

# Court-Referred Cases

## SECTION 14: COURT-REFERRED CASES

### 14.1 Court-Referred Cases

#### 14.1.1 Referrals

Providers will accept referrals from the County and attempt to contact the consumer within a week of receipt of the referral. A face to face appointment must be completed within 20 days of receipt of the referral. If an appointment can not be scheduled within this time period, provider must return the referral packet to Youth Link as soon as possible. Providers will notify the Youth Link Case Manager or Managed Care verbally of availability to receive new consumers.

When working with a dependent minor, the minor's attorney (or the minor if found by the court to be of sufficient age and maturity [see Welf. & Inst. Code sect. 317, subd. (f)], holds the privilege of confidentiality for the minor; but a court order also serves as consent for the minor. Most, if not all, court orders for dependent children include a "free exchange of information" statement. If the client is an adult, he/she has to sign a consent if being assessed for treatment. An adult continues to hold his/her own privilege of confidentiality, and an Authorization to Release information is required when being assessed for treatment.

#### 14.1.2 Payment

Requests for payment for services will follow the same procedure as outlined in the Billing Section.

#### 14.1.3 Quarterly Report

The Department of Children and Family Services requires the submission of quarterly activity reports detailing the work accomplished during the reporting period, work to be accomplished during the subsequent reporting period, and problems, existing or anticipated, which should be brought to the County's attention.

**Quarterly reports must be mailed or faxed to Managed Care within 15 days at the end of each quarter.** The quarter starts on the date of the initial six month assessment and continues

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every quarter thereafter. For example, if the initial authorization for six months is effective on May 16, the first quarterly report will be due on August 16. The MHP may send a reminder letter advising providers of the Quarterly Report due date, however the provider is still held accountable for submitting Quarterly Reports in a timely manner. The County shall reserve the right to deny payment for reports that are not submitted within the time frames.

Please refer to end of this section for Clinician's Quarterly Report form.

### 14.2 Specialty Mental Health Services – Definitions and Requirements

#### 14.2.1 Mental Health Assessment [MHA]

➤ **Information Needed by DCFS for Court Use:**

1. Does the individual (minor or adult) have a need for mental health treatment? Can the individual benefit from such treatment? If not, why not?
2. Assess and state whether or not a psychiatric medication evaluation or psychiatric evaluation is needed. If needed, a referral will be sent by a Licensed/Waivered Mental Health Clinician to a designated Psychiatrist.
3. If mental health services are not recommended, are there any other services you would recommend? If yes, what are those services? What type of mental health treatment or services?
4. In an appropriate situation, the Court may order that the Mental Health Assessment and any recommended treatment (including the need for a psychiatric medication evaluation) be expedited.

➤ **Definition**

A structured, analytical interview of the client conducted by a Licensed/Waivered Mental Health Clinician, which includes a clinical assessment, mental status examination, and definition or rule out of clinical diagnosis (DSM IV-TR). Requires review of available records of any previous mental health treatment, and CPS referral documents, with contact as possible with the referring social worker.

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- **Outcome**

A written clinical summary with any recommendations for mental health services. As necessary, a referral for a psychiatric or psychological evaluation regarding the need for medication and/or a consultation regarding a diagnosis and treatment plan. A letter to the CPS social worker or case manager based on the assessment, with indication of any need for treatment (may include recommendations or suggestions on the overall case plan, such as whether the client would benefit from drug treatment, anger management, or parenting programs) and information regarding whether, and to whom the client was referred for further evaluations.
  
- **Service Code Utilized and Billing**

When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 120 minutes will be authorized and may be billed if utilized. If the mental health assessment is of an infant 0-36 months old, up to 180 minutes will be allowed. The Infant and Family Mental Health Addendum must be completed and submitted with the assessment and plan of care.

### 14.2.2 Psychological Evaluation I [Psychol Eval I]

- **Information Needed by DCFS for Court Use**

Will be specified by the court at the time the study is requested, and will be included in the referral packet information. However, information requested will often be in the nature of:

  1. Does the individual have a disabling mental disorder (e.g., schizophrenia, schizoaffective disorder, depressive disorder, or bipolar disorder)?
  2. Does the individual show evidence of mental retardation?
  3. Does the individual have a diagnosed physical condition/disability that impairs his/her parenting, and if so, what services should be provided to remedy the impairment?
  4. Is the parent capable of utilizing reunification services so that the child may be returned to the parent's custody?
  
- **Outcome**

A formal written report to the court that includes comprehensive diagnostic information and an overall

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assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment, and answers to all questions asked by the court and referring social worker.

➤ **Definition**

A structured analytical interview with the client conducted by a Licensed Psychologist or Waivered Psychologist under supervision of a Licensed Psychologist that includes a clinical assessment, mental status examination, and may include use of testing instruments, and definition or rule out of clinical diagnosis (DSM IV-TR). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

Assess whether failure to provide reunification will be detrimental to the child because the child is closely and positively attached to that parent.

➤ **Service Code Utilized and Billing**

When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.3a Psychological Evaluation II-a [Psychol Eval II-a]

#### **Evaluation pursuant to Welfare and Institutions Code section 361.5(b)(2) – mental impairment and ability to benefit from reunification services in a timely manner**

➤ **Information Needed by DCFS for Court Use**

1. Does the parent(s) or guardian(s) suffer from a mental disability? Mental disability is defined to mean that the parent suffers any mental incapacity or disorder which renders the parent unable to adequately care for and control the child.
2. If the parent suffers from such a mental disability, does the disability render the parent incapable of utilizing reunification services?

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3. If the parent suffers from such a mental disability and that disability does not render the parent incapable of utilizing reunification services, does the mental disability nevertheless make it unlikely that the parent will be capable of learning from reunification services six or twelve months so that he/she will be able to adequately care for the child?
4. If, in the evaluator's opinion, the parent could learn from reunification services within the statutory time limits, what are the recommendations regarding what services should be included?

➤ **Definition**

A structured analytical interview with the parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, definition or rule out of clinical diagnosis (DSM IV-TR), and is performed only by a Licensed Psychologist with a doctoral degree in psychology and at least five (5) years of postgraduate experience (no waived staff). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible.

➤ **Outcome**

A formal written report to the court that includes an overall assessment of functioning and answers yes or no to the above four questions with an explanation for each answer.

- **Service Code and Billing** When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be pre-authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.3b Specialized Evaluation II-b [Spec. Eval II-b]

- **Evaluation pursuant to Welfare and Institutions Code section 361.5(b)(5) & (c)(¶ 3) – severe physical abuse of a child under the age of 5**

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### ➤ **Information Needed by DCFS for Court Use**

If the Juvenile Court has found that the child is under the age of 5 and suffered severe physical abuse by the parent, the Juvenile Court may order reunification services be provided to the parent or guardian, only if the Court can find, based upon competent evidence, that: 1) Reunification services are likely to prevent re-abuse or continued neglect of the child within the statutory time frames; or that, 2) Failure to try reunification will be detrimental to the child because the child is closely and positively attached to that parent. Please note that the child/parent attachment referenced here is that which is felt or exhibited by the minor towards the parent, not vice versa.

The following are the issues you need to address in your report regarding your evaluation of the parent/guardian and the minor. The law identifies the following factors as being “among the factors indicating that reunification services are unlikely to be successful.”

1. The failure of the parent to respond to previous services;
2. The fact that the child was abused while the parent was under the influence of drugs or alcohol;
3. A past history of violent behavior;
4. Whether the parent’s behavior is unlikely to be changed by services within the relevant statutory time frame. The statutory time frame will be either six or twelve months depending on the age of the child and related matters. The referral should specify which time frame applies. If the statutory time frame is not specified and your assessment would be different depending on the allowable time frame, please contact the social worker for clarification.

### ➤ **Outcome**

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment. Also, you need to answer yes or no with an explanation as to whether reunification services are likely to prevent re-abuse or continued neglect of the child, and whether failure to try reunification will be detrimental to the

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child because the child is closely and positively attached to that parent.

- **Definition**  
A structured analytical interview with the parent or guardian, which consists of clinical assessment, mental status examination, and definition or rule out of clinical diagnosis (DSM IV-TR). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible. Evaluation may be done by an LMFT, LCSW, or waived or licensed psychologist.
- **Service Code and Billing**  
When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.3c Specialized Evaluation II-c [Spec. Eval II-c]

- **Evaluation pursuant to Welfare and Institutions Code section 361.5(b)(6) – severe physical harm or severe sexual abuse**
- **Information Needed by DCFS for Court Use**  
The court may deny reunification services to a parent whose child has been made a dependent of the Juvenile Court as a result of severe sexual abuse or the infliction of severe physical harm on that child or a sibling. In order to deny reunification services to a parent, the statute requires the court to find that “it would not benefit the child to pursue reunification services with the offending parent or guardian”.

The Court has ordered the minor and the parent/guardian to undergo an evaluation to assist in determining whether or not the minor would benefit from the pursuit of reunification services with the parent/guardian. In determining whether providing reunification services will benefit the minor, the

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court is to consider any information it finds relevant, including:

1. The specific act or omission comprising the severe sexual abuse or the severe physical harm inflicted on the child or the child's sibling or half-sibling.
2. The circumstances under which the abuse or harm was inflicted on the child or the child's sibling or half-sibling.
3. The severity of the emotional trauma suffered by the child or the child's sibling or half-sibling.
4. Any history of abuse of other children by the offending parent or guardian.
5. The likelihood that the child may be safely returned to the care of the offending parent or guardian within 12 months with no continuing supervision.
6. Whether or not the child desires to be reunified with the offending parent or guardian.

Please consider these factors and any other information you consider relevant in rendering your opinion as to whether or not the minor would benefit from the pursuit of reunification services.



### **Outcome**

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problems(s) deemed necessary per clinical assessment, and an opinion as to whether providing reunification services will benefit the minor.



### **Definition**

A structured analytical interview with the minor, parent or guardian, which consists of clinical assessment, mental status examination, and definition or rule out of clinical diagnosis (DSM IV-TR). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible. Evaluation may be done by an LMFT, LCSW, or waived or licensed psychologist.



### **Service Code Utilized and Billing**

When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 480 individual



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assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.4a Risk Assessment Evaluation [Risk Assess Eval]

➤ **Definition**

This study is conducted to determine the level of risk a child will experience if returned to (or, in some cases, allowed to visit with) their parent. The study is most frequently requested at the initial detention hearing or during the reunification period, after services have been provided to a parent, and prior to the child being returned home. A structured analytical interview with the parent or guardian, which consists of clinical assessment, use of testing instruments, mental status examination, and definition or rule out of clinical diagnosis (DSM IV-TR). Also includes a review of CPS and mental health services received to date and contact with relevant others as necessary and possible. Evaluation may be done by an LMFT, LCSW, or waived or licensed psychologist.

➤ **Outcome**

A formal written report to the court that includes comprehensive diagnostic information and an overall assessment of functioning, with recommendations for treatment of any problem(s) deemed necessary per clinical assessment, and an opinion as to whether there is risk of the child being physically, sexually, and/or emotionally abused by the parent, or would suffer any other detriment if the child is allowed to visit with the parent or is returned home to the parent. If the opinion is that there would be risk in visitation, the provider should include recommendations regarding what (if any) visitation is recommended. For example, would supervision eliminate the risk? Are there particular persons who should/should not supervise? Would visitation limited to certain locales eliminate the risk? Etc.

➤ **Service Code and Billing**

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When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 480 individual assessment minutes (equivalent to 8 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.4b Indian Child Welfare Act (ICWA) Risk Assessment [ICWA Risk Assess]

**If the case comes within the Indian Child Welfare Act, the court is required to have a "qualified expert witness" do a specialized risk assessment.** To do this, the evaluator needs to be considered a "qualified expert witness" under the ICWA and needs provide the information set forth below in a report, which needs to be signed as a declaration.

Under California Rules of Court, rule 1439(a) (10), the written declaration as a "qualified expert witness" needs to include the following information:

1. Either as an introductory part of the report, or in a cover letter, set forth information that establishes the evaluator's qualifications as an expert. California Rules of Court, rule 1439(a) (10) provides four different ways one can be a qualified expert witness.  
"Qualified expert witness" means a person qualified to address the issue of whether continued custody by a parent or Indian custodian is likely to result in serious physical or emotional damage to the child. Persons most likely to be considered such an expert are:
  - (A) a member of a tribe with knowledge of Indian family organization and child rearing; or
  - (B) a lay expert with substantial experience in Indian child and family services and extensive knowledge of the social and cultural standards and child-rearing practices of Indian tribes, specifically the child's tribe, if possible; or
  - (C) a professional person with substantial education and experience in Indian child and family services and in the social and cultural standards of

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Indian tribes, specifically the child's tribe, if possible;  
or

(D) a professional person having substantial education and experience in the area of his or her specialty.

2. The ICWA risk assessment needs to include a list of the reviewed records and persons, if any, interviewed, including any Tribal representative(s). For the interviews, please indicate whether these were by telephone or in-person, and how much time was spent with each. If the interviews were in-person, please indicate where they took place. If the evaluator relies on any particular scholarly resources are relied upon, please note them, either in this section or in the analysis section described below. The evaluation may be done by an LMFT, LCSW, or waived or licensed psychologist.
3. Outline the relevant facts gathered for the assessment.
4. Answer yes or no, with explanation, as to "whether continued custody by a parent or Indian custodian is likely to result in serious physical or emotional damage to the child."
5. Analyze how the facts and any information known to you as a result of your experience, education and training led you to this opinion.
6. End your declaration with the following statement:

I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on \_\_\_\_\_, 200\_\_, at \_\_\_\_\_, California.

Signed: \_\_\_\_\_

### **14.2.5 Family Psychodynamic Formulation [Fam. Psychodynamic Formulation]**

#### **➤ Information Needed by DCFS for Court Use**

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1. What are the conflicts and dysfunction that exist within the family unit?
2. Can the family work together to resolve their conflicts/dysfunction to meet the best interests of the child?
3. What are the needs of the family as a unit?
4. What is needed for the family to reach an appropriate resolution regarding the placement of the child?

➤ **Definition**

A structured analytical interview conducted by a Licensed Mental Health Clinician or Waivered Psychologist if under the supervision of Licensed Psychologist, which consists of a clinical assessment (define or rule out clinical diagnosis using DSM IV-TR) and family session(s) with all relevant family members, to identify the roles inhabited by the members and their interactive patterns. Also includes a review of all available CPS and mental health records and interview with relevant professionals (CPS, school personnel, therapists, etc.).

➤ **Outcome**

A formal written report that includes an evaluation of family psychodynamics, the impact on family members, recommendation for any needed mental health treatment services and/or other interventions that may assist the family to reach a needed resolution (for example, appropriate placement of a child).

➤ **Service Code and Billing**

When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.6 Bonding Study

#### 14.2.6a Bonding I [Bond I]

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## Information Needed by DCFS for Court Use

### Evaluation pursuant to Welfare and Institutions Code section 366.26(c)(1)(A) – re: child's relationship to parent

#### Definition

This study is conducted when the case is set for a permanent plan hearing and possible termination of parental rights. It is a structured forensic, analytical interview including a mental health assessment (define or rule out clinical diagnosis using DSM IV-TR) of both parent(s) and the child (ren). It includes assessment of the interaction between the parent(s) and the child (ren) and may include the use of testing instruments as needed to more accurately gauge the strength of the bond between child and parent. It may also include the current care provider(s) or prospective adoptive parent(s) when ordered by the court.

These studies are to be performed only by a Licensed Mental Health Clinician with appropriate experience or a Waivered Psychologist working under a qualified Licensed Psychologist.

1. Do the child and the parent have a child/parent relationship (as opposed to that of a child with a friend, occasional baby-sitter, or extended family member)? If yes, describe the relationship.
2. If the answer to question #1 is yes, does the child have a substantial, positive emotional attachment to the parent such that the child would be greatly harmed if this child/parent relationship were terminated?
3. If the answer to question #2 is yes, would continuing this child/parent relationship promote the well-being of the child to such a degree as to outweigh the well-being the child would gain in a permanent home with adoptive parents?
4. **NOTE: If the case comes within the Indian Child Welfare Act (ICWA), you will need also to include an Indian Child Welfare Act (ICWA) Risk Assessment as set forth in section 14.2.4b above.**

#### 14.2.6b Bonding II [Bond II]

## Information Needed by DCFS for Court Use

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This is a non-statutory bonding study ordered by the court. The court will specify the scope of the study and the DCFS social worker will provide appropriate information in the referral packet.

- **Definition**  
The study is requested for a specific purpose other than Bonding I. It is a structured forensic, analytical interview including a mental health assessment (define or rule out clinical diagnosis using DSM IV-TR) of both parent(s) or whoever has been identified by the court to participate in the study and the child(ren). It includes assessment of the interaction between the parent(s) and the child(ren). Testing instruments may be used as needed to more accurately gauge the strength of the bond between parent and child. Bonding Study II may be performed by a qualified licensed mental health clinician as defined in Bonding I section.

### Reporting on Bonding Studies I and II

- **Outcome**  
A formal written report that includes an assessment of the attachment between child and parent, the observations and results from the interview with parent and child (or other adult), and answers to the identified questions.
- **Service Code Utilized and Billing**  
When billing for Bonding I or II Studies the provider shall use the assessment code: **X9504M**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.6c Sibling Relationship Assessment [Sib Relationship Assess]

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- **Evaluation pursuant to Welfare and Institutions Code section 366.26(c)(1)(E)—child's relationship with sibling(s)**

- **Information Needed by DCFS for Court Use**

When a child whose parents have failed to reunify is considered likely to be adopted, the court must terminate parental rights unless the court finds one of five specified "compelling reasons to determine that termination of rights would be detrimental to the child." One compelling reason set forth in the law is where "there would be substantial interference with a child's sibling relationship ...."

The court must use the following analytical framework to determine if there would be a substantial interference with the relationship:

1. Does the child have a sibling relationship with his/her sibling(s)?
2. If the answer to question #1 is yes, is the nature and extent of the child's relationship with the sibling(s) such that the child would be greatly harmed if this relationship were terminated?
3. If the answer to question #2 is yes, would continuing the child's relationship with the sibling(s) promote the child's well-being to such a degree as to outweigh the well-being the child would gain in a permanent home with adoptive parents?

The following are issues you need to address in your report regarding your evaluation of the child's relationship with his/her sibling(s):

1. The nature and extent of the relationship between the siblings;
2. Whether the child was raised with the sibling(s) in the same home;
3. Whether the child shared significant common experiences or has existing close and strong bonds with the sibling(s); and,
4. Whether ongoing contact with the sibling(s) is in the child's best interest, including the child's long-term emotional interest, as compared to the benefit of legal permanence through adoption?

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5. If there is an overriding need for on-going contact with the sibling(s), can this need be met through the adopting parents' agreeing to and allowing post-adoption sibling contact?

➤ **Definition**

This study is conducted when the case is set for a permanent plan hearing and possible termination of parental rights. Evaluation may be done by an LMFT, LCSW, or waived or licensed psychologist.

➤ **Outcome**

A formal written report that includes an assessment of the relationship between the child and sibling(s), the observations and results from the interview with the child and sibling(s) (or other persons), and answers yes or no to each of the identified questions.

➤ **Service Code Utilized and Billing**

When billing for Sibling Relationship Assessment the provider shall use the assessment code: **X9504M**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, the provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

### 14.2.7 Attachment Assessment [Attach Assess]

A baseline assessment for purposes of reunification planning, recommendations to dependency court, and mental health treatment planning. The court will usually specify the persons (e.g. parent(s), caretaker(s), etc.) whose relationship with the child is to be assessed.

➤ **Information Needed by DCFS for Court Use**

1. Is the child attached to the parent/caretaker? In answering this question describe the nature of the attachment relationship based on the adult's behaviors, the child's behaviors and the interaction of the two.
2. Is the parent/caretaker bonded to the child? In answering this question describe the nature of the



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attachment relationship based on the adult's behaviors, the child's behaviors and the interaction of the two.

3. Are there any concerns about parent/caretaker's history or behaviors that would prevent a recommendation for that parent/caretaker to have contact with or participate in parent-child attachment treatment with this child? In answering this question describe the nature of reported history or observed behaviors that raises this concern.
4. Is there evidence to suggest that this parent/caretaker dyad is at risk for attachment related difficulties? If yes, is mental health intervention recommended? If yes, please answer the following:
  - a) What type of services would be most likely to optimize the attachment?
  - b) Who should participate in the intervention?
  - c) How intensively and over what time period should services be provided?
5. Does the child already show evidence of attachment-related difficulties or disturbance? If yes, is mental health intervention recommended? If yes, please answer the following:
  - a) What type of services would be most likely to optimize the attachment?
  - b) Who should participate in the intervention?
  - c) How intensively and over what time period should services be provided?

### ➤ **Definition**

The Attachment Assessment is requested for reunification and treatment planning. It is a structured analytical interview performed only by a Licensed Mental Health Clinician with appropriate experience that includes a clinical assessment of the interaction between the parent/care provider(s) and the child. Infant Family Mental Health training is required if any of the children are 0-36 months old. The Court may order the assessment of any parents being considered for reunification or any other adults who are being considered for permanent placement. The Clinician may choose, for behavior comparison or treatment planning, to assess the relationship with the current foster parent or other adults in the child's life who have had a major role as an attachment figure or emotional support. Testing instruments are encouraged to be used as needed to

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more accurately gauge the strength and quality of the attachment between parent and child.

- **Outcome**  
A formal written report for the court that includes an assessment of the attachment between child and parent and/or caregivers, the observations and results from the interview with parent/caregivers and child, and answers to the identified questions. A formal assessment and Plan of Care submitted to Managed Care to authorize further services if treatment is deemed medically necessary.
  
- **Service Code Utilized and Billing**  
When billing for this service, provider shall use the assessment code: **X9504M**. A maximum of 600 minutes (equivalent to 10 hours of service time) will be authorized and may be billed if utilized. Time spent in writing the report and collateral contacts are included in the package. If provider needs more than 10 hours to perform this service, provider must contact Managed Care for prior authorization. Progress notes documenting the time spent must be prepared and a copy of the report must be included with the final claim.

Provider must refer beneficiary to the MHP when provider determines that additional mental health services are necessary after performing a psychological evaluation, bonding study, family psychodynamic formulation, or attachment assessment. The same provider who performed these special services and recommended treatment cannot provide continuing mental health treatment to the same beneficiary.

### 14.2.8 Court Testimony

- **Outcome**  
On-site court testimony (CT) of assessment and evaluation findings; recommendations for treatment and service plan regarding reunification, maintenance, and termination of parental rights; justification for recommendations.
  
- **Service Code Utilized** When billing for this service, provider shall use the code: CT.

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### 14.2.9 Court Report

➤ **Outcome**

Documented report of assessment and evaluation findings; progress in treatment; recommendations for treatment and service plan regarding unification, maintenance and termination of parental rights; and justification for recommendations.

If a court report (**CR**) is submitted covering the quarter for which a **QR** is due, provider may submit this report to Managed Care, using the **QR** form or a format that includes all the required elements in addition to the **CR**. This will keep providers in compliance with the **QR** requirement (Section 14.1.3) and avoid duplication. Should the **CR** contain all the information desired by the court; the **CR** can be identified as submitted in lieu of the **QR**.

➤ **Service Code Utilized and Billing**

When billing for this service, provider shall use the code: **CR**. Provider may only bill for court reports separately when prepared for purposes **other** than for the four services described above.

Clinician's Quarterly Reports must be billed using the code: **QR**. Provider may only bill for **CR** or **QR**. Double billing will be disallowed if providing similar information for the same period of service. Provider must attach copy of the CR or QR with the HCFA 1500 claim.

### 14.2.10 Non Medi-Cal Eligible Youth Link Clients Who Becomes Retro Medi-Cal (9-1-04)

Youth Link may refer non Medi-Cal eligible clients to YL providers for mental health assessment or other mental health services required by the Courts. The YL referral packet includes an authorization form (in purple color) for the requested service and information on whom to send the Assessment and Plan of Care should the client continue to be ineligible for Medi-Cal. Payment for services provided to these clients is through the Central Desk of the Department of Children and Family Services.

Change in funding status may occur while the client is in the middle of treatment. As stated in the Billing and Claims

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section of this Manual, the provider is responsible to check Medi-Cal eligibility at the beginning of each month. Once the client becomes eligible for Medi-Cal, payment for services shifts to Managed Care. Provider must mail or fax to Managed Care a copy of the Mental Health Assessment and Plan of Care within 7 working days of identification of Medi-Cal eligibility for authorization of services. Provider will use the Managed Care Authorization Request Fax Cover Sheet (see Forms Section) for easy identification and prompt processing of provider's request.

### LIST OF REPORTS

Referral Number	Name And Court Abbreviation	Page Number
14.2.1	<b>Mental Health Assessment</b> [MHA]	14.2
14.2.2	<b>Psychological Evaluation I</b> [Psychol Eval 1]	14.3
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14.2.3b	<b>Specialized Evaluation II-b</b> [Spec. Eval II-b]	14.6
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