

Special Evaluations

The Special Evaluation Process encompasses many types of assessments in which the Bureau for Children and Families has an open case for either Child Protective Services or Youth Services.

Child Protective Services:

The primary goal of the child welfare services is to provide safety, permanency and well-being. In order to meet that goal, “reasonable efforts” must be made to ensure families have access to needed services to prevent removal and/or enable reunification to occur except when aggravated circumstances have been determined. Reasonable efforts include ensuring access to mental health assessment and treatment if needed. “Reasonable efforts” are a requirement of the Adoption and Safe Families Act of 1997 (ASFA).

WV DHHR Bureau for Children and Families Child Protective Services policy section 7.2 defines reasonable efforts as those actions which are taken prior to the placement of a child in substitute care in order to prevent or eliminate the need for removing the child from the child’s home; and, those actions necessary to insure that the safety of the child will be maintained if the child is returned home.

Reasonable efforts are not required if the court determines the parent has subjected the child to aggravated circumstances which include but are not limited to abandonment, torture, chronic abuse and sexual abuse (Section 7.3). Other instances when reasonable efforts are not required are when the parent has:

- Committed murder of the child’s other parent, guardian or custodian, another child of the parent, or any other child residing in the same household or under the temporary or permanent custody of the parent;
- Committed voluntary manslaughter of the child’s other parent, another child of the parent, or any other child residing in the same household or under the temporary or permanent custody of the parent;
- Attempted or conspired to commit such a murder or voluntary manslaughter or been an accessory before or after the fact to either such crime; or,
- Committed a felonious assault that results in serious bodily injury to the child, the child’s other parent, to another child of the parent, or any other child residing in the same household or under the temporary or permanent custody of the parent;
- Committed sexual assault or sexual abuse of the child, the child’s other parent, guardian, or custodian, another child of the parent, or any other child residing in the same household or under the temporary or permanent custody of the parent;
- Has been required by state or federal law to register with a sex offender registry; or
- The parental rights of the parent to another child have been terminated involuntarily.

For this population the following types of assessments/evaluations are covered under the Special Evaluation Process:

Standard Psychiatric and/or Psychological evaluations when the purpose is to determine:

- If there is a behavioral health condition present?
- If yes, what functional difficulties is it causing and to what extent is their functioning impacted by the behavioral health condition?
- Is there a connection between the symptoms of the behavioral health disorder and the maladaptive behavior the youth has displayed?
- What behavioral health treatment is recommended?
- What is the prognosis?

These evaluations are reimbursable through CPT codes 90791 or 90792 and/or 96130, 96131, 96136, and/or 96137.. If the individual does not have funding for the evaluation the BCF case worker may issue a time limited “Special Medical Card” to cover these services. These treatment evaluations are processed through the standard prior authorization procedure, must meet Medicaid/CPT documentation requirements regardless of type of medical coverage/ultimate payer source and are paid by the Department’s contracted claims payer.

Parental Fitness-

Behavioral Health Related- comprehensive assessment that is requested by Child Protective Services to answer specific questions regarding

- If there is a behavioral health condition present?
- If yes, what functional difficulties is it causing and to what extent is their functioning impacted by the behavioral health condition?
- Is there a connection between the symptoms of the behavioral health disorder and the maladaptive behavior the adult has displayed?
- What is the prognosis?
- What behavioral health treatment is recommended (i.e. individual therapy, family therapy, pharmacologic management, etc.)?
- What community or Socially Necessary Services are recommended (i.e. parenting, adult life skills, domestic violence shelter, BIPPS, payee etc.)?
- Specifically, is the behavioral health condition the only factor affecting the individual’s ability to parent?

These evaluations generally have the potential of being reimbursed by two different payer sources- WV Medicaid as well as the Bureau for Children and Families (BCF) due to the dual nature of the assessments (i.e. answering two distinct referral questions).

Parental Capacity regarding Capacity to Care, Capacity to Protect, and Capacity to Change – comprehensive assessment when there is no known or suspected mental health condition identified and/or when a finding of “aggravated circumstances” is in question by the MDT. This type of evaluation is reimbursed by BCF only.

Termination of Parental Rights- assessment/evaluation requested by Child Protective Services when the Department believes that reasonable efforts have been made, or an aggravated circumstance is discovered and a third party evaluation of progress in treatment or parental capacity is required. This area would also apply when a sex offender risk assessment is requested to assist in terminating the parental rights of an individual who has not been adjudicated of a sexual offense yet. This type of evaluation is reimbursed by BCF only.

Right to Visitation- an assessment of whether visitation should occur between certain individuals in a CPS case when the DHHR has determined supervised visitation cannot be provided safely to the child. This includes physical and/or mental safety of the child. This area would also apply when a sex offender risk assessment is requested when the individual desiring visitation has not been adjudicated of a sexual offense yet. This type of evaluation is reimbursed by BCF only.

Competency of a child to be a witness- an evaluation/assessment requested by Child Protective Services to determine if a child who has been a victim of abuse or neglect is mentally capable of providing testimony in court. This type of evaluation is reimbursed by BCF only.

Competency of a child to know the difference between the truth and a lie- an evaluation/assessment requested by Child Protective Services to determine if a child knows the difference between the truth and a lie in order to testify in court, and to determine if the child's disclosure is accurate. This type of evaluation is reimbursed by BCF only.

Non-covered Evaluations:

The following evaluations/assessments are not covered for Child Protective Services:

Competency to stand trial-BHHF

Educational evaluations to determine school placement

Evaluation requested by the defense attorney

Youth Services:

Youth Services stems from both a social concern for the care of children and from a legal concern for the rights of children. Although state statute (Chapter 49 of the Code of West Virginia) does not contain the term Youth Services, it is clear from the statutes that the Department has a legal obligation to provide assistance to children and families involved with the Juvenile justice system. The Department has chosen the term Youth Services as the designation for the services provided to meet their obligations under the Juvenile justice statutes. (Youth Services Policy 1.6)

The target population for Youth Services includes Juveniles under the age of eighteen (18) years or between the ages of 18 and 21 if under the jurisdiction of the court beyond age eighteen, and one of the following applies (Youth Services Policy 1.8):

- The youth/juvenile is experiencing problems in the home, school, and/or the community to such an extent that the resulting behavior has the potential to become the basis for status offense or delinquency proceedings and intervention has been requested by the parent(s), guardian(s), custodian(s) or by the court to resolve the problem(s) without formal involvement in the Juvenile justice system.
- The youth/juvenile is under the auspices of the Juvenile justice system (i.e. awaiting adjudication as a status offender or delinquent, adjudicated as a status offender, awaiting disposition as a delinquent, on probation, etc.) and has been referred to the Department for services.

The Youth Services policy (Section 1.1) "sets forth the philosophical, legal, practice, and procedural issues which currently apply to Youth services in West Virginia. This material is based upon a combination of requirements from various sources including but not limited to: social work standards of practice; accepted theories and principles of practice relating to services for troubled children; Chapter 49 of the Code of West Virginia; case decisions made by the West Virginia

Supreme Court; and, the Adoption and Safe Families Act. Youth Services is a specialized program which is part of a broader public system of services to children and families.”

As in Child Protective Services Policy, the requirement of reasonable efforts found in ASFA applies to the Youth Services program. Therefore, reasonable efforts in a youth services case include ensuring access to mental health assessment and treatment if needed.

For this population the following types of assessments/evaluations are covered under the Special Evaluation Process:

Standard Psychiatric and/or Psychological evaluations when the purpose is to determine

1. If there is a behavioral health condition present?
2. If yes, what functional difficulties is it causing and to what extent is the youth’s functioning is impacted by the behavioral health condition?
3. Is there a connection between the symptoms of the behavioral health disorder and the maladaptive behavior the youth has displayed?
4. What behavioral health treatment is recommended?
5. What is the prognosis?

These evaluations are reimbursable through CPT codes 90791, 90792, 96130/96131 and/or 96136/96137. If the youth does not have funding for the evaluation, the BCF case worker may issue a time limited “Special Medical Card” to cover these services. These treatment evaluations are processed through the standard prior authorization procedure, must meet Medicaid/CPT documentation requirements regardless of type of medical coverage/ultimate payer source and are paid by the Department’s contracted claims payer.

Risk Assessments for Pre- Adjudicated Delinquents that are requested by only the DHHR case worker for a youth whose alleged crime caused danger to the community and an evaluation is needed to determine appropriate level of treatment that can be provided in the least restrictive manner. This evaluation is a combination of a psychological evaluation and a risk assessment. The risk assessment component is funded through BCF and the psychological evaluation is funded through Medicaid.

Non-covered Evaluations:

Competency to Stand Trial

Status Offender Risk Assessments

Non-violent Adjudicated Delinquent Risk Assessments

Evaluations to determine solely the youth’s educational level

Evaluations requested by the court, probation or defense attorneys

Custody Evaluation of potential relatives that may be a placement

Juvenile Sex Offender Risk Assessment Updates

Risk Assessments for Post-Adjudicated Delinquents

All Evaluations:

For all evaluation types and payer sources the CPT code definitions will be utilized. When medical necessity is met, Medicaid should be billed with the following codes: 90791 (psychologist), 90792 (psychiatrist) and 96130/96131 or 96136/96137. When medical necessity is not met, BCF should be billed using the same codes.

Medical Necessity Definition:

Services and supplies that are:

- (1) appropriate and necessary for the symptoms, diagnosis or treatment of an illness;
- (2) provided for the diagnosis or direct care of an illness;
- (3) within the standards of good practice;
- (4) not primarily for the convenience of the plan member or provider; and
- (5) the most appropriate level of care that can be safely provided

CPT Code Definition: 90791—event code

An integrated bio-psychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.

CPT Code Definition: 90792—event code

An integrated bio-psychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of diagnostic studies.

CPT Code Definition: 96130—1 unit (unit=1 hour)

Psychological testing evaluation services by physician or other qualified health professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregivers(s), when performed; first hour.

CPT Code Definition: 96131, up to 2 units (Unit = 1 hour)

Add on code to 96130, Each additional hour

CPT Code Definition: 96136, 1 unit (Unit = 30 minutes)

Psychological or neuropsychological test administration and scoring by physician or other qualified health care profession, two or more test, any method; first 30 minutes.

CPT Code Definition: 96137, up to 3 units (Unit = 30 minutes)

Add on code to 96136, Each additional 30 minutes

Special Evaluation	
<p>90791/90792 Includes: Interview, Collateral Contacts Record Review, Analysis, and Report Writing</p>	<p>One event of 90791/90792 may be requested for the medically necessary portion of the evaluation and one event may be requested for the BCF/YS concern.</p> <p>The event of the 90791/90792 includes all portions of the clinical/diagnostic interview, collateral interview, record review, analysis, and report writing.</p>
<p>96130/96131 Includes: Integration of Patient Data, Test Interpretation, Analysis, Treatment Planning, Report Writing and Interactive Feedback to the Patient and/or Family/Caregivers.</p> <p>96136/96137 Includes: Administration and Scoring of two or more Psychological or Neuropsychological Tests.</p>	<p>Direct, face-to-face administration, scoring and interpretation of psychological evaluations/tests.</p> <ul style="list-style-type: none"> • Documentation within the report substantiates the units/time claimed. <ul style="list-style-type: none"> ○ Interpretation involves relating/synthesizing the score obtained to the referral question rather than only indicating score or category (i.e. the simple indication that a score is invalid does not substantiate any interpretation time). ○ Computer generated interpretations (i.e. MMPI, PAI, PSI, SASSI, etc.) that are included within the report that are not synthesized (substantially modified from the computer printout) based upon other supporting information does not substantiate total interpretation time allowed by manufacturer. <ul style="list-style-type: none"> • Report should cite the sources when computer interpretation or other interpretation guides were utilized even when substantially modified information is included. ○ If individuals other than the approved clinician (i.e. BA level psychometrician) interprets any of the tests, this time is not allowed. • Prior approval must be obtained prior to the clinician exceeding the unit benefit. • Tests administered are necessary, congruent, and sufficient to the purpose/referral question as well as additional information that may have been discovered during interview or record review process. <ul style="list-style-type: none"> ○ Standard batteries may not be congruent to all consumers. • Tests administered are congruent to the manufacturer's standardizations including reading comprehension level. <ul style="list-style-type: none"> ○ If documentation does not demonstrate that the consumer possessed minimum reading comprehension threshold established by the manufacturer, the test does not meet medical necessity and should not be administered. ○ Self-administered assessments/tests (such as MMPI, PAI, PSI, SASSI, BDI, BAI, etc.) <ul style="list-style-type: none"> ▪ No administration time can be claimed due to the clinician not directly administering assessment.

	<ul style="list-style-type: none"> ▪ Monitoring of client completing self-administered tests is not reimbursable under this process. ○ Computer scored assessments/tests (i.e. MMPI, PAI, PSI, SASSI, etc.) <ul style="list-style-type: none"> ▪ Entering of the scores into the computer is an administrative function and does not require a clinician’s credential; therefore, scoring time is not allowed. ○ If individuals other than the approved clinician (i.e. BA level psychometrician) administers or scores any of the tests, this time is not allowed. ○ If less than two tests are administered or scored, this code is not allowable.
Provider Credential Information	
Provider Credential Information	<ul style="list-style-type: none"> • Psychiatrist—may utilize 90791/90792 for WV Medicaid as well as BCF • Licensed Psychologist or Supervised Psychologist—may utilize WV Medicaid codes 90791 & 96130, 96131,96136 & 96137 as well as BCF • Master’s Degree clinician with Master’s Level License—BCF only • Psychometrician activities are not reimbursable
Documentation Requirements	
Documentation Requirements	<p>A completed evaluation report signed with credentials by the staff member(s) who provided the service including the date(s) of service and filed in the record within 15 days.</p> <p>Documentation must contain the following (as outlined by the 90791/90792 codes):</p> <ul style="list-style-type: none"> • Date of Service • Location of Service • Purpose of Evaluation • Signature with credentials • Presenting Problem • History of Medicaid Member’s presenting illness • Duration and Frequency of Symptoms • Current and Past Medication efficacy and compliance • Psychiatric History up to Present Day • Medical History related to Behavioral Health Condition • Mental Status Exam- The Mental Status Exam must include the follow elements: <ul style="list-style-type: none"> ○ Appearance ○ Behavior ○ Attitude ○ Level of Consciousness ○ Orientation ○ Speech ○ Mood and Affect ○ Thought Process/Form and Thought Content ○ Suicidality and Homicidality ○ Insight and Judgment • Member’s diagnosis per current DSM or ICD methodology

	<ul style="list-style-type: none"> • Medicaid Member’s prognosis for treatment • Rationale for prognosis • Rationale for diagnosis • Appropriate recommendations consistent with the findings of the evaluation • 90792 – Must indicate a physical examination/review of systems and/or ordering of diagnostic tests <p>In addition to the 90791/92 requirements, the report should also include:</p> <ul style="list-style-type: none"> • History of the member’s involvement with CPS/YS, services and outcomes. • Collateral interview must be summarized within the report and include: <ul style="list-style-type: none"> ○ Name and title (If applicable) of person. ○ Their relationship to the case. ○ The date of the contact documented. ○ A summary of the information ○ The mode of the contact- face to face interview, e-mail, phone, etc. • Records reviewed related to the case and referral question. Records reviewed should be listed and summarized within the report. Each record reviewed must be documented in the report with: <ul style="list-style-type: none"> ○ Title of Document and date ○ Date of record review ○ Number of pages per document ○ How the records were obtained ○ Brief Summarization of documents reviewed <p>The report should contain the following components of the psychological testing as outlined within the 96130/96131 and 96136/96137 CPT codes:</p> <ul style="list-style-type: none"> ○ Time spent (start/stop times for each test administered) ○ Documentation that the member was present for the evaluation. ○ Results (Scores and Categories) of the administered tests ○ Interpretation of the administered tests
Service Exclusions	
Service Exclusions	<p>Special Evaluations do not include the following:</p> <ul style="list-style-type: none"> • Travel time to a location such as the DHHR office to conduct the evaluation. • MDT attendance or preparation of summaries for MDTs • Court Testimony • Observation of parent/child interaction (i.e. observation of supervised visit between parent and child) <ul style="list-style-type: none"> ○ Time spent observing interactions should be billed under supervised visitation. Supervised Visitation is authorized through the Socially Necessary Services Program. ○ Enrolment and service information are available at http://www.wvdhhr.org/bcf. Collateral information may also be obtained via the DHHR worker when another entity is authorized to provide the service. • Administrative time

Reimbursement Process	
Reimbursement Process	<ul style="list-style-type: none"> • Providers will be reimbursed based on the current WV Medicaid rate. • Services reimbursed via WV Medicaid will be done through the usual CareConnection® authorization process and billing process. • Services reimbursed via BCF will be done via an invoice to BCF.
Attachments	
Attachments	<ul style="list-style-type: none"> • CPS/YS referral form • KEPRO retrospective review tool • KEPRO retrospective Review procedure • Provider requirements for the invoice for BCF

Additional Service Information:

1. These assessments are designed to be comprehensive in nature and one assessment per consumer per year is considered the standard. If the consumer situation dramatically changes within the course of a year, special consideration may be made.
2. Clinicians should not be providing treatment services (i.e. therapy sessions) to those consumers whom they have provided a “Special Evaluation” or vice versa.
3. The assessments are evaluative or standardized testing instruments.
4. The assessments are administered by qualified staff and are necessary to make determinations concerning the mental, physical, and functional status of the member or as required to determine medical necessity.
5. In the evaluations in which recommendations related to restricting parental visitation, termination of rights, etc., all individuals (i.e. the children) should be interviewed, whenever possible given age of child(ren), related to the referral question/aggravated circumstance. An explanation why each individual was not interviewed must be documented within the report.

Attachments

- CPS/YS referral form
- Process for completing special evaluations

SPECIAL EVALUATION REQUEST FORM

REFERRING DHHR WORKER

Name: _____
County: _____ E-mail _____ Phone _____

Client Information

Name: _____ Consumer D.O.B.: _____
FACTS Client ID: _____ FACTS Case Number: _____

PROVIDER INFORMATION

Name: _____ Phone Number: _____
Practice Name: _____

REFERRAL REASON

Case Type

- Child Protective Services
 Youth Services

What is the purpose/reason for the evaluation? What information do you need the evaluation to contain?

Process for Completing Special Evaluations

1. Worker makes appointment/referral.
2. Worker sends KEPRO a referral sheet stating what type of evaluation they need.
3. KEPRO reviews referral sheet to determine what type of evaluation is needed based on the UM manual.
4. KEPRO emails the referral form to the provider with worker's request information and with the type of evaluation that is needed based on the UM manual.
5. Provider completes evaluation.
6. Provider follows the UM manual to bill any appropriate units to Medicaid through the regular Medicaid billing procedures and submits any appropriate units to BCF in an invoice.