Clinical Guidelines and Service Definitions

Neuropsychological Evaluation

Funding Stream
Medicaid, Private Insurance, or other Community Resources must be accessed before a request is made for use of Core Service dollars.

Definition of Service

- **Service goals are centered on promoting child and family safety and family protective capacity.**
- A neuropsychological evaluation is a comprehensive assessment of cognitive and behavioral functions using a set of standardized tests and procedures. Various mental functions are systematically tested, including, but not limited to: intelligence, problem solving and conceptualization, planning and organization, attention, memory, and learning, language, academic skills, perceptual and motor abilities, emotions, behavior, and personality.
- A neuropsychological evaluation is recommended when **brain-based impairment** in cognitive function or behavior is suspected. Typical referrals are made to diagnose or rule out the following conditions: traumatic brain injury, strokes, developmental learning disabilities, fetal alcohol syndrome, attention deficit disorders, psychiatric or neuropsychiatric disorders, seizure disorders, medical illness or treatments, effects of toxic chemicals or chronic substance abuse, and dementing conditions.
- **The report should contain the following information:** Identifying Information, Referral Source, Reason for Referral, Procedures Used, Collateral Contacts, Medical/Developmental History, Mental Status Examination, Neuropsychological Assessment (may include: IQ testing, achievement, language, attention, memory, executive functioning, visual processing, fine motor, emotional functioning, behavior rating scales, validity), Summary, Diagnoses, Recommendations and Data.
- The collection and review of collateral information **must** be obtained prior to completing the report and documentation of the collateral information must be included in the final written report. If unable to obtain collateral data within one week of the referral, the provider must outreach to caseworker/supervisor/Health Network care coordinator to facilitate collection of collateral information. Reports written without obtaining collateral information will not be reimbursed without prior approval from AspenPointe Health Network.

Estimated Length of Treatment:
Ten to twelve hours over one to three sessions
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**Frequency of Services:**
This should be a one time only evaluation, but can be completed more often if significant degeneration of their condition continues. In some cases, a neuropsychological exam may be repeated over time to determine an individual’s level of improvement or deterioration.

**Provider Credentials:**
- A doctoral degree from a program in professional psychology which at the time the degree was granted was accredited by the APA, CPA, or was listed in the publication Doctoral Psychology Programs Meeting Designation Criteria
- Applicants credentialed in the most recent directly of the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers in Psychology, or the Certificate of Professional Qualification in Psychology (CPQ) (ASPPB) qualifying as meeting the doctoral degree requirements

**Provider Responsibilities:**
Report required within ten business days of completed evaluation – both the Caseworker and Care Coordinator are to receive copies of the report.

**Caseworker Responsibilities:**
Caseworker is responsible for providing specific referral question(s) to the Care Coordinator on the referral form; this will enable the provider to most effectively address the relevant issues.

**Staffing:**
Not applicable.