



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

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DEPARTMENT MENTAL HEALTH

SUBJECT PSYCHOLOGICAL TESTING

APPROVED

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I. PURPOSE

To promote excellence in psychological testing by standardizing certain aspects of psychological testing practice Department-wide, based on a combination of legal, quality of care, billing, and utilization control concerns

II. POLICY

- A. Each Department program in which psychological testing is conducted shall appoint a person competent in psychological testing as Region Testing Coordinator. This person will be responsible for obtaining psychological testing supplies for the Program and clinics. The Mental Health Intern Program Supervisor for psychology will assist with information regarding ordering test supplies. The Region Testing Coordinator will make any reports required by administration regarding psychological testing activity in the Region.
- B. There shall be a written referral for testing on a referral form chosen by the Region Testing Coordinator, explaining what the referring person hopes to learn from the test results.
- C. The responsible psychologist in the case will determine which tests will most appropriately answer the referral questions. Requests for specific tests by referring persons will not necessarily be honored.
- D. Issues of the client's right to informed consent will be carefully considered by the testing person, as well as any requests by the client for feedback regarding results, in accord with client rights of access to records and professional ethical principles.
- E. Psychological testing shall be accomplished, with feedback to the referring person and a written report filed in the chart, as quickly as possible but no later than 30 days from the date of referral.
- F. Every instance of psychological testing shall result in a typed report using form 14-12929-662, filed under "Psychological Testing" in the chart. Typed reports of a battery of tests will include the following headings: Reason for Referral, Tests Administered, Background Information, Behavioral Observations, Test Results, Diagnostic Impression, and Recommendations. Sub-categories of these sections, or other major headings, may be added at the professional's discretion.

- G. The Department has determined that the testing raw data is not part of the client's medical record. In order to preserve raw data and reports for later review, in the event of re-testing or unavailability of the chart, the raw data, a copy of the report, and the referral form will be sent to the Region Testing Coordinator, who will file and preserve this information in a locked file. Client confidentiality will be carefully preserved.
- H. Billing shall be submitted for face-to-face test administration, test scoring, test interpretation, and report writing. There is no billing limit for total time per case and no limit on the number of separate billings made during the completion of a case. Each separate billing must have a chart ID note indicating what was done during the time billed.
- I. Current Department policy requires that test administration time in excess of four hours be pre-approved. A form (attached) explaining the needed time is submitted to the Region Testing Coordinator who forwards it to the Deputy Director for Medical Services for approval.
- J. State licensing laws provide some definition of what persons in different professions are authorized to do in the area of psychological testing. Licensed physicians and psychologists are authorized to perform psychological testing limited only by their actual competency to do so (through training, experience, and ability). The clinical social work licensing law is ambiguous regarding testing but does not prohibit testing. Psychological testing is not mentioned per se in the Marriage, Family, and Child Counseling licensing law, but the Board of Behavioral Science Examiners appears (5-91) to hold as its policy on the matter the California Attorney General's Opinion 83-810 (1984), which permits psychological testing by MFCC's for purpose of the assessment and treatment of marriage and family problems.
- K. In order to guarantee good clinical services for clients, staff and interns will not perform psychological testing other than that permitted by the licenses in their respective fields. Staff will not supervise testing which the license in their field would not permit them to perform.
- L. Staff, including psychiatrists, will not perform psychological testing which they have not been adequately trained to perform competently, regardless of whether the license in their field would allow that testing.

- M. Before staff become licensed, their qualifications to perform psychological testing will be judged relative to their actual prior training, rather than their clinical therapist sub-classification. A license is not required in order for pre-licensed staff to perform psychological testing, nor is it required that their reports be co-signed. The testing work of pre-licensed staff should be supervised in a manner similar to the supervision of their other clinical work in that particular site. The Clinic Supervisor will be responsible for authorizing appropriate psychological testing activity by new staff. If he/she has doubts or questions in regard to the qualifications of a staff member, the matter may be addressed as in the next item.
- N. Questions regarding qualifications to perform testing may be referred to Program Managers, Deputy Directors, or the coordinators for the various disciplines.
- O. It is the responsibility of each professional to seek out consultation or supervision regarding testing issues whenever it is needed in order to provide adequate service.
- P. Psychological testing done by psychology interns will be supervised by appointed supervisors. Reports will be co-signed by these supervisors.

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REQUEST FOR AUTHORIZATION FOR ADDITIONAL PSYCHOLOGICAL TESTING

Client \_\_\_\_\_ Chart No. \_\_\_\_\_

Referring Person \_\_\_\_\_ Clinic \_\_\_\_\_

Reason For Referral for Testing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tests Already Administered \_\_\_\_\_

\_\_\_\_\_

Administration Time To Date \_\_\_\_\_

Additional Tests Proposed \_\_\_\_\_

\_\_\_\_\_

Estimated Additional Time Needed For Test Administration \_\_\_\_\_

Unusual Time Needs of This Client \_\_\_\_\_

\_\_\_\_\_

Intern/Psychologist Requesting Approval \_\_\_\_\_

Supervisor's Signature If Intern \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reasons For Disapproval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Approving Authority \_\_\_\_\_

Date \_\_\_\_\_

**CROSS REFERENCE LISTING**  
**13-5...Direct Services**

2-3.30

**Outings and Field Trips**