

DD Waiver Program Case Manager Support Call **Psychological and Neuropsychological Evaluations**

Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services (HCBS) Section
March 13, 2023



**HOME AND
COMMUNITY-
BASED
SERVICES**

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING



Wyoming
Department
of Health

Good Afternoon. My name is Leslie Emond, and I am a Benefits and Eligibility Specialist for the Division of Healthcare Financing, Home and Community-Based Services Section. Thank you for joining us for today's training.

Acronyms and Abbreviations

- HCBS - Home and Community-Based Services
- Division - Division of Healthcare Financing
- Department - Wyoming Department of Health
- BES - Benefits and Eligibility Specialist
- EMWS - Electronic Medicaid Waiver System



The Medicaid system in general, and the home and community-based services program in particular, uses a lot of acronyms. Before we start today's training, let's get some of those out of the way.

- We will often refer to the HCBS Section or HCBS program. HCBS stands for home and community-based services. We also refer to just HCB, which simply stands for home and-community based.
- The HCBS Section is organized under the Division of Healthcare Financing, which is a Division of the Wyoming Department of Health. We will sometimes refer to the Division or Department, which means Division of Healthcare Financing, or Department of Health.
- The area Benefits and Eligibility Specialist, or BES, is a Division representative who is assigned to a particular area of the state. The BES is responsible for ensuring that participants have current and complete plans of care, and ensures that participant budgets are funded according to Section policy. They are also responsible for providing technical assistance to case managers.
- Finally, the Electronic Medicaid Waiver System, or EMWS, is a web-based portal used by the case manager to navigate and manage the service plan development process. EMWS uses role-based processing, referred to as a workflow, to assign tasks within the system.



Review the clinical eligibility requirements for the Comprehensive and Supports Waivers.

The purpose of this training is to review the clinical eligibility requirements for the Comprehensive and Support Waivers, commonly referred to as the DD Waivers.

Training Agenda

- Discuss differences between the psychological and neuropsychological evaluations and who is qualified to administer the testing
- Discuss the required components of each report type
- Review the process for submitting the evaluation report and clinician invoice

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At the end of this training, the following topics will have been introduced and explained:

- First, we will discuss the differences between an assessment, evaluation, and report, as well as the differences between a psychological and neuropsychological assessment. We will also discuss the qualifications necessary for a clinician to conduct and be paid for these evaluations.
- Next, we will dig into the required components of each of these report types.
- Finally, we will review the process that the case manager must follow in order to submit the evaluation report, and how the clinician gets paid for conducting the evaluation and writing the report.



The participant's IPC must meet standards established in federal and state law, including the participant's choice in their services and who provides those services.

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As we have mentioned in previous trainings, choice is a basic tenet of HCBS. Participants must have the freedom to choose the services they receive and who provides their services, where they live, with whom they spend time, and what they want for their future. Having choice is paramount to human dignity.

DD Waiver services are a choice, meaning that participants have chosen to apply for and receive these services. In order to receive these services, they must demonstrate that they meet, and continue to meet, certain eligibility requirements, and the clinician who completes the assessments must meet the minimum standards set forth by the Division in order for the assessments to be acceptable as a demonstration of eligibility. Case managers cannot select the clinician to perform the assessments. Applicants and participants must have a choice in who conducts the eligibility assessments that we will be talking about today. Chapter 46 of Wyoming Medicaid Rules identifies the clinician types that can conduct these assessments. Participants or applicants may want to reach out to different clinicians in order to learn more about their services. Several clinicians offer the required evaluations via telehealth.

Authorities and Resources That Support Division Expectations

- Chapter 1 - Wyoming Medicaid Rules
- Chapter 46 - Wyoming Medicaid Rules
- Waiver Agreement - Appendix B



Chapter 1 of Wyoming Medicaid Rules establishes the definitions used throughout the Wyoming Medicaid system. In particular, acquired brain injury, developmental disability, intellectual disability, and person with a related condition are defined in this Chapter. As a reminder, an applicant or participant must have one of these diagnoses in order to qualify for a DD Waiver.

Chapter 46 of Wyoming Medicaid Rules establishes rules related to the Medicaid Supports and Comprehensive Waivers, including eligibility criteria, participant direction, and the Extraordinary Care Committee. Section 7 in particular outlines clinical eligibility requirements, which are demonstrated through a psychological or neuropsychological evaluation.

The DD Waiver agreements reflect the information found in Chapter 46, and establishes the eligibility criteria that is ultimately approved by the Centers for Medicare and Medicaid Services, or CMS.

Assessments, Evaluations, and Reports

- Assessment - a systematic method of measuring an individual's abilities
- Evaluation - an objective judgment of a person's skills that is made using well-defined criteria
- Report - the written results of the evaluation, including all required components outlined in Medicaid Rule



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Waiver eligibility can seem complicated. We often refer to assessments, evaluations, and reports, which all feel similar. There is the added complication of psychological versus neuropsychological evaluations, and why different testing is required for different diagnoses. And there are always questions about who has the authority to complete the various tests. So, let's talk through some of these questions.

Although assessments and evaluations seem to be very similar, they are not the same thing. An assessment is a systematic method of measuring an individual's abilities. An evaluation is an objective judgment of a person's skills that is made using well-defined criteria. A report is the documented results of the evaluation, and must include all required components outlined in Wyoming Medicaid Rule.

Psychological vs. Neuropsychological Evaluations

- Psychological Evaluation - the process of assessing and screening an individual's behavior, abilities, and personality.
- Neuropsychological Evaluation - an in-depth, specialized assessment of skills and abilities linked to brain function.

<https://wyomingmedicaid.com/portal/find-doctor-hospital-or-clinic#>

What's the
Difference



The terms psychological testing and neuropsychological testing are often used interchangeably, but they involve different evaluation approaches. Both types of assessments are designed to determine a definitive, actionable diagnosis.

A psychological evaluation, or psychological testing, is the process of assessing and screening an individual's behavior, abilities, and personality. The clinician evaluates the individual's behavior, medical and mental health history, answers to targeted questions, developmental milestones, and other factors to diagnose an underlying condition or clarify a diagnosis. A psychological evaluation is required to determine the eligibility of an applicant with a presumed diagnosis of a developmental or intellectual disability.

A neuropsychological evaluation, also called neuropsychological testing, is an in-depth, specialized assessment of skills and abilities linked to brain function. The evaluation measures such areas as attention, problem solving, memory, language, academic skills, and social-emotional functioning. Some components of neuropsychological testing overlap with psychological testing, but the neuropsychological tests are more detailed. A neuropsychological evaluation is required to determine the eligibility of an applicant with a presumed diagnosis of an acquired brain injury.

Psychological and neuropsychological evaluations must be administered 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 Medicaid Provider Search is the best place to locate a Medicaid enrolled provider or to

confirm that a provider meets this criteria.

Evaluation Timelines

➡ Initial Applicants

➡ Continued Eligibility



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In order for an individual to be eligible for the DD Waivers, they must have been diagnosed with a developmental or intellectual disability, or an acquired brain injury. These conditions are defined in Chapter 1 and Chapter 46 of Wyoming Medicaid Rules.

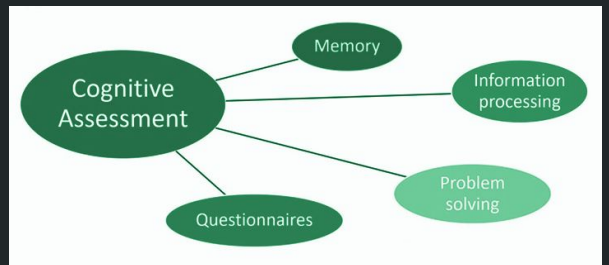
The Division has received questions about the difference between a developmental disability and an acquired brain injury. In summary, an acquired brain injury is an injury that has occurred since birth, does not include brain injuries that are congenital or induced by brain trauma, and are not developmental or degenerative. Since any occurrence that would cause a disability before an individual's 22nd birthday is considered to be a developmental disability, acquired brain injuries are presumed to occur only after an individual turns 22. This distinction is very important, because a person's disability determines which eligibility assessment must be applied.

An applicant who applies for a DD Waiver on the grounds of an intellectual disability or qualifying related condition must have a psychological evaluation to determine initial eligibility. Once initial eligibility is determined and the individual becomes a participant of the waiver, ongoing eligibility determination is required. This means the Division may request an updated evaluation at any time. If a participant has an IQ that is on the borderline of being ineligible, or if the psychological evaluation is old or doesn't include the most currently required components, a request for a new psychological evaluation should be expected. If the participant is under the age of 21, they will need to submit an updated psychological evaluation every five years until they turn 21. Case managers should contact their assigned BES with any questions.

An applicant who applies for a DD Waiver on the grounds of an acquired brain injury must have a neuropsychological evaluation completed to determine initial waiver eligibility. Once initial eligibility is determined and the individual becomes a participant of the waiver, they must submit an updated neuropsychological evaluation every five years to demonstrate continued eligibility.

If a participant does not undergo and submit an updated evaluation as requested, they may be determined ineligible for waiver services.

Required Components of a Psychological Assessment and Evaluation



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Applicants who have a presumed diagnosis of a developmental or intellectual disability, or current DD Waiver participants with these diagnoses, must undergo a psychological evaluation as required in Chapter 46 of Wyoming Medicaid Rule. In order for a psychological evaluation to be paid through a DD Waiver, it must be prior authorized by the Division. The Division will not pay for evaluations conducted before the date the Division requests the evaluation in EMWS.

Cognitive and Intellectual Functioning



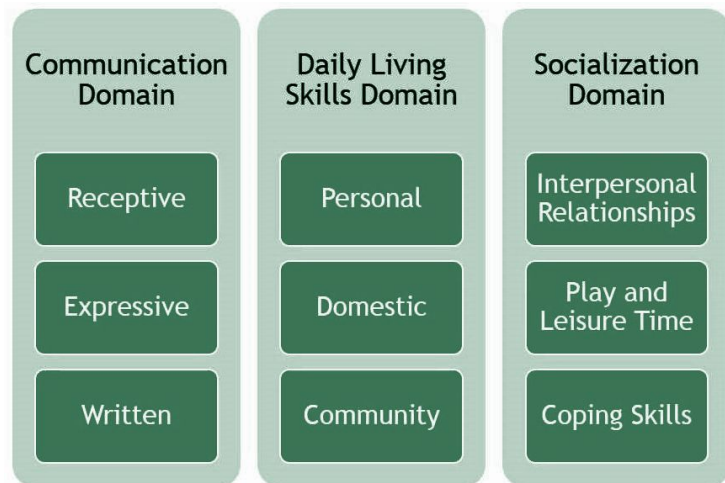
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As established in Chapter 46, a psychological evaluation to determine clinical eligibility for the DD Waivers must include a full scale Intelligence Quotient testing and score (IQ). The term full scale IQ typically references the Wechsler Intelligence Scale, which provides a measure of an individual's overall level of general cognitive and intellectual functioning. The Division will also accept other standardized instruments that provide a non-standard IQ or measurable functioning score similar to a full scale IQ score, such as the Reynolds Intellectual Assessment Scales (RIAS and (RIAS 2) or the Test of Nonverbal Intelligence (TONI). A child applicant who takes an IQ test must meet a qualifying clinical diagnosis like an adult. A child who is too young to complete an IQ test may meet the criteria of a developmental disability through a medical records review of a related condition using a standardized test of development, such as the Bayley Scales of Infant and Toddler Development or other similar instrument. If an IQ assessment or other standardized assessment of cognitive abilities cannot be conducted due to the individual's limitations, the clinician must state it in the report.

A case manager should contact the assigned BES with questions regarding intellectual assessments that the Division will accept.

Adaptive Behavior

- Vineland Adaptive Behavior Scales
- Adaptive Behavior Assessment System



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Adaptive behavior is the collection of conceptual, social, and practical skills that all people learn in order to function in their daily lives, and is different than intelligence. Adaptive behaviors are learned behaviors that reflect an individual's social and practical competence to meet the demands of everyday living, including:

- Conceptual skills such as literacy, self-direction, and concepts of number, money, and time;
- Social skills such as social responsibility, self-esteem, gullibility, and following rules and obeying laws; and
- Practical skills such as personal care activities, safety, health care, travel and transportation, schedules and routines, and use of the telephone.

To meet the demands of their environments, each person must learn a set of skills. As environments change, people must learn new skills in order to continue to meet the environmental demands. As an example, making a phone call is an adaptive behavior that has changed over time. The skills needed to make a call today are very different from the skills that were required 20 years ago.

An adaptive behavior assessment identifies significant limitations or deficits in a participant's adaptive behavior. This assessment must be completed through a standard measurement of adaptive behavior using a validated test of adaptive functioning such as the most current versions of the Vineland Adaptive Behavior Scales or Adaptive Behavior Assessment System (ABAS). These assessments contain a component typically completed by people who are close to the individual being assessed, such as the parent, teacher, or caregiver.

In addition to an Adaptive Behavior Composite score, scores are reported in the domain areas of:

- Communication or conceptual skills;
- Socialization skills; and
- Daily Living or practical skills.

Functional Limitations

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

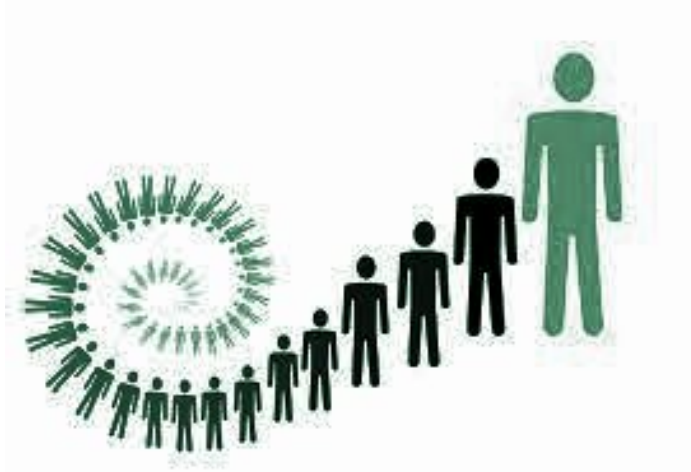


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As established in Chapter 46, for an individual with a developmental disability to be determined eligible for DD Waiver services, the individual must have substantial functional limitations in three or more of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.

Psychological evaluation reports must contain the clinician's professional opinion as to the level of functional limitation in each of these areas, and indicate if the deficit in each area is mild, moderate, substantial, or none.

Diagnosis



- Intellectual Disability
- Developmental Disability
- Qualifying Related Condition

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The psychological evaluation report must provide a participant's diagnosis, as appropriate. The diagnoses determined by a psychological evaluation include intellectual disability or qualifying related condition due to a developmental disability. Individuals with a diagnosis of Autism Spectrum Disorder (ASD), which is a developmental disability, must also have an updated autism evaluation completed that demonstrates the autism diagnosis.

When eligibility is being determined based on a qualifying related medical condition such as Cerebral Palsy, the clinician must include the diagnosis in the report and confirm in the report that they have reviewed the medical documentation to support the diagnosis.

The Division cannot accept a "by history" or "rule out" diagnosis for eligibility determination. A diagnosis of mental illness is not considered a qualifying related condition.



The evaluation must be signed and dated. Typed signatures are not acceptable.

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The psychological evaluation report must be signed and dated by the qualified clinician. The signature must be handwritten, stamped, or electronic, and electronic signatures must meet the criteria established in Chapter 3 of Wyoming Medicaid Rule. A typed signature, even if it is in a fancy font, is not acceptable.

Required Components of a Neuro- psychological Assessment and Evaluation



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Applicants who have a presumed diagnosis of an acquired brain injury, or current DD Waiver participants with this diagnosis, must undergo a neuropsychological evaluation as required in Chapter 46 of Wyoming Medicaid Rule. As with the psychological evaluation, in order for a neuropsychological evaluation to be paid through a DD Waiver, it must be prior authorized by the Division. The Division will not pay for evaluations conducted before the date the Division requests the evaluation in EMWS.

Diagnosis of an Acquired Brain Injury

Must be confirmed
through a review of
medical records.



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Neuropsychological evaluation reports must contain a statement from the qualified clinician confirming the diagnosis of an acquired brain injury through record review. The applicant or participant must also meet a qualifying score on at least one of the required assessments.

Required Assessment Tools for ABI

- Mayo-Portland Adaptability Inventory (MPAI)
 - ≥ 42
- California Verbal Learning Test (CVLT)
 - Trials 1-5 ≤ 40
- Supervision Rating Scale (SRS)
 - ≥ 4

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The accepted assessment tools are defined in Chapter 46. The Mayo Portland Adaptability Inventory, or MPAI, evaluates the most frequent problem areas that individuals can experience after hospitalization for an acquired brain injury. These general areas are ability, adjustment, and participation. The individual must score a 42 or higher on the MPAI in order to qualify for the DD Waivers.

The California Verbal Learning Test, or CVLT, is conducted over five learning trials and measures aspects of cognitive psychology such as repetition learning and organization. The individual must score 40 or lower on the Total Learning Score in order to qualify for the DD Waivers.

The Supervision Rating Scale, or SRS, measures the level of caregiver supervision that an individual requires. The SRS rates level of supervision on a 13-point scale grouped into five ranked categories: Independent, Overnight Supervision, Part-Time Supervision, Full-Time Indirect Supervision, and Full-Time Direct Supervision. The individual must have supervision rating scale of 4 or higher in order to qualify for the DD Waivers.



The evaluation must be signed and dated. Typed signatures are not acceptable.

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The neuropsychological evaluation report must be signed and dated by the qualified clinician. The signature must be handwritten, stamped, or electronic, and electronic signatures must meet the criteria established in Chapter 3 of Wyoming Medicaid Rule. A typed signature, even if it is in a fancy font, is not acceptable.

Evaluation Report and Invoice



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In most instances, the case manager will receive the completed evaluation report directly from the clinician within thirty days of the evaluation being completed. This report must be presented in an uneditable form; preferably PDF. Microsoft Word documents that can be edited will not be accepted.

Once the case manager receives the report, they should review the report to ensure it includes necessary components, including the assessment date or date span. If it does not, they should contact the clinician and ask that the missing information be included on the report. The evaluation report, which should include all required components, must be uploaded into the Assessment History of EMWS, under the Psych section.

The assigned BES will conduct an initial review of the report to ensure the required components are present, ensure the clinician met the qualifications, verify that the allowable assessments were administered, and verify that the evaluation report is signed and dated. If everything appears to be in order, they will accept the report and the case manager will receive a task in EMWS to upload the clinician's invoice. In certain circumstances, the Division may cancel the invoice task in EMWS. If this happens, you can contact your BES for more information.

Once the case manager uploads the invoice, the BES will review the invoice to ensure the clinician is not billing more than the allowable amount for the evaluations. Psychological evaluations have a \$1000 cap and neuropsychological evaluations have a \$1400 cap. The BES will cross check the date on the invoice with the date on the evaluation report, and once the evaluation date has been confirmed, they will create a billing span in EMWS and the Benefit

Management System that matches the date of the evaluation. The case manager will receive a task in EMWS that shows the billing span, at which time they must notify the clinician or their office that the clinician may submit a Medicaid claim for payment using the T2024 billing code.

Waiver Eligibility Determination

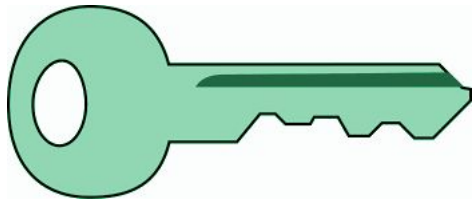


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Evaluation reports must be complete, accurate, and professional, and contain the required assessments and information. Once the assigned BES accepts the evaluation, a delegated Division staff member will apply the eligibility criteria outlined in the DD Waiver agreements and Chapter 46 to determine the individual's eligibility.

Division staff will not make assumptions about what a clinician means in their report. The clinician must be very clear in their language regarding diagnosis, testing measures completed, and qualifying information. Reports that are missing information or have vague wording will be rolled back for clarification and correction. If a clinician cannot complete an assessment due to the individual's disability or behaviors, they must indicate the specifics in the report. If the reason why the evaluation could not be completed is not clearly indicated in the report, the Division will roll the report back for clarification.

The clinician may state their opinion that an individual does or does not meet DD Waiver eligibility, but it is ultimately the Division's decision as to whether or not an individual meets eligibility criteria for the DD Waiver program, based on the criteria outlined in Wyoming Medicaid Rule and the Waiver agreements.



TAKEAWAYS

1. Evaluations are needed for initial and continued eligibility.
2. Evaluations must be prior authorized and administered by a qualified clinician.
3. Evaluations must contain testing measures and scores, and be signed and dated by the clinician..
4. Psychological evaluations must be uploaded into EMWS.
5. If a required testing measure is not able to be completed, an explanation must be provided.

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Before we end today, we'd like to remind case managers of the key takeaways of today's training.

1. Psychological or neuropsychological evaluations are required in order to determine a participant's initial and continued eligibility for DD Waiver services.
2. Psychological and neuropsychological evaluations must be prior authorized and administered by a qualified clinician.
3. Psychological and neuropsychological evaluation reports must contain the required testing measures and associated scores, and be signed and dated by the qualified clinician.
4. Psychological and neuropsychological evaluation reports must be uploaded into EMWS before the clinician can bill Medicaid for the evaluation.
5. If a required testing measure is not able to be completed, the report must contain an explanation as to the reason why.



Contact your Benefits and Eligibility Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

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Thank you for taking time to participate in today's training on psychological and neuropsychological evaluations. If you have questions related to the information in this training, please contact your area Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.