



Administrative Office of the Courts
 Juvenile Justice Services Division
 Contract Years 2019-2024
 Neuropsychological Evaluation Service Specification
 Service Codes 118, 119, 124, 180

NEUROPSYCHOLOGICAL EVALUATION, 118, 119, 124, & 180	
Category	Evaluation, Polygraph and Laboratory Services (Form F 2)
Setting	<ul style="list-style-type: none"> Professional office environment or private practice appropriate for the provision of the Evaluation service.
Targeted Population	<ul style="list-style-type: none"> Juvenile referred by the Superior Court or Juvenile Probation Department
Professional License	<ul style="list-style-type: none"> Psychologists must be licensed by the Arizona Board of Psychologists Examiners under Arizona Revised Statutes, Title 32, Chapter 19, and Articles 2 & 3. Contractor shall provide evaluation services only if it is within his/her scope of practice and be able to demonstrate experience and training if requested.
Service Description	<ul style="list-style-type: none"> <u>Neuro-Psychological Evaluation</u>: This service provides for a thorough professional evaluation, the purpose of which is to assess and diagnose a juvenile’s cognitive, behavioral and psychological conditions; cognitive impairment and/or specific disabilities; and may recommend or advise certain treatment interventions. The service is inclusive of a Neuro-Psychological Report to recommend treatment interventions in the least restrictive environment that is appropriate to the juvenile’s conditions. <u>Evaluation Addendum</u>: This service includes the provision of clarifications or a summary of additional information or test results which were not available at the time the evaluation was conducted. This service does not include client contact and does not require a formal report. New information or concerns are appropriately addressed by an Evaluation Update. <u>Evaluation Update</u>: This service includes a clinical interview and updated review of records/information, including new information; may include additional testing; and is inclusive of a written Evaluation Update report, updating existing information that was cited in an evaluation prepared within the preceding ten (10) months. This Report will make specific updated treatment recommendations, identifying significant changes or addressing further need for evaluation. The Contractor may request a comprehensive re-evaluation if it is determined an evaluation update alone will not adequately address reason for referral. If more than ten (10) months has passed, another comprehensive Neuro-Psychological Evaluation may be necessary to adequately address the reason for referral.



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	<ul style="list-style-type: none"> All testing must be performed through standardized and non-abbreviated psychometric assessments unless abbreviated assessments are clinically appropriate. All psychometric assessments must be validated (normed) for use with adolescents. All diagnostic statements shall conform to current DSM-5 terminology.
<p>Service Tasks</p>	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally:</p> <ol style="list-style-type: none"> Review the Arizona Youth Assessment Survey (AZYAS) summary provided by the referring probation department for consideration as part of the evaluation. Document the delinquency risk level in the client’s file as reflected on the Service Authorization Form (SAF) and determined by the probation department using the AZYAS or other Arizona standardized assessment when applicable for transferred juveniles. Review referral material and information from the Probation Department, including the juvenile’s Individual Education Plan information (IEP) when applicable, assessment of the individual’s readiness for testing, and development of an evaluation strategy and testing instruments to be used to best answer the specific clinical question(s) obtained from prior assessment or evaluation. Conduct collateral interviews with the following parties: Collateral interviews may be discretionary only if the Contractor has obtained comprehensive written information that is deemed current and relevant and includes information below that otherwise would have been obtained during collateral interviews: <ol style="list-style-type: none"> <u>Probation Officer</u>: Obtain information to identify the issues to be assessed, including criminogenic factors, and highlight present concerns impacting the juvenile and family. <u>Parent/Guardian</u>: Obtain information regarding family history, history of any trauma, dynamics and functioning of the juvenile and family, and parental impressions of the presenting problems or concerns of the juvenile. <u>Interested Parties</u>: As applicable, gather information from school personnel, assigned case managers, counselors and others, who have been or are currently involved directly with the juvenile and family. Conduct a clinical interview with the juvenile (only the licensed psychologist may conduct the clinical interview). Assess strengths, assets and protective factors of the juvenile and family, including community supports. Psycho-social assessment shall include developmental history, history of trauma, and shall identify specific needs and responsivity factors for the juvenile and family. Conduct neuro-psychological testing, which may contain any aspect of intellectual or emotional functioning, including personality traits, attitudes, intelligence, or emotional concerns. to measure cognitive and emotional processes, learning,



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	<p>and cognitive functioning, intelligence, including testing for specific disabilities, and/or aspects of cognitive impairment, if applicable.</p> <p>7. Provide an individualized written Neuro-Psychological Evaluation Report to the referring Juvenile Court containing the following information, within thirty (30) business days of the evaluation appointment, in accordance with the AOC <u>Standard Terms & Conditions</u>. Record the dissemination of the report in the juvenile’s file.</p> <ul style="list-style-type: none">a. Referring Probation Department and reason for referralb. Name and birthdate of the juvenile being assessedc. Date, time, and location that the evaluation was conductedd. Summary of background information and specific records reviewed prior to the evaluation; these may include, but are not limited to prior psychological or neuro-psychological reports, IEPs, disposition reports, or police reportse. Summary of psycho-social information gathered from identified collateral sources, including probation, parents, school personnel, and/or other interested partiesf. Name/credentials of person conducting testing and identification of testing instruments utilized, including rationale when abbreviated psychometric assessments were determined clinically appropriateg. Interpretations made by licensed psychologist of the raw data from the testing performed (citing standard scores & percentile ranks) and narrative interpretations should describe for the referring Court what the test results mean as applied to the juvenile in questionh. Diagnostic statement which conforms to current DSM-5 terminology with clearly identified supporting characteristics and symptoms specified in the report. Portions of the diagnosis based on historical data or information gathered should include the statement “by history”i. Statement of findings and recommendations to the Court, in layman’s terms, as follows:<ul style="list-style-type: none">i. Specify the juvenile’s identified issues, psychological interpretation and diagnosis, and identify individual, family, other socio-ecological risk and protective factors, and other needs and responsivity factors for the family; discuss how these factors may impact the juvenile being evaluated.ii. Make treatment recommendations and/or types of treatment interventions which link to and correspond with the findings without recommending a specific treatment provider or location. Treatment recommendations should be based on the juvenile’s risk, identified needs, and responsivity factors.
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	<p>iii. The recommendations to the court shall not include any referrals to the provider’s own services.</p> <p>iv. Describe the <i>type(s) of care</i> or services needed (i.e.: vocation, substance use, mental health, sexually maladaptive behavior, trauma, psychiatric, specific educational support or interventions).</p> <p>v. Designate the <i>level of intensity of care</i> (range of intensity = outpatient; intensive outpatient; residential, inpatient) and treatment recommendations for the least restrictive care. If recommending placement into out-of-home care, the Neuro-Psychological report <i>must justify</i> why the examiner does not feel that the juvenile can be adequately treated in an outpatient or intensive outpatient setting. The recommended treatment should involve family and/or other caregivers, unless contra-indicated.</p> <p>vi. Identify needs, if any, for other diagnostic tests.</p> <p>vii. Recommendations shall include cultural considerations as appropriate.</p> <p>j. Neuro-Psychological evaluations must include the analysis by a licensed psychologist of all neuro-psychological and educational testing instruments, identify strengths and deficits in learning, and/or learning disabilities, and specify recommendations as to interventions, education services and needs. This evaluation will result in a comprehensive understanding of the emotional and behavioral needs of the juvenile and family and will delineate between the neurologically based causes for behavior versus an emotional dysfunction.</p> <p>8. Provide testimony at court hearings if necessary.</p> <p>REVIEW AND QUALITY ASSURANCE:</p> <p>The AOC may periodically require the Contractor to participate in a peer review process to ensure that the Contractor is providing quality evaluations and maintaining acceptable service delivery standards.</p>
Professional Consultation	<ul style="list-style-type: none"> • Provide consultation service to the probation department and/or the court which has been authorized through a Service Authorization Form (SAF); billed in fifteen (15) minute increments under the appropriate service code; and may only be billed in conjunction with a contracted service. Consultation services may include court testimony or specific activities requested by the referring probation department. Professional Consultation is not case management. • The juvenile file shall include a copy of a court’s order or written directive for testimony or the probation department’s written request for specific consultation. • Professional consultation shall be documented in the appropriate juvenile file and shall include a summary of consultation provided; location at which consultation occurred; persons participating in the consultation; date of



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	consultation; duration of consultation; and name, dated signature, degree and title of person providing consultation. Consultation shall not be provided in lieu of a contracted or non-contracted service.
Service Frequency	<ul style="list-style-type: none"> • Single service, as approved in the Service Authorization Form (SAF) or as court ordered.
Service Duration	<ul style="list-style-type: none"> • Single service. One unit equals one evaluation, addendum or update
Staffing	<ul style="list-style-type: none"> • Psychologists must be licensed by the Arizona Board of Psychologists Examiners under Arizona Revised Statutes, Title 32, Chapter 19, and Articles 2 & 3. • Must have relevant training and expertise to conduct neuro-psychological evaluations and intervention. • Psychometric testing may be performed by qualified Psychometrists, as outlined in the AOC <u>Standard Terms & Conditions</u>; psychometrists require AOC approval. Psychometrists may not perform the clinical interview, analysis, interpretations, or recommendations for treatment. • Clinical interview, analysis, interpretations, and recommendations may be conducted only by the licensed psychologist.
Staff to Client Ratio	<ul style="list-style-type: none"> • One to one
Hours of Operation	<ul style="list-style-type: none"> • Day, evening hours and may include weekends • Ideally, the hours of service should not conflict with the juvenile’s academic day
Desired Service Outcomes	<ul style="list-style-type: none"> • To provide a comprehensive report describing the cognitive, emotional, behavioral, trauma, and/or educational needs of the juvenile and family and to assess behavioral health and emotional needs of the individual within the individual’s cultural context and delineate between the neurologically based causes for behavior versus an emotional dysfunction. • The report will make treatment recommendations to address the juvenile’s needs, at the least restrictive level of care. • Addendums and updates will provide supplemental or updated information related to the original report.
Unit of Service	<ul style="list-style-type: none"> • Neuro-Psychological Evaluation, Evaluation Addendum, or Evaluation Update: One unit equals one Evaluation, Addendum, or Update and includes the written report for the Evaluation or Update • Professional Consultation: One unit equals a 15-minute increment and only as authorized on SAF



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Proposed Services & Rates:

Neuropsychological Evaluation	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Evaluation Addendum (sc 118)	\$ <u>150.00</u> / addendum
Other Proposed Service Rate: Evaluation Addendum (sc 118)	\$ _____ / addendum
Evaluation Update (sc 119)	\$ <u>465.00</u> / update
Other Proposed Service Rate: Evaluation Update (sc 119)	\$ _____ / update
Neuropsychological Evaluation (sc 124)	\$ <u>1,300.00</u> / evaluation
Other Proposed Service Rate: Neuropsychological Evaluation (sc 124)	\$ _____ / evaluation
Professional Consultation (sc 180)	\$ <u>35.00</u> / 15 minutes (PhD)
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ _____ / 15 minutes (PhD)

Other agreement:

By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Neuropsychological Evaluation services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date



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AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Services & Rates:

Neuropsychological Evaluation	Rate:
Evaluation Addendum (sc 118)	\$_____ / addendum
Evaluation Update (sc 119)	\$_____ / update
Neuropsychological Evaluation (sc 124)	\$_____ / evaluation
Professional Consultation (sc 180)	\$_____ / 15 minutes

Other agreement:

All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Neuropsychological Evaluation services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date

AOC Signature / Date