# PA/NP PSYCHIATRIC APPLICATION

North Carolina Disability Determination Services
P.O. Box 243 Raleigh, N.C. 27602
Phone: 800-443-9360 Fax: 800-411-1045
Email: ERE.NC@ssa.gov

*Complete the following application in order to request to join the NC Disability Determination Services (DDS) consultative exam panel.*

## APPLICANT INFORMATION:

NAME: _____
LAST FIRST MIDDLE PROFESSIONAL TITLE

TELEPHONE #: _____ FAX #: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____-_____-_____

OFFICE ADDRESS: _____

_____

**Please include a picture of a valid Photo ID (i.e. drivers license) with your application**

MAILING ADDRESS: ☐ Same as office address ☐ Same as billing address

If different:

_____

_____

BILLING INFORMATION:

In order to receive payment, complete all of the following information:

GROUP OR INDIVIDUAL NAME: _____

BILLING ADDRESS: _____

_____

FEDERAL TAX ID#: _____ ***Please include a NC Substitute W-9 with your application*** (for a blank NC Substitute W9 visit Substitute W-9 Form.pdf )

CONTACT FOR SCHEDULING PURPOSES: _____ TELEPHONE #: _____

## EDUCATION AND CREDENTIALS:

**Please attach a curriculum vitae (CV) that documents your relevant work history, scope of practice, and any additional information on training and experience conducting psychiatric evaluations.**

GRADUATE SCHOOL: _____ DATE OF GRADUATION: _____

AREA OF PRACTICE : _____ NC LICENSE #: _____

DATE LICENSED: _____ OTHER STATE LICENSES (Past or Present): _____

HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE? ☐YES ☐NO

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*Continued*

- Based on your education, experience, and scope of past work, **please list the age range of individuals you are willing to evaluate**:

  _____

- Please list any languages, other than English, in which you are fluent:_____

- **Please provide written directions to your office**, it is helpful to include landmarks & a building description. These directions will be provided to applicants to assist in locating your office.

  *Will applicants be seen in your private office space or will you be utilizing office space at another practice/facility? If so, please provide name of practice:

  _____

- If you are employed by the State of North Carolina, this constitutes dual employment and you will be paid through your parent agency. Approval by Supervisor is needed before you can perform examinations. Indicate the name of Supervisor and address of your parent agency:

_____

**Please indicate which option you will use to submit consultative examination reports to our agency:**

☐ Toll Free Secure Fax Server 1-866-885-3235

☐ Electronic Records Express Website (for more information visit www.ssa.gov/ere/)

**In order to serve on the panel, Consultative Exam Providers must consistently provide appointments within a reasonably short period of time and submit reports to the DDS within ten days of the examination. In addition, your office must be accessible for persons with disabilities.**

Signature: _____ Date: _____

*If you have any questions, please contact the NC DDS Professional Relations Office at 1-800-443-9360.*

**Official Use Only**

☐ Approved

☐ Not Approved

Reason: _____

Name (print): _____ Signature: _____ Date:_____

# Memorandum Of Understanding and Agreement

## NC Disability Determination Services—Professional Relations Office

Disability Determination Services is a state agency which helps the Social Security Administration determine eligibility for disability benefits under SSA's Disability Insurance and Supplementary Income programs.

We regard consultative examiners as independent providers. You are not under contract with nor an employee of either the state or federal government. However, this memorandum states the basic areas of our operation to which you need to indicate understanding and agreement. These are:

1. Civil Rights Act Acceptance of our referrals signifies full compliance with Title VI of the Civil Rights Act of 1964, that no person shall on the grounds of handicap, race, color, creed or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. All claimants must be accorded courteous, ethical, and competent examinations.

2. Fee Schedule Our fees are negotiated on a "usual and customary" basis, subject to maximums set by the Disability Determination Section. There is a $35 reimbursement fee for broken/missed appointments.

3. Ancillary Studies We usually pre-authorize basic ancillary studies, such as x-ray. If you feel any study not pre-authorized is needed, you or your staff must telephone before performing the study to discuss the justification for such, or payment cannot be guaranteed. Claimants cannot be charged for unauthorized studies.

4. Timeliness of Reports Because our claimants are not working, Social Security has mandated time claims decisions. The goal for receipt of your typed report is ten (10) days from the examination. Payment may not be made for reports received after 30 days. We cannot continue to refer to providers who cannot furnish timely reports.

5. Report Content Examination reports must conform to requirements in "Disability Evaluation under Social Security… A Handbook for Physicians", and to other guidelines which may be developed. Quality Assurance reviews will be performed periodically with appropriate feedback. The report must contain a medical source statement about the claimant's ability to do work related activities. The report should be detailed, but without unnecessary verbiage serving no real purpose.

6. Original Signature The physician, psychologist or other provider must sign the report with original signature. Rubber stamp or similar signatures or those entered by a secretary or other person are not acceptable.

7. Release of Information Confidentiality The Social Security Act and its implementing Regulation No. 1 (42 U.S.C. 1306; 20 CFR 401) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to the provider in conjunction with the performance of the services contracted for herein, and to any reports generated as a result of providing such services, including any copies of such reports retained by the provider. Unauthorized disclosure of such reports by the provider is prohibited. Should referral of an individual, or data pertaining to an individual, to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, etc.) become necessary in providing services contracted for herein, such third-party provider must be made aware that services are being performed in conjunction with a Social Security program, and that improper disclosure of information about the subject individual is prohibited

8. Responsiveness to Staff Sometimes our staff may need to ask you to clarify or amplify your report. Social Security regulations state that providers must be responsive to such contacts or it may be necessary to seek other sources.

Initial : _____

9. Fostering Public Confidence We must emphasize the following: (a) you must not have a conflict of interest due to, for example, a relationship with a state or federal government employee, official, agency or office or other relationship which might adversely reflect on the integrity and objectivity of this disability program; (b) your office must be appropriate in appearance, clean, and adequately furnished; equipment and supplies must be adequate, clean, accurately calibrated and maintained; (c) all support staff used in the performance of Consultative Exams must meet the appropriate licensing or certification requirements of the State; (d) customary medical practices which tend to foster public confidence should be followed, such as removing objects or garments which might cause x-ray artifact, providing female patients an adequate gown, using a professional scale, medical license displayed, and the like; (e) the patient must be treated with dignity, courtesy, and professional expertise so there is no basis for a perception of being "run through an examination mill," or otherwise treated without genuine concern; (f) the physician should explain the purpose of the examination, that the government will consider all other medical and vocational evidence; no attempt should be made by physician to predict whether the patient will or will not be found disabled; (g) visits to provider's offices will be made as a part of our management process; and (h) within the parameters of service provided as a consultant, a physician has the same medical-legal obligation to a claimant as to a private patient. DDS would never expect a consultant to do anything against good medical judgment.

10. Program Integrity You must certify (1) that you nor your support staff are not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other federal or federally-assisted program, (2) that your license is not currently revoked or suspended by any state licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity, (3) that you have not surrendered your license pending disciplinary procedures involving professional conduct, (4) your professional conduct, reputation, and dealings within the community and all government agencies must be such to avoid any unfavorable reflection upon the government and erosion of public confidence in the administration of the program, (5) the support staff you use who participate in consultative examinations meet all appropriate licensing or certification requirements of the State.

If you have any questions about this memorandum, please contact our Professional Relations Staff at 1-800-443-9360.

Under this agreement, we reserve the right to schedule appointments at our discretion per the terms listed above.

**I have read, understand, and agree to this memorandum.**

_____ _____

**Sign** **Date**

# North Carolina Disability Determination Services
# Specific Report Requirements
# Psychiatric Evaluations

This guide has been prepared to assist you in providing the information that is important for you to cover in your evaluation. Your report and summary need not be restricted to this general guideline. DDS disability specialists and/or medical consultants evaluating the disability claims do not examine the applicants and are dependent on your comprehensive, objective reports. We welcome your comments and observations, as we may not be aware of additional impairments discovered during the exam.

## General Information

Objective clinical data, particularly accurate and complete history and mental status observations, are the heart of the disability report. The report should show the effects of the psychiatric disorder on the patient's ability to function at personal, social and occupational levels.

1. General Observations: (e.g. applicant came alone or accompanied, mode of transportation, approximate height and weight, posture, gait, involuntary movements, manners, clothing, hygiene, difficulty in finding office, punctuality, attitude and degree of cooperation.)
2. Present Illness: (The history must provide a detailed longitudinal description of the pertinent past history of the disease state in addition to the individual's current condition.) Date of onset including when the claimant became unable to work and whether an attempt was made to resume work. If hospitalized for treatment of mental disorder, state where, dates of hospitalization and duration, condition on admission, therapy and condition on discharge. Describe any episodes of stress induced deterioration which resulted in an exacerbation of symptoms. Describe the duration and quality of any periods of remission. Therapy type of therapy and response. If medications have been used, state drugs by name and dose if known, and results achieved.
   Personal and Family History: Include a longitudinal biographical profile of the claimant's relevant education, social, military, marital and occupational history. Comment on his/her ability to conform to social standards, to hold employment and advance in career, and to adjust to superiors and fellow workers.
   a. Give any pertinent family history of mental illness.
   b. Describe any history of substance abuse.
4. History of Other Pertinent Medical Events
5. Daily Activities and Functioning: Include the scope of the claimant's daily activities, interests and habits. Comment on quality, frequency, sustainability and independence of activities. Tell us how he/she relates to family, friends, neighbors, co-workers and employers. How did he/she relate to the examiner and other office staff?

## Mental Status

1. Attitude and Behavior. Reality contact, motor activity, hyperactivity, retarded, relaxed, unusual, pleasant, cooperative, degree of autonomy or dependency, motivation, tendency to exaggerate or minimize symptoms, poor impulse control?
2. Stream of Mental Activity: Spontaneous, inhibited, blocked, illogical, odd, vague, pressured, slowed, circumstantial, well organized. (Give examples.)
3. Mental Trend and Thought Content: Hallucinations, delusions, persecutions, obsessions, thoughts controlled by other people, unusual powers, feelings of worthlessness, suicidal ideas. Give examples of content of hallucinations or delusions. Are they occurring currently or only in the past?
4. Affect: Depressed, elated, appropriate, anxious, angry, suspicious, friendly, fearful, flat, blunt, etc.
5. Cognition (COMPLETE IN FULL WITH CLAIMANT'S ACTUAL ANSWERS)
   a. Orientation: time, person, place, situation.
   b. Memory: immediate (e.g. How many numbers can be repeated? Forward? Backward?) recent (e.g. How many of three objectives are recalled three minutes later?) past (e.g. Name past few Presidents, tell your birthday)

c. Information: (e.g. Name five large cities, current famous people and events)
d. Calculations: (e.g. Subtract 7's from 100, add & multiply single digits)
e. Abstract Thinking: (e.g. What do these sayings mean? "The grass is greener on the other side of the fence." "Don't cry over spilled milk." etc.)
f. Judgment: (e.g. What would you do if you found a stamped, addressed envelope; if you discovered a fire in a theater? Tell your plans, etc.)
g. Give an estimate of claimant's intellectual level of functioning.
h. Describe ability to sustain concentration and attention.

7. Somatic Complaints: (e.g. sleep problems, weight change, loss of appetite, weakness)
8. Psychotic Reactions: Additional information required to include:
    a. Detailed description of clinical observations and findings.
    b. Examples of social, personal, and occupational regression; ability to relate to others.
    c. Frequency and duration of psychotic episodes, quality and duration of remissions.
9. Functional Nonpsychotic Disorders: Additional information required to include:
    a. Examples of social, personal, occupational limitations due to restrictions in daily activities, constriction of interests, deterioration of personal habits, impairment of ability to relate to others.
    b. Description of manifestations of the following if present: tension, anxiety, depression, hysterical reactions, obsessive-compulsive patterns psychophysiological disturbances.
    c. Description of any evidence of trophic changes due to chronic disuse of muscle groups, e.g. as in conversion reactions.

**Summary**

Diagnosis and Prognosis: Use current APA standard nomenclature. Include probable duration and results of any recommended treatment.

Capability: State your opinion of whether or not the individual, if awarded benefits, is capable of handling them in his/her own best interest.

Conclusions: In your opinion is the claimant able to:

1. Understand, retain and follow instructions?
2. Sustain attention to perform simple repetitive tasks?
3. Relate to others including fellow workers and supervisor?
4. Tolerate the stress and pressures associated with day to day work activity? If not, why not?
5. For Children: Describe the child's limitations in areas of cognition /communication, social, motor and personal function.

We ***do not require*** a statement as to whether the patient ***is or is not disabled*** because the determination of disability is an administrative decision which also involves consideration of age, education and vocational history.
The report must be reviewed and signed by the PA/NP who actually performed the examination.

Revised August 2011