



George E. Pataki
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NY 12243-0001

Robert Doar
Commissioner

Local Commissioners Memorandum

Section 1

Transmittal:	06-LCM-13
To:	Local District Commissioners
Issuing Division/Office:	Division of Employment and Transitional Supports
Date:	December 27, 2006
Subject:	OTDA Contract with Medical Providers for Consultative Medical and Psychological Examinations and Intelligence Assessments
Contact Person(s):	Susanne Haag, OTDA Division of Employment & Transitional Supports (518) 486-6291; Susanne.Haag@otda.state.ny.us <u>Fiscal Questions:</u> <u>Regions 1-4</u> Carolyn Oleyourryk (518) 474-7549; Carolyn.Oleyourryk@otda.state.ny.us <u>Region 5:</u> Michael Borenstein (Metro) at (631) 854-9704; Michael.Borenstein@otda.state.ny.us <u>Region 6:</u> Marian Borenstein at (212)961-8250; Marian.Borenstein@otda.state.ny.us
Attachments:	Attachment A – Approved Contractors, Consultative Examinations Attachment B – Revenue Intercept Letter Attachment C – Consultative Examination Quarterly Report Attachment D – Division of Disability Determinations (DDD) Statewide CE Fee Schedule
Attachments Available On – Line:	Yes

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to notify local social services districts of the availability of medical providers, under contract to OTDA, to provide consultative medical and psychological examinations and/or intelligence assessments for local district clients. These examinations are to be used in determining the employability status of persons who are applying for, or receiving, Temporary Assistance benefits or Food Stamps (FS). These examinations also may be used to make recommendations regarding referrals to the Social Security Administration (SSA) for federal disability benefits, primarily Supplemental Security Income (SSI), or to determine disability for Medical Assistance (MA) recipients.

II. Background

Under welfare reform, adults receiving assistance are expected to engage in work activities and develop the capability to support themselves as soon as possible. Districts are required to assist Family Assistance (FA) and Safety Net MOE recipients in making the transition to employment and are expected to meet stringent federal work participation rates. Individuals receiving Safety Net Assistance (SNA) and FS also are required to participate in the work requirements. In addition, applicants/recipients of FA or SNA who appear to be eligible for SSI must, as a condition of Temporary Assistance eligibility, apply for and cooperate with all requirements set forth by SSA for making a determination of eligibility for federal disability benefits.

Many applicants/recipients report medical and/or psychological issues which **may** affect their ability to participate in work activities and/or which **may** qualify them for SSI. Historically, a number of districts have encountered problems obtaining independent medical information to make appropriate employability/disability determinations. To address this problem, OTDA has contracted with two medical providers to perform consultative examinations for districts. See Attachment A for the listing of approved contractors, the services they provide, and the districts they serve. Please note that some districts may not have an approved contractor facility close enough to their population centers to make referrals practical, or may wish to use another provider. In such cases, districts may work with local medical providers and OTDA staff to have them added to the approved contractor list.

III. Program Implications

OTDA has contracted with qualified medical providers to conduct consultative medical examinations for applicants/recipients referred to them by the districts. Districts that have an interest in using the services of the contracted medical providers should contact Susanne Haag at OTDA's Bureau of Transitional Supports (BTS) at (518) 486-6291.

If, after this initial contact with BTS staff, a district wants to further explore the possibility of using the contracted services, BTS staff will, at the direction of the district, arrange an introductory meeting between the district, BTS and contractor staff to discuss the mechanics of the contract, especially the operational issues involved. If, after this meeting, the district decides to use the contract it will be required, with the assistance of BTS staff, to complete a statement of work outlining specific responsibilities, arrangements and procedures between the district and the contractor.

A. District responsibilities include the following:

1. Advise OTDA that the district wants to participate in the OTDA Consultative Examination (CE) contract.
2. Identify clients the district determines need a consultative examination.
3. Provide a written notice advising the client of the reason for the referral for the consultative examination and of the consequences of failing to attend scheduled medical appointments. A Temporary Assistance client/applicant who fails to attend a consultative examination generally is subject to case denial or closing for non-compliance. The notice must include the appointment date, time and location, and describe arrangements and acceptable circumstances for rescheduling. In addition, the process must be consistent

with the requirements included in 18 NYCRR §385.2(d) including that the district notify the client that he/she may present any documentation available from his/her practitioner for consideration no later than four (4) days after the examination, provided that in no instance shall such time period exceed ten (10) calendar days.

4. Evaluate information provided by the applicant/recipient to determine if the individual had good cause for missing an examination. Good cause may include, but not be limited to, circumstances beyond the individuals control including: documented illness or household emergency; required meetings with caseworkers; school, court or medical appointments; or lack of adequate child care.
5. Provide transportation assistance and child care when needed to enable the client/applicant to attend the consultative appointment(s).
6. Secure client authorization to release medical information pursuant to the requirements described in 06-INF-17, including that the district must use either the LDSS-4863 or an approved local equivalent.
7. Provide pertinent medical and case file information to the consultative examination provider subject to the requirements of 06-INF-17.
8. Review and revise, as necessary, the local biennial Temporary Assistance and Food Stamp Employment Plan to ensure that the plan includes the use of independent medical evaluations, as described in III.E.2.
9. Provide a letter signed by the Commissioner (see Attachment B) authorizing OTDA to intercept funds (district fills in the maximum dollar amount) from the district's RF-2 or RF-2A federal or state settlement to cover the district's share of the cost of the examinations. The funds intercepted will be the gross costs which the local district will then claim for reimbursement. Districts must track the claiming category of clients referred so that the district will know how to appropriately claim the costs. Please see III.D for more information on costs and claiming.
10. Provide quarterly reports to OTDA regarding examination outcomes. (see Attachment C)
11. Develop a statement of work with the medical provider as follows:
 - a) An estimate of the number and case type of monthly referrals (no minimum or maximum required).
 - b) A statement of the type(s) of examinations needed.
 - c) A detailed description of how referrals will be made.
 - d) A plan to assist clients, when necessary, with travel arrangements to and from the contractor's facility, and to arrange for child care when needed.
 - e) A statement committing the district to provide the contractor with all recent medical examinations in the referred client's case file.

- f) A statement committing the district to maintaining a list of the clients referred to the contractor, the type of examination(s) they received and the clients' category of assistance. OTDA will need to confirm with the district clients referred and examination(s) results received, before OTDA will authorize the payment of a voucher received from a contractor.

B. Medical providers who have contracted with OTDA will be required to:

1. Examine clients referred by the district and arrange for ancillary testing when specifically authorized by the district. The most frequent types of ancillary testing include: X-rays, resting and exercise treadmill EKG's, pulmonary function tests, and laboratory tests.
2. Schedule appointments for timely examinations based upon the referral date of the district. Contractors will notify clients by mail or agreed upon method of their scheduled appointment using demographic information provided by the district. Appointment letters will include specific directions to the Contractor's examination site.
3. Reschedule appointments for clients who fail to appear for the referred examinations as instructed by the district.
4. Complete and submit an examination report to the district, using forms provided by OTDA, within five (5) business days of the examination or within ten (10) business days if ancillary tests are needed, unless the client provides documentation from his/her practitioner within the specified period. The contractor will review and consider all information and records provided by the individual or his/her treating health care practitioner. The completion and submission period will be extended to address the new information. The report must include all requested test results and interpretations as specified by the district. In addition to the actual medical facts, the report must include a statement that describes the individual's ability to perform work related activities based on the findings of the examination. Opinions such as "*client is unable to work*" or "*client is disabled*" must be included only when requested by the district.
5. Have the physicians and/or psychologists performing the examinations available during the district's normal working hours for telephone discussions to clarify or to answer any district questions regarding the report. Responses must be received within 48 hours from the district's request.
6. Maintain complete confidentiality of all client information consistent with applicable federal and state law.
7. Provide access by OTDA staff to records and service locations pursuant to the provisions of the contract.

C. OTDA's responsibilities include the following:

1. Respond to all district inquiries regarding the Consultative Examination (CE) contracts.
2. Assist districts in the development of a consultative examination statement of work.

3. Reimburse contractors for services provided using OTDA's Division of Disability Determination (DDD) fee schedule rate (see Attachment D) which is subject to periodic revision.
4. Receive and process standard vouchers (AC-92) from the contractors for payment of the examinations. The contractors will be required to include a list detailing the names of the clients examined, the type of examination they received, and any ancillary testing authorized by the district. OTDA will verify the accuracy of the contractor's list and costs with district staff before processing a voucher for payment.
5. Notify the district when payments reach 75% of the authorized intercept amount so that the district can establish a revised intercept amount by submitting a new revenue intercept letter.
6. Monitor and evaluate contractor and district performance.

D. Costs and Claiming Instructions

Districts may claim the examination costs using the Flexible Fund for Family Services (FFFS), the Local Administration Fund (LAF), FS Administrative funds or MA Administrative Funds, depending on the claiming category of the client/applicant as noted below.

Claiming Category	Schedule	Funding
FA-Eligibility related	D1	FFFS/LAF
SNA/ MOE & SNA-Eligibility related	D1	LAF
FA -Employment related	D3	FFFS/LAF
SNA-Employment related	D3	LAF
SNA-Food Stamp client or Food Stamp only E&T determination	D7	FS Administrative Funds/LAF
MA-disability determination	D4	MA Administrative Funds

To claim these expenditures districts should use the following guidelines. Examination costs incurred to determine employability should be claimed on the Schedule D-3 Allocation and Claiming of Administrative Costs for Employment Programs LDSS-2347-B1 as TANF Program (as a screening activity) or Non-Federal Employment depending on the case type. No Food Stamp Employment and Training funds may be used to pay for medical examinations on the Schedule D-3. As described in 06 LCM-07, FS program administrative funds may be used to reimburse the costs associated with the completion of medical screenings which are done to evaluate whether or not an individual is exempt or non-exempt from FS employment requirements. Examination costs incurred for Food Stamp employability determinations may be claimed on the Schedule D-7 Distribution of Food Stamp Expenditures to Activities LDSS-2347E. However, FS program administrative funds cannot be used for medical screenings or determinations for other purposes, such as determining disability, as defined in the Food Stamp Act (7 USC 2012).

Examination costs incurred to determine eligibility for federal disability benefits (SSI) should be claimed for reimbursement on the Schedule D-1 Claiming of Intake/Case Management Expenditures LDSS-2347A. MA costs are claimed on Schedule D-4, Calculation for Medical Assistance Eligibility Determination/Authorization/Payment Cost Shares LDSS-2347 B-2. Instructions for completing these schedules are contained in Volume 3 (Volume 4 for New York City) of the Fiscal Reference Manual in chapters 8 (Schedule D-1), 10 (Schedule D-3), 11 (Schedule D-4) and 14 (Schedule D-7) respectively.

Transportation costs for consultative examinations for temporary assistance applicants or recipients are reimbursable as a supportive service or from the FFFS or LAF based on the eligibility of the temporary assistance applicant or recipient.

E. Additional Information

1. The approved OTDA/Provider contracts are for the period October 1, 2006 – September 30, 2011. Additional qualified contractors may be added to the approved contractor list during the contract period. OTDA will notify districts by issuing a Local Commissioners Memorandum if additional providers are added to the contract.
2. Local Biennial Temporary Assistance and Food Stamp Employment Plan Amendments.

Districts that did not include independent evaluations as part of their disability determination process will need to submit an amendment to the local biennial Temporary Assistance and FS employment plan. Specifically, the district will need to amend the checkboxes in the first part and modify the description of the disability determination process used by the district in the second part of the Disability Determination section to include the use of independent evaluations.

The amendment is needed in order to ensure that the local biennial employment plan accurately reflects the district's procedures. Local biennial employment plan amendments should be submitted to Barbara Guinn at BarbaraC.guinn@otda.state.ny.us or to the following address:

Barbara C. Guinn
Bureau Chief
Welfare-To-Work Bureau
New York State Office of Temporary and Disability Assistance
40 N. Pearl Street, 11th Floor-Section D
Albany, New York 12243

3. Best Practice suggestions have been developed based upon the experiences of two pilot districts that used a consultative medical provider:
 - District identifies appropriate clients for referral. Identifying appropriate clients can be done at in-take, at recertification, or during any other client/staff interface. Districts should review all cases that are currently exempt from employment requirements and all cases in which an individual's application for SSI or SSD benefits have been denied and the district has determined that an appeal is appropriate for possible referral.

- Districts must ensure that clients understand that **the district** is referring them for a medical examination to determine, or re-determine, their employability status or potential eligibility for SSI/SSD and that they must appear for the examination as a condition of eligibility. To avoid confusion/misunderstanding, this information/notification should be provided both verbally and in writing.
- Whenever possible, try to arrange the client's appointment when explaining the referral to the client (providers may have on-line scheduling and all should be readily available by phone).
- After scheduling the appointment, a referral form that includes the client's name, address and phone number, SSN, CIN#, case number and category of assistance should be completed. Current accurate contact information needs to be provided. The referral should be sent to the contractor with any relevant medical information/documentation previously provided to the district by the client, as well as other pertinent information from the client's case file.
- A copy of the referral is given/sent to the client that: indicates the appointment date and time; provides directions to the contractor's facility; advises the client that if transportation assistance is needed, he/she should contact the district; and advises the client that keeping the appointment is required as a condition of eligibility. The contractor also sends the client a letter notifying him/her of the appointment along with any additional instructions deemed appropriate by the contractor.
- Districts must discuss transportation arrangements with the client and, when necessary, assist the client in getting to and from the contractor's facility.
- Prior to scheduling the first appointment, the district and the contractor must agree on the criteria for rescheduling clients who do not appear for their examination.
- The contractor completes the examination and necessary forms and returns them to the district within five (5) business days, or ten (10) business days if ancillary tests are required. Contractors are available by phone during business hours to answer any questions the district might have about the examination report.

Issued By

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Division of Employment and Transitional Supports

**Approved Contractors
Consultative Examinations**

Contractor's Name	District(s) Served	Services Provided
1. DHS Diagnostic Medical Services, P.C.	NYC (5 Boroughs)	Medical & Psychological Examinations, Intelligence Assessments & Ancillary Tests
2. Industrial Medicine Associates, P.C.	All	Medical & Psychological Examinations, Intelligence Assessments & Ancillary Tests

Contractor Service Location(s)

Contractor's Name	Service Location	
1. DHS Diagnostic Medical Services, P.C.	254 West 31 st Street New York, NY 10001 <i>Laboratory Analysis - Bendiner & Schlesinger Lab</i>	
2. Industrial Medicine Associates, P.C.	Albany County – Clinic 650 Warren Street Albany, NY 12208	Nassau County 250 Fulton Avenue, Suite #407 Hempstead, NY 11550
	Bronx 3250 Westchester Ave. – Suite 201 Bronx, NY 10461	New York County 42 Broadway, Suite 1900 New York, NY 10004
	Broome County (Binghamton) 679 Main Street Westover, NY 13790	Onondaga County 518 James Street Syracuse, NY 13203
	Chautauqua County 31 Sherman Street, Suite 1300 Jamestown, NY 14701 <i>X-rays performed at Jamestown Radiology, 31 Sherman Street, 2nd Floor.</i> <i>Labs are performed at Quest/ACL Labs, 320 Prather Avenue, 4th Floor.</i>	Ontario County Geneva General Hospital Medical Arts Building 35 Mason Street Geneva, NY 14456
	Clinton County 14 Healey Avenue, Suite C Plattsburgh, NY 12901 <i>X-rays, labs, PFTs and EKGs performed at: Champlain Valley Physicians Hospital 75 Beekman Street Plattsburgh, NY 12091</i>	Orange County 210 East Main Street Middletown, NY 10940
	Dutchess County 301 Manchester Road Poughkeepsie, NY 12603	Queens County 80-02 Kew Gardens Road, Concourse Level Kew Gardens, NY 11415
	Erie County 900 Hertel Avenue Buffalo, NY 14216	Rockland County 120 North Main Street New City, NY 10956
	Jefferson County Mercy of Northern New York, D.I.P. 218 Stone Street Watertown, NY 13601 <i>X-rays performed at: Samaritan Medical Center 830 Washington Street Watertown, NY 13601</i>	Steuben County 116 East First Street Corning, NY 14830
	Kings County 186 Joralemon Street, 4 th Floor Brooklyn, NY 11201	Suffolk County 4250 Veterans Memorial Hgwy., Suite 1050 Holbrook, NY 11741
	Livingston County Noyes Memorial Hospital Ground Floor, 111 Clara Barton Street Dansville, NY	Westchester County 280 Dobbs Ferry Road – Suite 306 White Plains, NY 10607
Monroe County 222 Alexander Street, Suite 1000 Rochester, NY 14607		

County of _____

_____ DEPARTMENT OF SOCIAL SERVICES

Commissioner

Date

Mr. Richard Radzynski
NYS OTDA
Office of Budget, Finance and Management
40 N. Pearl Street – 14th Floor
Albany, New York 12243

Dear Mr. Radzynski:

This letter is to notify the Office of Temporary and Disability Assistance (OTDA) that the _____ County Department of Social Services will be using the services of the NYS OTDA contract with _____ to provide consultative medical examinations. These examinations will provide our agency with the medical information necessary to make decisions regarding the exemption of clients from work requirements and/or referrals for Social Security Administration disability determinations.

I authorize OTDA to intercept up to \$_____ from my RF-2 or RF-2A federal or state settlement in order to fund this activity through ____/____/____. I understand that the charge back will represent 100% of the costs on behalf of our County, and may be claimed by us for appropriate federal and/or state reimbursement, such reimbursement being subject to customary caps/ceilings.

OTDA will be provided with a 30 day advance notice if this agency determines to withdraw from this initiative.

Sincerely,

Commissioner

Consultative Examination Quarterly Report

District: _____ **Date:** _____

Reporting Period (check box)

- Jan-Mar (due by April 30)
- April-June (due by July 31)
- July-Sept (due by Oct 31)
- Oct-Dec (due by Jan 31)

Number of clients referred: _____

Number of rescheduled examinations: _____

Number of examinations missed two times: _____

Number of case closings (due to missed examinations): _____

Based upon the examinations

- Number of clients referred for SSI: _____
- Number of clients needing rehabilitation (not employable): _____
- Number of clients determined employable (no restrictions): _____
- Number of clients determined employable (with restrictions): _____

Submit to:

Susanne Haag at Susanne.Haag@otda.state.ny.us.

Submitted by: _____

DDD Statewide CE Fee Schedule

EXAMINATIONS

Complete Specialist Examination (including Neurology, Pediatric, Psychiatric and Orthopedic)	\$105.00
Adaptive Behavior	75.00

PSYCHOLOGICAL DIAGNOSTIC TESTS

Intelligence Evaluation	\$120.00
Organic Evaluation	135.00

RESPIRATORY SYSTEM

Ventilation Tests	\$48.00
Ventilation Tests before and after bronchodilators	70.00
Arterial Gases Rest/Treadmill	370.00
Measurement of Lung Diffusion Capacity for carbon monoxide-single breath Method	98.00

CARDIOVASCULAR SYSTEM

Electrocardiogram, resting	\$60.00
Treadmill exercise electrocardiography	268.00
Echocardiogram	225.00
Doppler Ultrasound Flow Meter Test, bilateral, arterial only	77.00
Doppler Ultrasound Flow Meter test after exercise, arterial only	100.00

RADIOLOGY

X-ray, chest, single PA	\$48.00
X-ray spine, cervical Ap and lateral	75.00
X-ray spine, thoracic, Ap and lateral	75.00
X-ray spine, lumbar, sacral, Ap and lateral	94.00
X-ray pelvis, including hips	105.00
X-ray clavicle, complete	58.00
X-ray shoulder, complete	86.00
X-ray humerus, proximal, including shoulder	83.00
X-ray humerus, distal, including elbow	83.00
X-ray forearm, proximal, including elbow	50.00
X-ray forearm, distal, including wrist	50.00
X-ray hand, including fingers	50.00
X-ray hip joint	75.00
X-ray femur, proximal	75.00
X-ray femur, distal	75.00
X-ray knee	50.00
X-ray leg, proximal	50.00
X-ray leg, distal	50.00
X-ray ankle	50.00
X-ray foot, including toes	50.00

PATHOLOGY

AG Ratio/Bilirubin	\$7.02
Blood, Phenobarbital level	16.01
Blood Calcium	7.20
Blood, tegretol level (serus carbamezepine)	20.34
Blood, creatinine	7.16
Blood, depakene level (valprobic acid)	18.93
Blood, dilantin level (phenytion)	18.52
Blood, mysoline level (premidone)	23.18
SGOT	7.22
SGPT	7.40
Hemacrit (not to be ordered with Blood Count, Complete)	3.31
Blood Count, Complete (not to be ordered with Hemacrit)	8.27
Reticulocyte Count	6.01
Platelet Count	6.25
Prothrombin Time	5.49