African American/Black	12	Korean
		03	Puerto Rican	13	Laotian
		04	Native American/Eskimo	14	Thai
		05	Central American	15	Vietnamese
		06	South American	16	Asian Indian
		07	Other Spanish Speaking	17	Other Asian/Pacific Islander
		08	West Indies/Islander	18	Bi-Racial
		09	Cambodian	99	Other
		10	Chinese		

Current DCF Status:	Required	Identify Current DCF Status Using One of the Following Codes:	
		02	Commitment Abuse/Neglect/Uncared For
		03	Committed - Delinquent
		04	Committed - FWSN
		09	Voluntary Permission to Place is signed
		17	96 Hour Hold
		18	Order of Temporary Custody
		19	Protective Supervision
		99	Other

Placement at Time of Service:	Required	Identify the Placement Setting at the Time of the Start of Service Using One of the Following Codes:	
		01	With Either or Both Parents
		02	With Relative Other Than Parent
		03	Foster Home (In the Community)
		04	Foster Home (Out of the Community)
		05	With Friend or Family Friend
		06	Emergency Shelter for Children
		07	A Family Homeless Shelter
		08	Adoptive Home
		09	Group Home (Other than DCF Operated)
		10	Residential Treatment Facility (Other than DCF Operated)
		11	Hospital in the Community, Psychiatric Unit
		12	Hospital in the Community, Medical Bed
		13	Psychiatric Hospital
		14	DCF Residential Treatment (High Meadows or CT Children's Place)
		15	DCF Psychiatric Hospital (Riverview)
		16	Long Lane
		17	Detention
		18	Other Correctional Facility
		21	Therapeutic Foster Care
		99	Other

Other Individual's Being Eval	Req (1)	List All Individual's being Evaluated. Note that Each Individual is Identified by a Corresponding Letter - 'A' indicates Identified Child.
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Evaluation Date:	Required	Identify Each Date of Service
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Evaluation Service:	Required	<p>For Each Date of Service, Identify the Service Provided by the Psychologist. Use One of the Following Codes:</p> <table border="1"> <tr><td>01</td><td>IC Child Interview/Observation (Structured)</td></tr> <tr><td>02</td><td>IC Child Interview/Observation (Unstructured)</td></tr> <tr><td>03</td><td>Non-IC Child Interview/Observation (Structured)</td></tr> <tr><td>04</td><td>Non-IC Child Interview/Observation (Unstructured)</td></tr> <tr><td>05</td><td>Family Interview/Observation (Structured)</td></tr> <tr><td>06</td><td>Family Interview/Observation (Unstructured)</td></tr> <tr><td>07</td><td>Adult Interview/Observation (Structured)</td></tr> <tr><td>08</td><td>Adult Interview/Observation (Unstructured)</td></tr> <tr><td>09</td><td>IC Child Individual Assessment (e.g., standardized tools, drawings, projectives)</td></tr> <tr><td>10</td><td>Non-IC Child Individual Assessment (e.g., standardized tools, drawings, projectives)</td></tr> <tr><td>11</td><td>Adult Individual Assessment (e.g., standardized tools, drawings, projectives)</td></tr> <tr><td>12</td><td>Observation of Child/Caretaker Relationships</td></tr> <tr><td>13</td><td>Observation of Family Relationships</td></tr> <tr><td>14</td><td>Collateral Contact - with DCF</td></tr> <tr><td>15</td><td>Collateral Contact - with Court</td></tr> <tr><td>16</td><td>Collateral Contact - with Attorney</td></tr> <tr><td>17</td><td>Collateral Contact - with Other Service Provider</td></tr> <tr><td>18</td><td>Collateral Contact - with School</td></tr> <tr><td>19</td><td>Collateral Contact - with Medical Personnel</td></tr> <tr><td>20</td><td>Collateral Contact - with Foster or Adoptive Parent</td></tr> <tr><td>21</td><td>Collateral Contact - Other</td></tr> <tr><td>22</td><td>Record Review</td></tr> <tr><td>23</td><td>Report Preparation (e.g., scoring of testing materials, interpretation, writing)</td></tr> <tr><td>24</td><td>Translation Services</td></tr> <tr><td>25</td><td>Court Preparation</td></tr> <tr><td>26</td><td>Court "On Call" Time</td></tr> <tr><td>27</td><td>Court Testimony/Deposition</td></tr> <tr><td>28</td><td>Travel (e.g., to evaluation, to court)</td></tr> <tr><td>29</td><td>Client No Show</td></tr> <tr><td>30</td><td>Cancelled Court Time</td></tr> </table>	01	IC Child Interview/Observation (Structured)	02	IC Child Interview/Observation (Unstructured)	03	Non-IC Child Interview/Observation (Structured)	04	Non-IC Child Interview/Observation (Unstructured)	05	Family Interview/Observation (Structured)	06	Family Interview/Observation (Unstructured)	07	Adult Interview/Observation (Structured)	08	Adult Interview/Observation (Unstructured)	09	IC Child Individual Assessment (e.g., standardized tools, drawings, projectives)	10	Non-IC Child Individual Assessment (e.g., standardized tools, drawings, projectives)	11	Adult Individual Assessment (e.g., standardized tools, drawings, projectives)	12	Observation of Child/Caretaker Relationships	13	Observation of Family Relationships	14	Collateral Contact - with DCF	15	Collateral Contact - with Court	16	Collateral Contact - with Attorney	17	Collateral Contact - with Other Service Provider	18	Collateral Contact - with School	19	Collateral Contact - with Medical Personnel	20	Collateral Contact - with Foster or Adoptive Parent	21	Collateral Contact - Other	22	Record Review	23	Report Preparation (e.g., scoring of testing materials, interpretation, writing)	24	Translation Services	25	Court Preparation	26	Court "On Call" Time	27	Court Testimony/Deposition	28	Travel (e.g., to evaluation, to court)	29	Client No Show	30	Cancelled Court Time
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Place of Service:	Required	<p>Identify the Location of Service Using One of the Following Codes:</p> <table border="1"> <tr><td>01</td><td>Office</td></tr> <tr><td>02</td><td>In-Home</td></tr> <tr><td>03</td><td>Courthouse</td></tr> <tr><td>04</td><td>DCF Office</td></tr> <tr><td>05</td><td>Juvenile Detention</td></tr> <tr><td>06</td><td>Correctional Facility</td></tr> <tr><td>07</td><td>Hospital</td></tr> <tr><td>08</td><td>Other</td></tr> </table>	01	Office	02	In-Home	03	Courthouse	04	DCF Office	05	Juvenile Detention	06	Correctional Facility	07	Hospital	08	Other
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Participants Involved:	Req (1)	Using the Letters that Correspond to Each Participant, Identify which Participant was Involved with the Specific Service on Each Date.
Hours:	Required	Identify the Service Hours. Increments of Quarter Hours is Acceptable.
Rate:	Required	Identify the Hourly Rate. \$128.75 for Services, \$103 for No Shows and Travel. *See page 5 of instructions for Billing Policies.
Fee:	Required	Identify Total Fee for Each Date and Service (Hours Times Rate)
Signature of Evaluator:	Required	Each Invoice Must be Signed and Dated by the Psychologist
Totals:	Required	Identify Total Hours (Sum Hours Column) and Total Fee (Sum Total Fee Column)
Date Evaluation Sent:	Required	Identify the Date the Final Evaluation Report was sent
Person Evaluation Sent To:	Required	Identify the Name and Title of the Person who was forwarded the Evaluation Report
Title of Person Evaluation S	Required	Identify the Name and Title of the Person who was forwarded the Evaluation Report
Phone Number/Fax Number	Required	Identify the phone number and fax number of the Person who was sent the Evaluation Report.
DCF Worker:	Required	Identify the Name of the DCF Worker involved in the case.
DCF Office:	Required	Identify the City where the DCF Worker's Office is located.
AAG Not Applicable	Required	Check off if this is a DCF Referral only and the AAG is not involved.
AAG Involved with the Evalu	Req (2)	Print Name, Regional Office, Phone and Fax for the AAG who was involved in the Evaluation.

Req (1) - Item requires at least one reply to be indicated

Req (2) - only required if AAG is applicable for this referral (not a DCF Referral Only)

The Department of Children and Families issued the following policies. All psychologists submitting claims for individual psychological evaluations and related work must adhere to all billing policies.

***Billing Policies:**

<u>Effective Date:</u>	<u>Policy:</u>
6/1/2001	10 Hour per Day Maximum: Reimbursement for services cannot exceed a maximum of ten hours per day.
6/1/2001	2 Hour No Show/2 Days per Year Maximum: Psychologist can bill a maximum of two hours per day for client no shows. There is a two-day maximum limit on the number of billable no show dates of service per unduplicated client/case combination per year.
6/1/2001	Cancelled Court Time: Cancellations that occur 24 hours or more in advance of a scheduled court appearance are not reimbursable services.
6/1/2001	Cancelled Court Time Limit: Psychologist can bill a maximum of two hours per cancelled court appearance.
6/1/2001	Timely Filing Limit: Claims for services rendered must be submitted within 365 days of date of service. Claims submitted outside of that timeframe will be disallowed.
6/1/2001*	Partial Bills: Partial Bills (i.e. multiple payments) will be acceptable for processing and payment.
4/30/2007	Payment for DCF Non-Court Ordered Psychological Evaluations: Claims for non-court ordered psychological evaluations, requested by DCF Area Office or Parole Workers are not paid through the Court Ordered Psychological Evaluation system.

* For DCF and Court staff informational purposes.

Direct Questions to:

Advanced Behavioral Health
Attn: DCF Psychological Evaluations
Middlesex Corporate Center
213 Court Street
Middletown, CT 06457
Phone:
Fax:

(860) 638-5309
(860) 638-5302