

SECTION II - DIAGNOSTIC AND EVALUATION SERVICES CONTENTS

200.000 DIAGNOSTIC AND EVALUATION, GENERAL INFORMATION

201.000 Arkansas Medicaid Participation Requirements

1-1-23

The Division of Medical Services (DMS) is authorizing providers to become

providers of diagnostic and evaluation services. Diagnostic and evaluation services will be specific to the Divisions of Developmental Disabilities (DDS) and Aging, Adult and Behavioral Health Services (DAABHS), where appropriate to determine eligibility for services (DDS) and treatment planning/diagnostic clarification (DAABHS).

202.100 Eligible Clients for this Manual

1. Clients who have received a mental health diagnostic assessment by an allowable licensed professional, and has begun mental health counseling services, can receive a psychological evaluation to confirm the diagnosis in order to guide continued behavioral health counseling services.
2. Clients who display symptoms of Autism Spectrum Disorder (ASD) and seek testing to determine if a formal diagnosis of ASD is warranted, in accordance with the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
3. Clients who have a qualifying developmental disability and require an adaptive behavior and/or intellectual assessment to either establish or confirm that the diagnosis meets the criteria for Institutional Level of Care.

203.100 Requirements for Confirming Behavioral Health Diagnosis

000.000 Clients Requirements

- a. The client has completed a mental health diagnostic evaluation by a licensed professional enrolled as an Arkansas Medicaid provider and;
- b. The client is currently engaged in mental health counseling services through an Arkansas Medicaid behavioral health service provider, and;
- c. The client is currently being treated to address symptoms of the diagnosed condition; and
- d. The client is 48 months or older.

202.200 Evaluator Requirements

- a. To perform a Psychological Evaluation to Confirm a Behavioral Health Diagnosis, the clinician must be one of the following:
 1. A Licensed Psychologist (LP)

- 2. A Licensed Psychological Examiner (LPE)
 - 3. A Licensed Psychological Examiner-Independent (LPEI)
 - b. If the evaluator, through psychological testing leads to a diagnosis of ASD, the Evaluator must make a referral to the Division of Developmental Disabilities Services (DDS).
- 202.300 Evaluation Requirements
- a. A Psychological Evaluation (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach®, WAIS®) is allowed if the following criteria is met:
 - 1. The Evaluation is conducted in person; and
 - 2. The Evaluation is necessary to establish a differential diagnosis of behavioral or psychiatric conditions; and
 - 3. The Evaluation is necessary because the client's history and symptomatology are not readily attributable to a particular psychiatric condition; and
 - 4. The Evaluation is necessary because questions to be answered by the Evaluation could not be resolved by a psychiatric or diagnostic interview, observation in therapy, or an assessment for level of care at a mental health facility.
 - b. Minimum Documentation Requirements must be met and are as follows:
 - 1. Date of Service
 - 2. Start and stop times of actual encounter with the client
 - 3. Start and stop times of scoring, interpretation and report preparation
 - 4. Place of Service
 - 5. Identifying information
 - 6. Rationale for referral
 - 7. Presenting problem(s)
 - 8. Culturally and age-appropriate psychosocial history and assessment
 - 9. Mental status and clinical observations and impressions
 - 10. Tests used, results, and interpretations, as indicated
 - 11. DSM diagnostic impressions, if applicable
 - 12. Treatment recommendations and findings related to rationale for service and guided by test results
 - 13. Staff signature/credentials/date of signature(s)
 - c. If psychological testing leads to a diagnosis of ASD, the treating clinician will make a referral to the Division of Developmental Disabilities Services (DDS).

203.100 Requirements for Establishing a Diagnosis of Autism Spectrum Disorder

000.000 Client Requirements

- a. The Client is less than 21 years of age; and
- b. The Client is enrolled in Arkansas Medicaid; and
- c. The Client has a referral from their primary care physician for testing to establish a diagnosis of ASD.

202.200 Evaluator Requirements

- a. To perform an evaluation to establish an ASD diagnosis, the clinician must be one of the following:
 - 1. A Licensed Physician
 - 2. A Licensed Psychologist (LP)

202.300 Evaluation Requirements

- a. An evaluation to establish a diagnosis of ASD is allowed if the following criteria is met:
 - 1. The adaptive behavior and/or intellectual assessment is conducted in person; and
 - 2. The evaluation is necessary to establish a diagnosis of ASD; and
 - 3. The assessment administered is within the clinician's scope of practice and is on the approved assessment list found here: **NEED TO ADD LINK**
- b. Minimum Documentation Requirements must be met and are as follows:
 - 1. Date of Service
 - 2. Start and stop times of actual encounter with the client
 - 3. Start and stop times of scoring, interpretation and report preparation
 - 4. Place of Service
 - 5. Identifying information
 - 6. Rationale for referral
 - 7. Presenting problem(s)
 - 8. Culturally and age-appropriate psychosocial history and assessment
 - 9. Clinical observations and impressions
 - 10. Tests used, results, and interpretations, as indicated
 - 11. DSM diagnostic impressions, if applicable
 - 12. Treatment recommendations and findings related to rationale for service and guided by test results
 - 13. Staff signature/credentials/date of signature(s)

203.100 Requirements for Establishing or Confirming Institutional Level of Care for clients with Intellectual and Developmental Disabilities

000.000 Client Requirements

- a. The client has a diagnosis from a licensed physician of the following developmental disabilities:
 - 1. Epilepsy
 - 2. Cerebral Palsy
 - 3. Down Syndrome
 - 4. Spina Bifida
- b. The client has been referred by a licensed physician and has a confirmed diagnosis the following developmental disabilities:
 - 1. Intellectual Disability or related condition
 - 2. Autism Spectrum Disorder

202.200 Evaluator Requirements

a. To perform an adaptive behavior and/or intellectual assessment to establish or confirm Institutional Level of Care, the clinician must be one of the following:

1. A Licensed Psychologist (LP)
2. A Licensed Psychological Examiner (LPE)
3. A Licensed Psychological Examiner-Independent (LPEI)

202.300 Evaluation Requirements

a. An adaptive behavior and/or intellectual assessment to establish or confirm Institutional Level of Care is allowed if the following criteria is met:

4. The adaptive behavior and/or intellectual assessment is conducted in person; and
5. The adaptive behavior and/or intellectual assessment is necessary to establish or confirm Institutional Level of Care; and
6. The assessment administered is within the clinician's scope of practice and is on the approved assessment list found here: [NEED TO ADD LINK](#)

b. Minimum Documentation Requirements must be met and are as follows:

1. Date of Service
2. Start and stop times of actual encounter with the client
3. Start and stop times of scoring, interpretation and report preparation
4. Place of Service
5. Identifying information
6. Rationale for referral
7. Presenting problem(s)
8. Culturally and age-appropriate psychosocial history and assessment
9. Clinical observations and impressions
10. Tests used, results, and interpretations, as indicated
11. DSM diagnostic impressions, if applicable
12. Treatment recommendations and findings related to rationale for service and guided by test results
13. Staff signature/credentials/date of signature(s)

204.000 Reimbursement

000.000 Fee Schedules, Billing Requirements, Billing Codes and Place of Service can be found here: [ADD LINK](#)