



Human Resources Administration
Department of Social Services
Customized Assistance Services



Robert Doar
Administrator/Commissioner

Frank R. Lipton, M.D.
Executive Deputy Commissioner/Medical Director

WeCARE Bulletin

DSP Referrals to WeCARE

Customized Assistance Service's (CAS) Disability Services Program (DSP) assists Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) clients on the Federal Disability track to file appeals when their applications for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) are denied. A new process has been developed to extend this assistance, when clinically indicated, to WeCARE clients with functional capacity outcomes (FCO) other than *Unable to Work, Potentially Eligible for Federal Disability Benefits* and to non-WeCARE Cash Assistance (CA) clients whose self-initiated SSI/SSDI applications are denied for medical reasons.

To determine if the individual meets the Social Security Administration's (SSA) disability criteria, DSP conducts an assessment of the client's medical and/or mental health condition(s) and reviews medical documents brought in by the client as well as any available WeCARE assessments. At the conclusion of the assessment, DSP completes the **DSP-Appeal Assessment Form**. If the assessment indicates that an appeal may be warranted, DSP refers the client to WeCARE for an evaluation of the client's FCO. DSP signs the *DSP-Appeal Assessment Form* and scans it into the DSP Viewer for vendors to review via the WeCARE Viewer. Clients determined by WeCARE to be *Unable to Work, Potentially Eligible for Federal Disability Benefits* are referred back to DSP for assistance with the appeal process. Clients determined to have FCOs other than *Unable to Work* are not referred back to DSP but will continue to be engaged in activities based on their FCO.

An individual has **sixty days** from the date SSA denies his/her federal disability application to file an appeal. Therefore it is important for the vendor to expeditiously evaluate all DSP referrals to ensure that the client can meet the deadline.

Scheduling DSP to WeCARE Appointments

When DSP determines that an appeal may be warranted, the client is referred to WeCARE for an appointment within seven days from the date of the DSP appointment. If the client does not have a WeCARE history or has not had a biopsychosocial (BPS) assessment within the last twelve months, DSP refers the client for a BPS by entering the **DSP to WeCARE for Medical Assessment** action

code (**16DW/96DW**) in NYCWAY. The **Medical Provider Appointment** letter (**W-538C**), generated by this code, is given to the client.

A client who has had a BPS assessment within the last twelve months is referred to the Clinical Review Team (CRT) for an FCO review. DSP enters the **Referral to WeCARE Review Board-DSP** action code (**16DR**) in NYCWAY and gives the client the system-generated **Referral to WeCARE for a Clinical Review** letter (**W-300**). DSP signs and scans the *DSP-Appeal Assessment Form* into the DSP Viewer for vendors to review via WeCARE Viewer.

Rescheduling DSP to WeCARE Appointments

As noted earlier, an individual has sixty days from the date SSA denies his/her SSI/SSDI application to file an appeal. Therefore, if a client informs the WeCARE vendor that s/he needs to reschedule the BPS or CRT appointment, the vendor reschedules the client for the soonest available appointment to ensure that the client can meet the deadline. To reschedule, the vendor enters one of the following action codes in NYCWAY, depending on the appointment type:

- **Reschedule DSP to WeCARE Review Board Referral (16DD)**
- **Reschedule DSP to WeCARE Referral (16RD)** (participant)
- **Reschedule DSP to WeCARE Referral (96RD)** (applicant)

WeCARE FCO Determination

When determining the client's FCO during the BPS or CRT assessment, the vendor takes into account the client's condition(s) as described in the *DSP-Appeal Assessment Form*, existing WeCARE documentation and any other available medical documentation. Once the FCO determination is made, the CSP appointment is scheduled, during which the vendor explains the FCO and engages the client in appropriate activities. For a full description of the BPS and CSP process, refer to the *Biopsychosocial Assessment and Comprehensive Service Plan* procedure issued on 10-07-2010.

A client determined by WeCARE to be *Unable to Work, Potentially Eligible for Federal Disability Benefits* is placed on the WeCARE Federal Disability track. The vendor reviews the *DSP-Appeal Assessment Form* which may include information that the client already has an appeal pending. When necessary, the vendor contacts SSA to verify whether the client filed an appeal since his/her last appointment with DSP. If SSA verifies that the client already has a pending appeal, the vendor submits the results of BPS/CRT evaluations and any other medical documentation via mail to the local SSA field office and ensures that this documentation is available in the WeCARE Viewer for DSP to review. The vendor enters the **ALJ Appeal Filed by Client/Other Than Social Security Income Case Control (SSICC)** action code (**376S**) in NYCWAY, which adds the client to the DSP worklist and schedules the client for a 6 month call-in appointment with DSP to update his/her medical and non-medical documentation in preparation for the Administrative Law Judge (ALJ)

Hearing. These mandatory return appointments are scheduled every six months until the hearing date.

If the *DSP-Appeal Assessment Form* and SSA indicate that an appeal *has not been filed* on a denied SSI/SSDI application, the vendor refers the client back to DSP for assistance in filing an appeal. The vendor must ensure that the results of the WeCARE assessment and updated medical documentation are available in the WeCARE Viewer. The vendor schedules the client for a mandatory priority appointment by entering the **WeCARE to DSP Return Appointment** action code (**16DS**) in NYCWAY and provides the client with the **Disability Services Program Mandatory Assessment Interview** letter (**W-331A**).

Clients determined by WeCARE to be *Fully Employable, Employable with Accommodations, Employable with Limitations Requiring Vocational Rehabilitation Services or Temporarily Unemployable* are not returned to DSP but are engaged in activities according to their FCO.

Vendors are encouraged to provide close administrative and supervisory oversight of DSP to WeCARE cases to ensure that they are reviewed within the context of the client's complete history and that the FCO determination is clinically appropriate.

Outreach

For clients who fail to report (FTR) to or fail to comply (FTC) with the BPS or CRT appointment, the WeCARE vendor is required to provide appropriate outreach and document the outreach efforts in the vendor system as well as in NYCWAY. Outreach is successful when clients attend their BPS or CRT appointments. For clients who do not respond to outreach and do not report to or comply with the appointments, the appropriate codes are auto-posted in NYCWAY, which initiate the Conciliation process.

If an individual determined by WeCARE to be *Unable to Work, Potentially Eligible for Federal Disability Benefits* is referred back to DSP for assistance in filing an appeal and fails to report (FTR) to DSP for a scheduled appointment, the vendor is also required to conduct escalating outreach to engage the client in DSP services.

Two business days after a client does not attend his/her DSP appointment, NYCWAY autoposts the **FTR/FTC Outreach-WC Client at DSP** action code (**173Y**). Vendors are required to monitor the NYCWAY **WeCARE Outreach (WCOUT)** worklist daily and complete outreach services for each client who appears on the list. All outreach efforts must be documented in NYCWAY. The vendor scans any outreach documents, including letters sent to the client, to the case record.

When the client responds to the vendor's outreach efforts, the vendor posts the **WeCARE Outreach Successful** action code (**168G**) and re-schedules the DSP appointment by entering the *WeCARE to DSP Return Appointment* action code (**16DS**) in NYCWAY which generates the *Mandatory Assessment Interview* letter

(W-331A). The vendor scans the appointment letter into the WeCARE Viewer and mails it to the client.

If the client does not report to this rescheduled appointment, NYCWAY indicates that outreach is required again. The client is provided with a total of three opportunities to attend the DSP appointment, two of which result from vendor outreach efforts, prior to receiving an infraction. A client's failure to respond to outreach efforts within 11 days from the initiation of outreach or failure to report to the third DSP appointment, results in an automatic posting of the **FTR/FTC Appeal of Disability Benefits Denial** action code (**491D**) in NYCWAY triggering the Notification of Intent (NOI) process.

Attachments

	DSP-Appeal Assessment Form
SSA-3288	SSA Consent for Release of Information
W-300	Referral to WeCARE for a Clinical Review
W-331A	Disability Service Program Mandatory Assessment Interview
W-538C	Medical Provider Appointment

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DSP Number:

DSP - APPEAL ASSESSMENT FORM

Client Name:

Appeal Assessment Date:

Case Number:

Suffix:

Line:

SSN:

INTERVIEW QUESTIONS

1. Is the client currently employed?

Yes

No

Comments:

If "Yes" what is the client's salary? Does the salary meet the criteria for substantial gainful activity?

Yes

No

Comments:

2. If not currently employed, was the client employed in the past?

Yes

No

Comments:

3. If not currently employed, is the client physically or mentally able to work?

Yes

No

Comments:

4. What medical or psychiatric conditions did the client include on the federal disability benefit application?

Comments:

5. Are there additional medical or psychiatric conditions that affect the client's ability to work?

Yes

No

Comments:

6. Is the client receiving treatment for his/her medical or mental health condition(s)?

Yes

No

Comments:

7. Are there any side effects the client is experiencing as a result of treatment(s) he/she is receiving?

Yes

No

Comments:

8. Describe the client's conditions and/or symptoms and how they limit his/her ability to work.

Comments:

9. Does the client require any assistance or supervision to perform activities of daily living? Yes No

Comments:

Identify the areas below where the client is unable to function independently:

Shopping Meal Preparation Housekeeping Laundry
Transportation Taking Medication Managing Money Other

Describe:

SOCIAL WORKER EVALUATION

1. Client Observation(s) (e.g. personal hygiene, appearance, etc)

Comments:

2. Does the client have a significant medical or psychiatric condition? Yes No

Comments:

3. Does the condition(s) satisfy the durational requirement? Yes No

Comments:

4. Does the client's condition meet a condition on the list of Compassionate Allowances for expedited decisions? Yes No

Comments:

5. Does the client's condition(s) meet or equal SSA listing of impairments? Yes No

Comments:

6. Does the client retain the residual functional capacity (RFC) to do past relevant work? Yes No

Comments:

7. Does the client retain the residual functional capacity (RFC) to do other work? Yes No

Comments:

8. Does the client meet one of the three medical – vocational profiles? Yes No

Comments:

EVALUATION SUMMARY

Conditions/Diagnosis:

Clinical History:

Course of Treatment:

Meets/Equals Listing:

Employment History:

Education History:

SOCIAL WORKER DETERMINATION

Refer the client to WeCARE for Functional Capacity Outcome evaluation

Comments:

Client's condition does not warrant an appeal request

Comments:

Assessment Documentation (List available medical documentation)

DSP SOCIAL WORKER NAME

DSP SOCIAL WORKER SIGNATURE

Social Security Administration Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form **Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor or an insurance company).**

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- ' **nonmedical** records, should use this form.
- ' medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

How to Complete This Form

This consent form must be completed and signed only by:

- ' the person to whom the information or record applies, or
- ' the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- ' the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- ' Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- ' Fill in the name and address of the individual or group to which we will send the information.
- ' Fill in the reason you are requesting the information.
- ' Check the type(s) of information you want us to release.
- ' Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PRIVACY ACT NOTICE: The Privacy Act Notice requires us to notify you that we are authorized to collect this information by section 3 of the Privacy Act. You do not have to provide the information requested. However, we cannot release information or records about you to another person or organization without your consent for release of information. Your records are confidential. We will release only records that you authorize, and only to persons or organizations who you authorize to receive that information.

PAPERWORK REDUCTION ACT STATEMENT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 212345-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
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I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ___ Social Security Number
- ___ Identifying information (includes date and place of birth, parents' names)
- ___ Monthly Social Security benefit amount
- ___ Monthly Supplemental Security Income payment amount
- ___ Information about benefits/payments I received from _____ to _____
- ___ Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- ___ Medical records
- ___ Record(s) from my file (specify) _____
- ___ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____



Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Center: _____
Action Code: _____

Referral to Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) for a Clinical Review

You must report to WeCARE for an appointment with a Clinical Review Team (CRT). The goal of the clinical review is to determine if your most recent Functional Capacity Outcome (FCO) is still appropriate.

Appointment Date: _____ Time: _____ Telephone: _____

CRT Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

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Please bring copies of any medical documentation to the CRT appointment. In addition, if you recently had a Fair Hearing, please bring any documents submitted at the Fair Hearing and your Fair Hearing decision notice to this meeting.

This is a mandatory appointment. Failure to report and/or comply with this appointment may result in the reduction, denial or closing of your public assistance case.

If you cannot keep this appointment or need special accommodations, please call the phone number listed above for assistance before your scheduled appointment time.



Date:
Case #:
Case Name:
Center:
Action Code:

Disability Services Program Mandatory Assessment Interview

Our records indicate that you applied for Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI) and your application was denied. In order to remain eligible for Cash Assistance (CA), you are being referred to the Disability Services Program (DSP) for assistance in filing an appeal with the Social Security Administration. If you have already filed an appeal, please bring documentation with you to this appointment.

Your appointment with the Disability Services Program is indicated below:

Appointment Date:

Time:

Location Name:

If you cannot keep the appointment or need reasonable accommodation or have questions about which documents to bring, please call _____ for assistance before your scheduled appointment time.

Travel Directions:

Please bring this letter and the following documents to the appointment (if available):

- **Copies of medical information/documentation**
- **Proof of citizenship/alien status**
- **All correspondence (letters) and receipts from Social Security Administration**
- **A list of medical prescriptions**
- **A copy of the filed SSI Application**
- **Social Security Card**

This is a mandatory eligibility appointment. You must report to and cooperate with this mandatory assessment appointment as a condition of eligibility for Cash Assistance. Failure to report for and comply with this appointment without good cause may result in the reduction or loss of your cash assistance benefits.



Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Center: _____
Action Code: _____

Medical Provider Appointment

You must report to HRA's medical provider for the reason listed below.

Appointment Date: _____ Time: _____ Telephone: _____

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

The goal of a medical assessment is to identify medical problems. Based on the outcome of your assessment, if it is determined that you have medical/mental health problems, the medical provider will work with you to develop a plan that will restore you to the best possible level of health and self-sufficiency. Please be aware that the initial assessment may take four (4) hours or longer.

This is a mandatory public assistance eligibility appointment. Failure to report and comply with this appointment may result in the denial/closing of your public assistance case. If you are receiving non-public assistance food stamps and fail to keep this appointment, you may be considered work rules required.

If you cannot keep the medical provider appointment or need special accommodations, please call the phone number listed above for assistance before your scheduled appointment time.

Please bring this letter, your Social Security card and your photo ID/Medicaid card, if available. You should also bring any recent doctor's letter, prescriptions or other forms that may provide information on your condition.

You may have someone accompany you to this appointment if you require assistance. All HRA medical provider facilities are handicapped accessible.

If you do not report to HRA's medical provider within one (1) hour of your appointment, you may not be seen.