THE ROLE OF PSYCHOLOGICAL TESTING IN ACCESSING MEDICAID SERVICE
FREQUENTLY ASKED QUESTIONS

Why has my child been referred for neuropsychological or IQ/Adaptive testing?

Your physician or clinic may have referred your child to a Neuropsychology unit at a local hospital for testing to determine how to best plan for your child’s future. These test scores may allow your child to access programs and services such Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or Early Intervention (EI) benefits. Home and Community Based Services waiver\(^1\) programs do not require a neuropsychological evaluation to be completed. If you are interested in accessing a waiver, ask your physician if they would be willing to refer your child for just IQ/adaptive testing. This testing is available in many more places and may not require you to be on a wait list as neuropsychological evaluations done in a hospital might. Please visit with your referring provider to understand what specific testing is needed and if it can be completed in multiple visits rather than waiting for a single visit.

What is the difference between each type of testing?

**Neuropsychological testing:**

Neuropsychological testing is the consultation and evaluation regarding the relationship of abilities, behaviors and mental skills to changes in brain functioning and integrity in infants, children and teens. Neuropsychological tests evaluate functioning in several areas including: intelligence, executive functions (such as planning, abstraction, and conceptualization), attention, memory, language, perception, sensorimotor functions, motivation, mood state and emotion, quality of life, and personality styles.

**IQ/Adaptive testing:**

IQ tests such as the Wechsler Adult Intelligence Scale or the Wechsler Intelligence Scale for Children are tests providers can use when measuring intelligence. Scores obtained can help persons with self-awareness, self-understanding and making plans for schooling and/or career choices. Reports can be used by professionals assessing for career planning, school placement and problem diagnosis. For example, when diagnosing ADHD, learning disabilities and dyslexia, it is

\(^1\) https://www.colorado.gov/pacific/hcpf/long-term-services-and-supports-programs
important to rule out other cognitive dysfunction. Adaptive behavior assessments such as the Vineland Scale of Adaptive Behavior are also used to determine the type and amount of special assistance that people with disabilities may need. This assistance might be in the form of home-based support services for infants and children and their families, special education and vocational training for young people, and supported work or special living arrangements such as personal care attendants, group homes, or nursing homes for adults. Adaptive behavior assessments are often used in preschool and special education programs for determining eligibility, for program planning, and for assessing outcomes.

What if I need a Developmental Disability Determination to access waiver services or other services for individuals with intellectual or developmental disabilities?

In Colorado, a person must have an impairment of general intellectual functioning and/or adaptive behavior similar to that of a person with an intellectual or developmental disability, or related condition, to have a determination of developmental disability for the purpose of receiving HCBS waiver services. The complete definition and requirements for a Determination of Developmental Disability can be found at 10 CCR 2505-10 §8.600.4 Definitions and 10 CCR 2505-10 8.607.2 Determination of Developmental Disability respectively. Please contact your local Community Centered Board (CCB) for additional information.

In order to receive the Developmental Disability Determination, a request must be submitted to the CCB, in writing by the individual, parent, and/or legal guardian. Contact your local CCB to obtain information on submitting a request.

Where can I get neuropsychological and/or IQ/Adaptive testing?

Testing can be administered at schools, by psychologists, behavioral service providers and at some Community Mental Health Centers. It’s important to note this testing must be administered by an approved provider. You can also consult your primary care provider (PCP) or pediatrician to refer you to professionals qualified to administer an IQ test or adaptive behavior assessment.

Who can help me find a provider?

If your PCP or clinic is not aware of available providers, you can call your local Regional Accountable Entity (RAE) or Community Centered Board (CCB) for assistance in locating a provider for the testing needed.

For RAE information please visit this link: Regional Accountable Entities and scroll down the to the Regional Organization information.

For the CCB information please visit this link: Community Centered Boards.

Who is responsible for the cost of the testing?

If an individual is enrolled in Medicaid, Medicaid will cover the cost of the testing if it is provided by a qualified Medicaid provider. The provider must be enrolled as a qualifying Medicaid provider type in order to bill Medicaid. Individuals and families cannot be
charged for the testing if the person is enrolled in Medicaid.

Testing must be considered medically necessary to be covered by Medicaid.

Some private insurances may cover the cost as well. If an individual is in school, check with the school to see if they will conduct the test.

**What happens when the testing is complete?**

This depends on why you needed the testing. If it is to access state plan benefits, you or the individual agency that administered the test can provide a copy to the provider who made the referral for testing so additional future and service planning can begin.

If you need access to waiver services, the test results should be submitted to the CCB. The CCB will use the information to make a Developmental Disability Determination.

All documentation needed to complete the Developmental Disability Determination must be provided to the CCB within 90 calendar days from the day a request for determination was made. If the necessary documentation and information are not provided within 90 days, the CCB will close the request and provide written notification of this action. An individual, parent, or legal guardian may request an extension of time, up to 90 calendar days, to provide the information. The deadline cannot exceed 180 calendar days.

**What are my responsibilities related to applying for a waiver?**

Once the CCB has determined the individual to have a developmental disability, the CCB discusses program options. If an individual wishes to receive waiver services, the CCB will conduct a level of care determination and the individual must apply for Medicaid through the local County Department of Human or Social Services.

**Contact Information**

**Program Contact:**

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