

Therapeutic and Evaluative Mental Health Services for Children

Psychological Evaluation Record Review

Records of Psychological Evaluations will be reviewed for compliance with the standards outlined below. Some of the items are rated on a simple “Yes(Y)/No (N)” basis. Other items are rated on the basis of “Satisfactory(S)/Improvement Needed (I)/Unsatisfactory (U),” depending upon the quality of compliance documented by the record.

ITEM	ADMINISTRATIVE	RATING
1	Records were submitted in a timely manner	Y N
2	Records were organized, could be easily reviewed	Y N
3	Consent for treatment properly executed	Y N
4	Consent to bill Medicaid properly executed	Y N
5	Billing data match information in the clinical record	Y N
MEDICAL NECESSITY		
6	Medical necessity for this evaluation is documented or clearly evident ___ there is a history of unexplained treatment failures ___ there are questions that an eval might help to answer (the “referral question”) ___ uncertainties about diagnosis and/or treatment ___ unexplained learning problems when child doesn’t qualify for SpEd evaluation ___ need to assess child’s potential for success in a particular type of program ___ child was placed in DHS custody WITHIN 90 DAYS prior to the assessment date ___ eval required by DOM for admission to a PRTF	Y N
SERVICES		
7	Pre-eval background/information gathering session is documented	Y N
8	Report giving results of the evaluation is in clinical file	Y N
9	Report is completed within 30 days of completion of the assessment	Y N
10	Evaluative tools (tests, rating instruments, etc.) utilized were appropriate to referral question, the unique characteristics of the child, and the testing situation	S I U
11	Report is a synthesis of information gleaned from testing, observation, interviews with child/family, collateral contacts	S I U
12	Report adequately addresses the referral question	S I U
13	Report reflects an understanding of the child’s/family’s strengths	S I U
14	Report contains practical recommendations for those working with the child	S I U
15	Report is signed by psychologist who conducted the evaluation	Y N
16	Post-eval feedback to family (and child, if appropriate) is documented	Y N
17	Post-eval feedback to referral source is documented	Y N N/A
18	Post-eval feedback to family/child and/or referral source includes information about how to implement the psychologist’s recommendations	S I U
19	Date, time in, time out, and amount of time spent assessing the child (interviews, testing, etc.) is documented in the clinical record	Y N
20	Date and amount of time spent preparing the report is documented in the clinical record	Y N

Psychological Evaluation Review Rating System Instructions/Explanation

1-3. Self-explanatory.

4. **Consent to bill Medicaid properly executed** – Refer to Provider Policy Manual Section 21.09 for Consent to Bill Medicaid policy and a sample of the form.

5. **Billing data match information in the clinical record** – If any discrepancy is found between billing and documentation of services is found, the provider may be asked to submit additional records for review. If a pattern of inadequate or improper documentation is found, the provider will be referred to Program Integrity for investigation.
6. **Medical necessity is documented or clearly evident** – There should be clear evidence either by history or by documented observation that a psychological evaluation is necessary to answer the referral question.

The following are indicators of medical necessity (this list is representative, but not exhaustive):

- **There is a history of unexplained treatment failures** – child has participated in a number of types of treatment with limited success.
- **There are questions that an evaluation might help to answer, AND AN EVALUATION IS THE MOST APPROPRIATE WAY TO ADDRESS THE REFERRAL QUESTION.** In order to determine this, the referral question must first be very clearly defined (e.g., “to determine if psychotic symptoms are interfering with functioning” versus “doesn’t get along”). If it is then apparent that the referral question can be answered through less intrusive and time consuming means (e.g., diagnostic interview, behavioral interventions, referral to physician if medication was stopped by family and symptoms re-emerged), these interventions should be made and testing should not be pursued.

Examples of referral questions that would likely indicate that testing is warranted include (this list is representative, but not exhaustive):

- **Uncertainties about diagnosis and/or treatment** – child is exhibiting significant symptoms (e.g., depression, psychosis, severe acting out) of unclear etiology and an evaluation of those symptoms would aid in treatment planning. In general, symptoms of ADHD, in and of themselves, are not considered sufficient basis for a psychological evaluation, unless it is clearly evident that less intrusive interventions such as behavioral approaches and parent education have been attempted and were not successful.
 - **Unexplained learning problems when a child does not qualify for Special Education (SpEd) evaluation** – learning style or difficulties are interfering with school performance or psycho-social functioning in non-educational settings. Children who appear to be eligible for SpEd services should be referred to the school system for evaluation.
 - **Need to assess child’s potential for success in a particular type of program** – an assessment of child’s intellectual and/or psychological functioning would be helpful in determining if he/she would benefit from a particular program.
- **Child was placed in Mississippi Department of Human Services (DHS) custody WITHIN ninety (90) DAYS prior to the assessment date** – self explanatory. Routine assessments of children in custody for longer than 90 days will not be reimbursed unless medical necessity is clearly evident and documented.
 - **Evaluation required by the Division of Medicaid for admission to a psychiatric residential treatment facility** –self explanatory

7. **Pre-eval background/information gathering session is documented** – This session should be conducted separate and apart from the evaluation, unless to do so would pose a hardship for the family and/or child. Medical necessity for the evaluation should be determined in this session, and a summary of the session should be documented either in case notes or in the evaluation report. This session should also serve as a means to stop duplication of services by gathering information on psychological evaluations previously administered.
- 8-9. **Self explanatory.**
10. **Evaluative tools utilized were appropriate to the referral question, the unique characteristics of the child, and the testing situation** – Instruments should clearly address the referral question, and be psychometrically sound (recognized as having good reliability and validity). It should also be clear that the examiner has considered the unique characteristics of the child (e.g., how verbal the child is, the child's primary language, etc.) and the demands of the testing situation (e.g. a child being tested in an office primarily staffed by people of different ethnicity and possibly feeling intimidated, a child being tested within days of being taken into custody, a child being tested at a group home and possibly distracted by noise, etc.) both in choosing instruments and interpreting results. ***Examiners are cautioned to avoid administering the same battery of instruments to all referrals without giving significant consideration to the factors discussed in this section.***
11. **Report is a synthesis of information gleaned from testing, observation, interviews with child/family, collateral contacts** – The report should not be merely a recitation of data and facts. Rather, it should pull together information from all sources and generate logical and helpful conclusions from that information. It should be evident that attempts were made to gather information from all relevant sources (e.g. if the referral question relates to school, contact should be made with relevant school personnel). Computer-generated reports or recommendations are not considered an adequate synthesis of information.
12. **Report adequately addresses the referral question** – Each step of the testing process (information gathering, test selection, test administration, interpretation, recommendations and feedback) should relate back to the referral question. For example, if the referral question relates to depression, and the report focuses primarily on intellectual and achievement testing, it is highly unlikely that the referral question has been adequately addressed. When a test can be given for a variety of reasons (e.g., an I.Q. test), the report should clearly explain the purpose of the test for this particular evaluation. Examiners are cautioned against using generic lists of recommendations.

Recommendations should be specifically tailored to the referral question and the unique characteristics of the child and family.
13. **Report reflects an understanding of the child's/family's strengths** – The report should not only address needs of the child and family, but also recognize strengths. Strengths should serve as a guide in synthesizing information and formulating recommendations. Strengths include characteristics (e.g., artistic ability), as well as cultural and/or family values (e.g., strong religious individual identification) and available resources (e.g., extended family support).
14. **Report contains practical recommendations for those working with the child** – Recommendations should relate to the referral question, be practical, and reflect an understanding of the child's/family's values, resources and possible limitations.
15. **Self explanatory.**
- 16-17. **Post eval feedback to family (and child, if appropriate) and referral source is documented** – Case records should indicate that this feedback occurred, and provide a summary of it.

- 18. Post eval feedback to family/child and/or referral source includes information about how to implement the psychologist's recommendations** – Documentation of these sessions should reflect that the psychologist insured that the family/child and/or referral source understood the recommendations and were assisted in developing a plan to implement them. For example, if the psychologist recommends a helpful book to parents, the psychologist should insure that the book is on the parent's reading level and that they have the resources to obtain it. Similarly, if a specific type of therapy or activity (e.g., after school program) is recommended, the psychologist should provide contact information for those resources and be sensitive to any financial constraints the family might have in pursuing those options.
- 19-20.** Progress notes, test reports and billing records should accurately reflect when all phases of testing, scoring and report writing were completed.