

Criteria for Psychological Evaluations



HOME AND
COMMUNITY-
BASED
SERVICES
WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

A person is determined eligible for the Supports or Comprehensive Waiver when eligibility criteria are met. Specifically, the criteria related to the diagnosis of an intellectual disability or a developmental disability due to a related condition is described in detail. This document shall serve as a reference to clinicians of Division expectations when 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:

Psychological 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 psychological 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 Psychological Tests:

An individual may qualify for the Supports and Comprehensive waivers with a diagnosis of an intellectual disability or a developmental disability due to a related condition. This eligibility determination relies heavily on the use of objective, standardized assessment instruments. In this section, the Division approved instruments are described in detail.

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. Projective tests, such as the Rorschach shall not be used.

Assessment Instruments approved by Division:

INTELLIGENCE (one of the following & most recent version)

- Kaufman Assessment Battery for Children (KABC)
- Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
- Wechsler Intelligence Scale for Children (WISC)
- Wechsler Adult Intelligence Scale (WAIS)
- Sanford-Binet Intelligence Scale (SB)
- Test of Nonverbal Intelligence (TONI)
- Bayley Scales of Infant and Toddler Development (BSID)

FUNCTIONAL/ADAPTIVE (one of the following & most recent version)

- Adaptive Behavior Assessment System
- Vineland Adaptive Behavior Scales

AUTISM SPECTRUM DISORDERS (one of the following & most recent version)

- Asperger Syndrome Diagnostic Scale (ASDS)
- Autism Diagnostic Observation Schedule (ADOS)
- Autism Diagnostic Interview (ADI)
- Childhood Autism Rating Scale (CARS)
- Gilliam Autism Rating Scales
- Autism Spectrum Rating Scale
- Social Responsiveness Scale (SRS)
- Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R)

Psychological Report

In order to ensure clinicians are paid for services in a timely manner, clinicians 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. In some instances the Division will accept a Wyoming Medicaid enrolled psychologist or neuropsychologist referencing information and scores from a recent evaluation completed within the past 12 months by a psychologist or neuropsychologist who is not a Medicaid enrolled provider. The Wyoming Medicaid enrolled provider **MUST** sign off on the report.

The following diagnoses are not considered qualifying diagnoses for the purposes of determining clinical eligibility for an individual: provisional; Borderline Intellectual Functioning; “by report”; or a “Rule Out”. The clinician must render an opinion in writing specifically answering the referral question for clinical eligibility by confirming or denying a diagnosis of an intellectual disability, IQ and adaptive behavior scores. The evaluation should reflect adaptive behavior scores as determined through standard measurement of adaptive behavior. For a developmental disability diagnosis due to a related condition, the evaluation must include severity of the chronic disability and the severity of the impairments in functional limitations in each of the following areas: Capacity for Independent Living, Economic Self Sufficiency, Learning, Mobility, Receptive and Expressive Language, Self Direction and Self-care.

Diagnoses must be based on the most current Diagnostic and Statistical Manual. All applicable qualifiers, such as severity levels for Autism Spectrum Disorder, must be included in the diagnoses. The Division will make a final determination as to clinical eligibility based on the evidence contained within the psychological report.

Payment process

Once the case manager uploads a complete 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. The billing span date will be the date the assessment occurred. If the assessment occurred over multiple dates, the billing span date will be the date the evaluation was started. When the task that includes the billing date is received, the case manager should notify the clinician that they may now bill for the date provided, using the T2024 billing code.