SEEKING NEW PROVIDERS



ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES Psychological Evaluation and Neuropsychological Evaluation

The Department of Children and Family Services (DCFS) is interested in adding new providers who are trained to administer Psychological Evaluations (PE) and/or Neuropsychological Evaluations (NP). PEs and NPs s are requested to provide information that will clarify diagnosis, identify treatment needs, and guide treatment for youth in care as well as parents whose children are in care. A PE and an NP are evaluations conducted by a DCFS-approved, Licensed Clinical Psychologist who gathers information about the mental health, socal, and cogntive functioning of a youth and/or parent of a youth. PEs and NPs will provide clinical recommendations on how to address mental health needs in a variety of settings including at home, at school, and in therapuetic services. PEs and NPs involve interviewing, conducting psychological and/or Neuropsychological assessments, and a thourough record review (previous psycho/social assessments, service plans, clinical records, school records, and past psychological/psychiatric assessments).

I. Credentials of Applicants

Licensed Clinical Psychologist with expertise in child development and parent/child assessment, is trauma-informed, and has a minimum of three years professional experience in mental health and child welfare services. For Neuropsychological providers, there needs to be specialized training and experience in providing neuropsychological assessments in clinical settings.

II. Demonstrating Expertise

Applicants should demonstrate experience through relevant coursework, post-degree training and education, and related work experience. Specifically, applicants should have completed coursework and training in areas of child development, family system, attachment theory, child custody issues, and child welfare. For



neuropsychological providers, applicants should have completed coursework and training in neuropsychological assessments. Additional training in domestic violence issues, neglect/abuse issues, and adoption/termination of parental rights issues are particularly useful. *Applicants are required to submit and application, proof of malpractice insurance and current curriculum vitae to document experience and supervised training in conducting assessments with parents and their children.*

For questions regarding qualifications, application and compensation, contact the Illinois Department of Children and Family Services Psychology and Psychiatry Program Director, Dr. Erin Alexander email at <u>Erin.Alexander@illinois.gov</u>.

Application for Provider of Psychological Evaluation

Thank you for your interest in becoming a provider of psychological evaluations for the Department of Children and Family Services (DCFS). This document outlines the procedures and criteria for applying to be a member of the list of approved, licensed clinical psychologists to provide psychological evaluation services to DCFS. For any questions, contact Psychology & Psychiatry Program Administrator, Erin Alexander, PsyD via telephone at 312.523.3584, via email at Erin.Alexander@illinois.gov or at the 1911 S Indiana DCFS Office address listed on the application.

Credentials of Applicants: To serve as a provider of psychological evaluation services for DCFS, the applicant must meet the following criteria:

Licensure as a clinical psychologist & Proof of Insurance

The applicant must be a licensed clinical psychologist in the state of Illinois with malpractice insurance. With prior approval from the Psychology & Psychiatry Program Administrator, a licensed psychologist from an adjoining state may submit application materials to provide evaluation services. Applicants licensed in a state other than Illinois must submit documentation of training experiences equivalent to that sought by the Illinois Department of Professional Regulation (e.g., licensed psychologists in the State of Indiana must also have at least one year of supervised post-doctoral training). Out-of-state licensed psychologists will only be utilized when an Illinois licensed psychologist is unavailable to assess the client or does not possess the needed expertise. *To document licensure, applicants are asked to submit a copy of their current state license as a clinical psychologist and proof of malpractice insurance*.

Indication of direct supervision by a DCFS-approved licensed psychologist

A non-licensed individual who has obtained a master's degree or is working toward his or her doctorate in clinical or school psychology may submit application materials to become a provider working under the direct supervision of a DCFS Approved, licensed clinical psychologist. The DCFS Approved licensed psychologist is ultimately accountable for any work completed by the unlicensed individual, including administration, scoring, interpretation, and writing of the psychological report. Persons under supervision are *only* eligible to provide testing in the *same domains* as the supervisor. *After the licensed psychologist has been approved, please request an Application for Psychology Provider Working Under Direct Supervision. The assessment of DCFS clients* <u>cannot be done as part of a practicum</u>.

Documented Experience in Designated Domains of Assessment

Psychologists seeking to be selected from the pool for service by DCFS must demonstrate experience in assessing clients in the domains designated by DCFS. **Designated domains** are 0-3 years-old, 4-5 years-old, 6-12 years-old, 13-18 years-old, adult, pediatric neuropsychological and adult neuropsychological assessment. These areas have been selected to ensure that applicants are sensitive to the developmental, emotional, social, academic, and vocational issues facing DCFS clients.

Applicants must be familiar with the administration and interpretation of the kinds of tests typically administered to different age groups and must be able to organize their reports in a manner consistent with the needs of the Department. *Each applicant is required to submit a current <u>curriculum vita</u> that documents the applicant's experience and supervised training in the domains for which the applicant is seeking to provide service. Applicants seeking to provide pediatric or adult neuropsychological evaluations must complete the Application for Provider of Neuropsychological Evaluation and submit additional documentation as described in the application. Non-licensed persons are not permitted to conduct neuropsychological evaluations.*

Work Samples Demonstrating Expertise in Domains of Assessment

Applicants seeking to provide psychological evaluation services for the Department are required to submit at least *three full battery psychological evaluation reports* as work samples. At least one work sample shall be submitted for each domain in which the applicant wishes to provide service.

Full battery evaluation reports are required to ensure that applicants are able to address the kinds of referral questions that they might receive from DCFS and are able to organize and present their findings in a manner consistent with Departmental guidelines. Please note, applicants should not submit the following kinds of evaluations as work samples: competency to stand trial, brief or partial evaluations (e.g., cognitive assessment only), Children with Sexually Behavior Problems (CSBP), clinical interviews, treatment summaries, vocational evaluations, or bonding assessments.

Licensed applicants must submit work samples on which they were the sole authors and on which they completed all aspects of the evaluation. Reports on which licensed applicants supervised the work of others will not be accepted. To maintain the confidentiality of their clients, applicants should delete critical identifying information of non-DCFS clients. Work samples should contain at least the following kinds of information and adhere to the format outlined below in the section "General Guidelines." It is understood that not all previously completed reports will meet our current guidelines.

Documentation of Previous Complaints or Judgments

If the Department of Professional Regulation has brought a complaint or judgment against an applicant, the applicant must submit a written explanation and discussion of the reasons for and disposition of the complaint or judgment.

Completion of Application

All applicants must complete the attached "Application for Psychology Providers" documenting contact information, history of prior work with the Department, and domains of assessment in which the applicant is seeking approval. *Please include with the application and report samples a copy of your license and proof of malpractice insurance.*

Review Process

The selection process is designed to assess the applicant's ability to provide the kinds of reports that will enable the Department to meet the needs of its clients. The selection process does not claim in any way to measure the *general competence* of applicants. It is understood that not all previously completed reports will meet current "DCFS Guidelines for Preparing a Psychological Evaluation Report." Once approved, you will be expected to comply with these guidelines. Members of the Psychology QI Committee will independently review the materials submitted and. Based upon a review of the materials submitted to assess the provider's ability to address the areas that are important for DCFS reports, the applicants will be assigned to one of the following five categories:

- <u>Approve</u> (i.e., no areas of concern were noted in work samples)
- <u>Approve With Plan of Improvement</u> (i.e., some areas of concern were noted in work samples; this would include reports that followed prior guidelines)
- <u>Defer Because of Missing Credentials</u> (e.g., insufficient work samples were submitted)
- <u>Defer With Plan of Correction</u> (i.e., areas of concern noted in reports were sufficient enough that the provider will not be able to test for DCFS at this time, but may reapply in six months)
- <u>Reject</u> (i.e., areas of concern noted in reports were sufficient enough that provider will not be able to test for DCFS)

All providers are notified in writing of the results of the review process. Any areas of improvement or

correction noted by the reviewers will be detailed in these letters. Providers may contact the Program Administrator if they have questions or desire more detailed feedback about results. Providers who do not address the areas of improvement, by not following the procedure outlined in their Feedback Letter, may be removed from the DCFS Psychology Provider List, at which time their status would be changed to Deferred With Plan of Correction.

Provider Appeal Process

The selection process has been designed to establish a pool of psychological testing providers to provide the kind of psychological evaluations that would be most helpful to DCFS staff in their attempts to serve their clients. Like most selection processes, this selection process involves some subjectivity, and because of this, we allow applicants to appeal the decision. The applicant may write a letter to the Psychology Program Administrator indicating the reason for the appeal and requesting to submit new materials for a second review.

Provider List

Applicants who have been assigned a status of Approved or Approved With Plan of Improvement are placed on the DCFS Psychology Provider List. The list does not distinguish between those providers who were Approved and those who were Approved With Plan of Improvement. The Approved Provider List is updated at least every quarter to ensure that providers who have been accepted will be available to take referrals. The list notes the domains of assessment in which the provider has been accepted to provide service. DCFS and POS agency Case Workers and Supervisors are responsible for choosing the psychologist from this list who will complete approved psychological evaluations.

Seeking Approval for Additional Domains of Assessment

Psychology providers seeking approval in additional domains of assessment must submit at least two work samples for each additional domain. These work samples will be reviewed in the manner described above. Providers seeking approval in adult and pediatric neuropsychological evaluations must follow the guidelines for these domains established in the "DCFS Selection Guidelines for Neuropsychological Evaluations."

Quality Improvement

Periodic quality improvement reviews of the psychologist's work will occur to determine the degree to which the provider is addressing the areas of improvement noted by reviewers. Providers whose initial work samples reveal a significant number of areas of improvement may be monitored more closely than other providers. DCFS may also gather information concerning the provider's timeliness in completing evaluations and their availability to DCFS staff for additional feedback or consultation concerning their reports.

Please request a separate application for the following assessment types: *Pediatric Neuropsychology, Adult Neuropsychology, Parenting Capacity Assessment and/or Psychology Provider Working Under Direct Supervision.*

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

APPLICATION FOR PROVIDER OF PSYCHOLOGICAL EVALUATION

SECTION I – Information (Please Print Legibly)

	MI	Last Name		Degree
Employer/Company Nam	ne (if applicable)	Medicaid Certified: 🗆 YES	\Box NO	
Address		City	State	Zip
Area Code & Phone Nun	nber	Email Address		
	Department Of Professi	ional Regulation License #		
□ I have Malpractice		□ My clinical ps of malpractice insurance & cop		icense is current se)
Previous work perfo	rmed by psychologist for	DCFS:		
1 0				
	:			
Date(s) From.	·			
Date(s) From. Nature of work:	·	<i>To:</i>		
Date(s) From. Nature of work: Date(s) From.	:	<i>To:</i>		
Date(s) From. Nature of work: Date(s) From. Nature of work: Have there been any	complaints or judgment	To: To:		

SECTION II – Preferences

Preferred Region(s) for testing:		
Cook North	Cook Central	\Box Cook South
□ Northern Region	Central Region	Southern Region

Willing to travel to locations in or around your region/subregion? \Box *YES* \Box *NO* \Box *OCCASSIONALY* (*Additional fee available for home-based assessment*)

□ I will only test in my office

SECTION III – Domains of Assessment

Please check ages/areas of testing for which you are seeking approval AND any specialty areas: 0 - 3

Fluency in a language other the	an English. Identify language(s):
To better meet the needs of our	clients, please provide us with the following information:
Adult Neuropsychology	Other, please indicate
Child Neuropsychology	□ Visually Impaired/Blind
Adult	Hearing Impaired/ASL
□ 13 – 18	Autism
\bigcirc 6-12	$\Box DD/MR$
\Box 4-5	

□ Please check if you supervise graduate students or employ unlicensed individuals. Following your approval, you will be sent the APPLICATION FOR PSYCHOLOGY PROVIDERS WORKING UNDER DIRECT SUPERVISION

□ Please check if you would like to be sent the APPLICATION FOR PARENTING CAPACITY ASSESSMENT

Please mail this completed form with sample reports and requested documentation to:

Erin Alexander, PsyD Psychology Program Administrator 1911 S Indiana, 10th Floor Chicago, IL 60616

Application for Provider of Neuropsychological Evaluation

Thank you for your interest in becoming a provider of neuropsychological testing for the Department of Children and Family Services (DCFS). This document outlines the procedures and criteria for applying to be a member of the pool of licensed clinical neuropsychologists to provide neuropsychological evaluation services to DCFS. For any questions, contact Erin Alexander, PsyD via telephone at 312.523.3584, via email at Erin.Alexander@illinois.gov or at the DCFS 1911 S. Indiana Office address listed on the application.

Credentials of Applicants: To serve as a provider of neuropsychological evaluation services for DCFS, the applicant must meet the following criteria:

Licensure as a clinical psychologist & Proof of Insurance

The applicant must be a licensed clinical psychologist in the state of Illinois with malpractice insurance. With prior approval from the Psychology Program Administrator, a licensed psychologist from an adjoining state may submit application materials to provide evaluation services. Applicants licensed in a state other than Illinois must submit documentation of training experiences equivalent to that sought by the Illinois Department of Professional Regulation (e.g., licensed psychologists in the State of Indiana must also have at least one year of supervised post-doctoral training). Out-of-state licensed psychologists will only be utilized when an Illinois licensed psychologist is unavailable to assess the client or does not possess the needed expertise. *To document licensure, applicants are asked to submit a copy of their current state license as a clinical psychologist and proof of malpractice insurance.*

Testing may be completed by either technicians (advanced level graduate students), Master's level psychometricians or by interns. **Non-licensed persons are not permitted to conduct neuropsychological evaluations independently.** The final report must be reviewed and signed by the supervising Neuropsychologist.

Additional Criteria

- 1. Attainment of the ABCN/ABPP in Clinical Neuropsychology, or
- 2. Completion of a post-doctoral training program in Clinical Neuropsychology, or
- 3. Experience and training in the field of Neuropsychology as demonstrated by:
 - a. A minimum of one course in neuropsychological assessment at the graduate level and
 - b. Formal didactic and clinical training at the internship and/or practicum level **<u>and</u>**

c. At least 500 hours of supervised experience in clinical neuropsychological assessment either at the practicum or the internship level with supervision provided by a neuropsychologist who has met APA Division 40 standards (see below) or who has received the ABCN/ABPP in Clinical Neuropsychology.

APA Division 40's Definition of a Clinical Neuropsychologist•

A Clinical Neuropsychologist is a professional psychologist who applies principles of assessment and intervention based upon the scientific study of human behavior as it relates to normal and abnormal functioning of the central nervous system. The Clinical Neuropsychologist is a doctoral-level psychology provider of diagnostic and intervention services who has demonstrated competence in the application of such principles for human welfare following:

- 1) Successful completion of systematic didactic and experiential training in Neuropsychology and neuroscience at a regionally accredited university;
- 2) Two or more years of appropriate supervised training applying Neuropsychological services in a clinical setting;
- 3) Licensing and certification to provide psychological services to the public by the laws of the state or province in which he or she practices;
- 4) Review by one's peers as a test of these competencies. Attainment of the ABCN/ABPP Diploma in Clinical Neuropsychology is the clearest evidence of competence as a Clinical Neuropsychologist, assuring that all of these criteria have been met.

as outlined in "The TCN Guide to Professional Practice in Clinical Neuropsychology" (1992)

Documented Experience in Designated Domains of Assessment

Psychologists seeking to be selected from the pool for service by DCFS must demonstrate experience in assessing clients in the domains designated by DCFS. **Designated domains** are pediatric and adult neuropsychological assessment. These areas have been selected to ensure that applicants are sensitive to the developmental, emotional, social, academic, and vocational issues facing DCFS clients. <u>Applicants seeking to provide psychological evaluations or parenting capacity assessments must request specific applications for those areas.</u>

Applicants must be familiar with the administration and interpretation of the kinds of tests typically administered to different age groups and must be able to organize their reports in a manner consistent with the needs of the Department. *Each applicant is required to submit a current <u>curriculum vita</u> that documents the applicant's experiences and supervised training in the domains for which the applicant is seeking to provide service.*

Work Samples Demonstrating Expertise in Domains of Assessment

Applicants seeking to provide psychological testing services for the Department are required to submit at least <u>three full</u> <u>battery neuropsychological testing reports</u> as work samples. At least one work sample shall be submitted for each domain in which the applicant wishes to provide service. Full battery testing reports are required to ensure that applicants are able to address the kinds of referral questions that they might receive from DCFS and are able to organize and present their findings in a manner consistent with Departmental guidelines. Please note, applicants should not submit the following kinds of evaluations as work samples: competency to stand trial, brief or partial evaluations (e.g., cognitive assessment only, screenings), Children with Sexually Behavior Problems (CSBP), clinical interviews, treatment summaries, vocational evaluations, or bonding assessments.

For the purpose of being an approved provider, *licensed applicants must submit work samples on which they were the sole authors and on which they completed all aspects of the evaluation*. Reports on which licensed applicants supervised the work of others will not be accepted. To maintain the confidentiality of their clients, applicants should delete critical identifying information of non-DCFS clients. Work samples should contain at least the following kinds of information and adhere to the format outlined below in the section "General Guidelines." It is understood that not all previously completed reports will meet our current guidelines.

Completion of Application

All applicants must complete the attached "Application for Neuropsychology Providers" documenting contact information, history of prior work with the Department, and domains of assessment in which the applicant is seeking approval. *Please include with the application and report samples a copy of your license and proof of malpractice insurance.*

Documentation of Previous Complaints or Judgments

If the Department of Professional Regulation has brought a complaint or judgment against an applicant, the applicant must submit a written explanation and discussion of the reasons for and disposition of the complaint or judgment.

Review Process

The selection process is designed to assess the applicant's ability to provide the kinds of reports that will enable the Department to meet the needs of its clients. The selection process does not claim in any way to measure the *general competence* of applicants. It is understood that not all previously completed reports will meet current "DCFS Guidelines for Preparing a Neuropsychological Evaluation Report." Once approved, you will be expected to comply with these guidelines. Members of the Psychology QI Committee will independently review the materials submitted and. Based upon a review of the materials submitted to assess the provider's ability to address the areas that are important for DCFS reports, the applicants will be assigned to one of the following five categories:

- <u>Approve</u> (i.e., no areas of concern were noted in work samples)
- <u>Approve With Plan of Improvement (i.e., some areas of concern were noted in work samples; this would include reports that followed prior guidelines)</u>
- <u>Defer Because of Missing Credentials</u> (e.g., insufficient work samples were submitted)
- <u>Defer With Plan of Correction</u> (i.e., areas of concern noted in reports were sufficient enough that the provider will not be able to test for DCFS at this time, but may reapply in six months)
- <u>Reject</u> (i.e., areas of concern noted in reports were sufficient enough that provider will not be able to test for DCFS)

All providers are notified in writing of the results of the review process. Any areas of improvement or correction noted by the reviewers will be detailed in these letters. Providers may contact the Program Administrator if they have questions or desire more detailed feedback about results. Providers who do not address the areas of improvement, by not following the procedure outlined in their Feedback Letter, may be removed from the DCFS Psychology Provider List, at which time their status would be changed to Deferred With Plan of Correction.

Provider Appeal Process

The selection process has been designed to establish a pool of testing providers to provide the kind of evaluations that would be most helpful to DCFS staff in their attempts to serve their clients. Like most selection processes, this selection process involves some subjectivity, and because of this, we allow applicants to appeal the decision. The applicant may write a letter to the Psychology Program Administrator indicating the reason for the appeal and requesting to submit new materials for a second review.

Provider List

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Quality Improvement

Periodic quality improvement reviews of the psychologist's work will occur to determine the degree to which the provider is addressing the areas of improvement noted by reviewers. Providers whose initial work samples reveal a significant number of areas of improvement may be monitored more closely than other providers. DCFS may also gather information concerning the provider's timeliness in completing evaluations and their availability to DCFS staff for additional feedback or consultation concerning their reports.

Please request a separate application for the following assessment types: *Infant, Child and Adult Psychological Evaluations, Parenting Capacity Assessments and/or Psychology Provider Working Under Direct Supervision.*

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES

APPLICATION FOR NEUROPSYCHOLOGY PROVIDERS

SECTION I – Information (Please Print Legibly)

First Name	MI	Last Name	2	Degree
Employer/Company Name (if app	licable)	Medicaid Certified:	YES NO	UNKNOWN
Address		City	State	Zip
Area Code & Phone Number		Email Address		
Depar	rtment Of Profe	ssional Regulation License	e #	
I have Malpractice Insurd (Plea		<i>My clin</i> <i>f of malpractice insurance</i>		license is current se)
Previous work performed b	y psychologist f	for DCFS:		
Date(s) From:		<i>To</i> :		
Nature of work:				
Date(s) From:		<i>To:</i>		
Nature of work:				
1) What percentage of your	professional time	me is spent providing Neur	ropsychological	services?
(0 to 100%)	<u>%</u>			
2) Are you a member of (cl	heck all that app	oly):APA Div. 40	NANI	NS
 Approximately how man assessment did you r 		ervised clinical experience	in neuropsychol	ogical
Intern	cum level ship level octoral level	ho	ours ours ours	

Have there been any complaints or judgments filed with the Illinois Department of Professional Regulation concerning your work as a psychologist: Yes No

If Yes, please explain: _____

SECTION II – Preferences

Preferred Region(s) for testing:

Cook North	Cook Central		(Cook South
Northern Region	Central Region		S	Southern Region
Willing to travel to locations in or around your region/subregion? (Additional fee available for home-based assessment)		YES	NO	OCCASSIONALY

I will only test in my office

SECTION II – Domains of Assessment

Please check ages/areas of testing for which you are seeking approval AND any specialty areas: Child Neuropsychology

Adult Neuropsychology

DD/MR

Autism

Hearing Impaired/ASL

Visually Impaired/Blind

Other, please indicate_____

To better meet the needs of our clients, please provide us with the following information:

Fluency in a language other than English. Identify language(s):

Please mail this completed form with sample reports and requested documentation to:

Erin Alexander, PsyD Psychology Program Administrator 1911 S Indiana, 10th Floor Chicago, IL 60616