

Developmental Services  
**Psychological Assessment**  
 Monitoring Checklist

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_



\_\_\_\_\_

District: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Agency Provider       Solo Provider       Onsite Review       Desk

Cite	Standard	Met	Not Met	N/A
<b>Explanation of Monitoring Tool Symbols/Codes</b>				
	Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.			
<b>“W”</b>	Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.			
<b>“R”</b>	Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of <b>funds by the State if the element is “Not Met.”</b>			
<b>B. Provider Qualifications and Requirements</b>				
1  W4.0	Providers of psychological assessment services are licensed psychologists by the Department of Health			
<b>C. Service Limits and Times</b>				
2 W2.0	The provider performs no more than one psychological assessment per year.			
3	The provider only includes assessment services provided by a licensed psychologist.			
4	Provider is authorized to render psychological assessment services.			
5	Provider renders services and supports at a frequency and intensity as defined in the service authorization.			
<b>D. Documentation</b>				
6 R	Provider has at a minimum copies of the evaluation report.			