



Psychological and Neuropsychological Testing Performance Specifications

Providers contracted for this level of care or service are expected to comply with all the requirements of these service-specific performance specifications. Additionally, providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements outlined within these service-specific performance specifications take precedence over those in the general performance specifications.

Both neuropsychological testing and psychological testing involve the culturally and linguistically competent administration and interpretation of standardized tests to assess a member's psychological, cognitive, behavioral, and emotional functioning. Testing goals include determining identifiable and measurable differences, determining a baseline of functioning, and/or determining a deviation from a baseline of functioning along the domains listed above. Using standardized, valid, and reliable testing tools, the psychologist aims to develop a hypothesis regarding the Member's difficulties in functioning, determine an accurate diagnosis, and provide targeted information to guide effective treatment strategies. Testing can include standard psychological as well as neuropsychological assessment procedures. The categories are differentiated from each other by the referral question and the assessment procedures used.

Psychological and neuropsychological testing are subsets of outpatient services and as such, both require the provider of these services to follow Commonwealth Care Alliance's (CCA's) performance specifications for outpatient services in addition to the performance specifications outlined below.

COMPONENTS OF SERVICES:

Components of service below refer to both psychological and neuropsychological testing.

- To ensure that psychological and neuropsychological testing occurs within the context of a comprehensive treatment/service plan, the psychologist generally performs testing that is requested by the Member's treating clinician providing mental health and/or substance use disorder treatment. The psychologist may accept referrals 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 treatment plan.
- Services are available during normal business and some evening hours to maximize access for Members.
- A licensed psychologist administers and evaluates all testing and evaluations and prepares a comprehensive report that is shared with the Member both orally and in writing.
- With the consent of the Member, the oral and written reports are shared with family members and/or other natural supports, and referral source.
- When testing is administered by a psychology intern as part of an American Psychological Association (APA) accredited internship, postdoctoral fellow, other qualified trainee, or if computerized testing is administered by an assistant, the supervising licensed psychologist attests to the quality of the assessment by their signature on the report.
- The psychologist maintains medical records that site reason(s) for referral, complete documentation of test(s) administered, testing results and evaluation/interpretation of the results.
- Psychologists are required to follow testing certification criteria for psychological and neuropsychological testing.

- In carrying out the assessment process, providers demonstrate careful, thorough, and thoughtful observation and interviewing of the Member. 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.
- The testing 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:

Testing is to be completed by

- A fully licensed and credentialed psychologist with competencies in psychological and neuropsychological assessment
- A qualified trainee or intern under the supervision of a licensed and credentialed psychologist

Training Expectations:

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

Transgender Inclusive and Affirming Expectations:

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. This expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member’s legal identification and/or CCA insurance card
- Making admission decisions without regard to the Member’s gender identity
- Making determinations about access to any gender-based/gender separated service based on the

gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card

- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care

Trauma-Informed Care Expectations:

It is the expectation of CCA that all contracted providers will provide care to our Members that is fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

CLINICAL CRITERIA:

Providers are expected to follow Medicare medical necessity guidelines when determining the appropriateness of psychological or neuropsychological testing. Psychological or neuropsychological testing must be reasonably expected to improve the members condition, such as in diagnostic clarification and treatment planning.

- To correctly select testing procedures that will target a particular clinical question, the licensed psychologist, psychology intern or qualified trainee administers the testing based on diagnostic information from the referring clinician and from an initial diagnostic interview with the Member.
- Testing should only occur when it is clear that the clinical or medical issue in question is best answered by psychological and/or neuropsychological testing, and that testing will clarify diagnosis and inform related treatment/service planning.
- The psychologist ensures that the testing can answer the following questions:
 - Are the diagnostic questions being administered clear and do they fit the clinical context?
 - Will the proposed battery of tests answer the clinical and/or diagnostic question at hand?
- The initial assessment will include:
 - Results and review of any previous testing
 - Clarification of the diagnostic/clinical questions being asked
 - Awareness of the Member's comorbidities including all medical, mental health and/or substance use diagnoses
- Best practices for care include collaboration with CCA Care Team. With the approval from the Member and appropriate release of information. CCA Care Team can be reached by calling CCA's Provider Services Line 866-420-9332.

QUALITY MANAGEMENT:

- The facility/provider will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides
- The facility/provider utilizes a continuous quality improvement process and will include satisfaction surveys to measure and improve the quality of care and service delivered to Members, including their families
- Providers are required to collect and measure outcome data and incorporate data in treatment plans in the medical records and inform clinical programming.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA' s performance standards for this level of care for quality management and Network Management purposes.
- The success of the program and the care and well-being of members rely on a collaborative partnership with Commonwealth Care Alliance and its provider network
- All reportable adverse incidents will be reported within one business day of their occurrence per policy and DMH licensing requirements. A reportable adverse incident is an occurrence that represents actual or potential harm to the well-being of a Member, or to others by action of a Member, who is receiving services, or has recently been discharged from services.
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). A more complete list of SRE's can be found in Section 11 of CCA' s Provider Manual
- Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies.

DOCUMENT UPDATES:

- December 2024: Revised template
- March 2026: Annual review