

Criteria for Neuropsychological Evaluations

A person with a diagnosis of an Acquired Brain Injury (ABI) is determined eligible for the Supports or Comprehensive Waiver when eligibility criteria as defined in rule are met. This document shall serve as a guide to clinicians completing these evaluations and provide information related to the evaluation process, the use of assessment instruments, interpretation of results, the formulation of diagnoses, and compilation of the assessment report.

Examiner Qualifications:

Neuropsychological evaluations are conducted by a Medicaid enrolled psychiatrist, neurologist, or clinical psychologist who is licensed in Wyoming and is free of conflicts with other providers chosen by the participant. The Neuropsychological testing is provided and administered on a face-to-face basis and conducted by a clinician licensed to practice independently and trained to administer the appropriate assessment instruments.

Approved Neuropsychological Tests:

Only valid, reliable, and appropriate instruments are used in the evaluation process. The choice of testing instruments is based on the unique clinical presentation of the individual and the specific referral question. The most current versions of tests supported by scientific research and for which appropriate normative information is available are used. The following instruments have been approved for use when evaluating eligibility. The most current versions of these instruments must be used.

The Neuropsychological evaluation for waiver eligibility must include the following assessment instruments:

Diagnostic criteria for an ABI as defined in Chapter 46 of the Department of Health's Medicaid Rules is confirmed and must meet one of the following three criteria:

- A score of 42 or more on the Mayo Portland Adaptability Inventory (MPAI); or
- A score of 40 or less on the most current version of the California Verbal Learning Test Trials 1-5 T; or
- A score of 4 or more on the Supervision Rating Scale.

NeuroPsychological Report

In order to ensure clinicians are paid for services in a timely manner, the clinician should submit the completed report to the division within 30 days of completion. The Division must receive the completed evaluation report prior to authorizing payment.

The report must contain the following:

- Reason for referral – to aid in the determination of eligibility for the Wyoming Supports or Comprehensive Waiver
- Background information
- Verifies through a medical record review a diagnosis of an acquired brain injury within the report.
- Mental status – Neuro-behavioral examination
- Diagnostic impression
- Recommendations

- Summary
- Summary of raw data

Payment process

Once a case manager uploads the assessment report into the Electronic Medicaid Waiver System (EMWS), a new task will populate that requires the case manager to upload the invoice for the assessment. Once the invoice is received, the Benefits and Eligibility Specialist (BES) will create the billing span, and send a task back to the case manager via EMWS. When the task that includes the billing date is received, the case manager should notify the clinician that he/she may now bill for the date provided, using the T2024 billing code.