



## PSYCHOLOGICAL TESTING (PT)

### **PURPOSE**

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at [providerexpress.com](http://providerexpress.com).

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

### **OVERVIEW**

**Psychological Testing (PT)** includes psychological and/or neuropsychological procedures and is a distinct category of testing that is defined by a referral, which is made due to mental health and/or substance use disorder treatment/assessment issues. A medical co-morbidity may exist, but the primary purpose of the assessment is related to mental health and/or substance use disorder treatment/assessment.

#### Medically Driven Psychological Testing

Medically Driven Psychological Testing is a distinct category of testing that is defined by a referral, which is made due to specific, medical (non-psychiatric) treatment/assessment issues. A mental health and/or substance use disorder co-morbidity may exist, but the primary purpose of the assessment is related to a medical (non-psychiatric) treatment/assessment issue.

#### Developmentally Driven Psychological Testing

This category of testing aims to assess difficulties in development, especially in children under age 3. The referral for testing may be initiated by pediatricians, behavioral health providers, or Early Intervention specialists. Testing under this category may also be conducted under General Psychological Testing.

## Chapter 766-related Psychological Testing

Chapter 766 referrals are initiated by the Enrollee's local school special education department. The purpose is completion of the psychological testing portion of initial and three-year special education re-evaluations that lead to an Individualized Education Program (IEP).

The diagnosis of ADHD can, in most instances, be made based on DSM-5 criteria alone, and such diagnosis does not necessarily require Psychological Testing. The administration of a fixed, standard battery of tests is not considered medically necessary; thus, the process approach of selecting specific tests that are directly responsive to the referral questions and presenting problems is generally endorsed by the Plan (a fixed, standard battery is one that is either given to all Enrollees regardless of diagnostic question, or a battery of tests given, for example, to all new Enrollees).

Tests must be published, valid, and in general use as evidenced by their presence in the current edition of the Mental Measurement Yearbook, or by their conformity to the Standards for Educational and Psychological Tests of the American Psychological Association. Tests are administered individually and are tailored to the specific diagnostic questions of concern.

The following PT performance specifications are a subset of the Outpatient Services performance specifications. As such, PT providers agree to adhere to both the Outpatient Services performance specifications and to the PT performance specifications contained within. Where there are differences between the Outpatient Services and PT performance specifications, these PT specifications take precedence.

## **SERVICE COMPONENTS**

1. Access to Psychological Testing is ensured when it is clinically, medically, or developmentally indicated and/or requested for initial or three-year special education evaluations.
2. To ensure that Psychological Testing occurs within the context of a comprehensive treatment/service plan, the psychologist generally performs testing that is requested by the individual clinician providing mental health and/or substance use disorder treatment, as well as general medical, developmental, and/or school-based services to the Enrollee. The psychologist may accept a referral from a source other than a treating clinician; however, these referrals must be considered within the overall context of the Member's mental health and/or substance use disorder treatment plan.
3. When the referral is from a source other than a treating clinician, psychologists are generally required to conduct a diagnostic evaluation for clinically driven test requests prior to requesting authorization for the testing. This requirement may be waived by the Plan to ensure timely access to Psychological Testing/Assessment when clinically indicated.
4. Services are available during normal business hours. Evening hours are regularly scheduled to maximize access for Enrollees.
5. A licensed psychologist personally administers and evaluates all testing of Enrollees. A licensed psychologist evaluates the results and prepares a comprehensive report that is shared orally (when feasible) and in written form with the referral source.

6. When testing is administered by a psychology intern as part of an APA accredited internship (as outlined within the Plan's credentialing criteria), the supervising licensed psychologist attests to the quality of the assessment by their signature on the report.
7. When computerized testing is administered by a trained bachelor's- or master's-level testing technician, the supervising licensed psychologist attests to the quality of the assessment by their signature on the report.
8. The psychologist maintains health records that cite reason(s) for referral, complete documentation of test(s) provided, test results, and interpretation of the results.
9. Providers use only those tests for which they have the appropriate training and expertise. To maintain professional standards in testing, clinicians performing psychological and neuropsychological testing abide by the publishers "Qualified User" registration system and only administer, score, and interpret tests when the user qualification requirements are met.
10. In carrying out the assessment process, providers demonstrate careful, thorough, and thoughtful observation and interviewing of the Enrollee. As part of this initial process, psychologists review the results and dates of previous testing, are clear about the questions being asked, and are aware of confounding variables such as medical illness or substance use.
11. The test should be focused on the resolution of an answerable, clearly stated clinical question that will inform treatment planning. More than one test of a general type is seldom indicated (e.g., two intelligence tests or two personality inventories). Neuropsychological assessment may be warranted when intelligence, personality, or other sources of information such as brief, cognitive measures suggest the possibility of organic impairment. Alternatively, neuropsychological assessment may be requested when there is known neurological dysfunction or injury for the purpose of determining functional strengths/weaknesses or changes.

## **STAFFING REQUIREMENTS**

None

## **SERVICE, COMMUNITY AND OTHER LINKAGES**

None

## **PROCESS SPECIFICATIONS**

### **Assessment, Treatment Planning and Documentation**

1. An appointment for Psychological Testing is offered to Enrollees within 10 business days of receiving authorization from the Plan.
2. A licensed psychologist, or psychology intern functioning in accordance with the Plan's credentialing criteria, administers Psychological Testing based on diagnostic information from the referring clinician or from an initial diagnostic interview with the Enrollee. This enables the psychologist to correctly select testing procedures that will target a particular clinical question. Psychological Testing should only occur when the clinical, medical, developmental and/or school-based issue in question is best answered by psychological and/or neuropsychological testing, and that will inform related treatment/service planning.

3. Psychologists ensure that the following questions and issues can be justified in Plan's review of requests for Psychological Testing, including:
  - a) Are the questions clear, and do they fit the clinical context?
  - b) Will the tests answer the questions?
  - c) Are all the selected tests needed?
4. As part of the initial assessment process before performing Psychological Testing, the psychologist ensures that the assessment includes, but is not limited to, the following: review of results and dates of previous testing, clarification of the questions being asked and that need to be addressed; and awareness of confounding variables such as medical illness or substance use.
5. The psychologist utilizes [providerexpress.com](http://providerexpress.com) to obtain authorization for testing that is allowable within the parameters.
6. The psychologist completes and submits the Psychological Evaluation Request (PER) form when requesting testing that is outside the parameters allowable on the IVR system. The PER form is completed in accordance with the category of testing requested. Supporting documents are attached as indicated on the PER form specific to each category of testing.
7. Psychological Testing is completed, and a report is made available within 20 business days of its completion.

### **Discharge Planning and Documentation**

None

### **QUALITY MANAGEMENT**

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.