PSYCHOLOGICAL APPLICATION

North Carolina Disability Determination Services
P.O. Box 243 Raleigh, N.C. 27602
Phone: 800-443-9360 Fax: 833-441-1045
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 copy of your curriculum vitae (CV) that documents your scope of practice, relevant continuing education classes or workshops, and any additional information on training and experience in psychological testing/evaluations.

GRADUATE SCHOOL: _____ DATE OF GRADUATION: _____

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HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE?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

*If a non-independent psychological associate please include name, mailing address, email address, and telephone number of Supervisor:

_____

_____

PSYCHOLOGICAL APPLICATION

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: _____

LPAs who are not approved as Independent clinicians through the Psychology Board must have their reports reviewed and co-signed by a Supervising Psychologist.

The Supervising Psychologist must also sign and submit a Memorandum of Understanding and Agreement.

Supervising Psychologist Signature (if applicable): _____ Date:_____

Official Use Only

☐ Approved

☐ Not Approved

Reason: _____

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

PSYCHOLOGICAL PROFILE

North Carolina Disability Determination Services

PSYCHOLOGIST: _____ DEGREE: _____

GROUP NAME: _____

AGES PSYCHOLOGIST WILL EVALUATE:_____

Consultative Examination Providers are required to use the most current version of a test within one year of publication.

(e.g. WAIS-V published in 8/2024, would be required by NC DDS as of 8/2025)

Please mark the following tests/examinations you have access to and are able to administer:

_____ Comprehensive Clinical Psychological Evaluation (CCPE) mental status exam (for Licensed Psychologists only)

INTELLIGENCE TESTS:

_____ Bayley Scales of Infant Development

_____ Mullen Scales of Early Learning

_____ Differential Ability Scales (DAS)

_____ Wechsler Preschool & Primary Scale of Intelligence (WPPSI)

_____ Stanford Binet

_____ Wechsler Intelligence Scale for Children (WISC)

_____ Wechsler Adult Intelligence Scale (WAIS)

NON-VERBAL INTELLIGENCE TESTS:

_____ Comprehensive Test of Nonverbal Intelligence (CTONI)

_____ Wechsler Non-Verbal Scale of Ability

_____ DAS Special Non-Verbal Composite

_____ Leiter International Performance Scale

ACHIEVEMENT TESTS:

_____ Woodcock-Johnson Tests of Achievement

_____ Wechsler Individual Achievement Test (WIAT)

_____ Kaufman Test of Educational Achievement (KTEA)

_____ Wide Range Achievement Test (WRAT)

SUPPLEMENTAL TESTS:

_____ Child Behavior Checklist

_____ Behavior Assessment Scale for Children (BASC)

_____ Vineland Adaptive Behavior Scales

_____ Adaptive Behavior Assessment System (ABAS)

_____ Wechsler Memory Scale (WMS)

_____ Memory Assessment Scale (MAS)

_____ Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

_____ Benton Visual Retention Test

_____ REY Complex Figure Test

_____ Wisconsin Card Sorting Test

_____ Trail Making Test A & B

ADDITIONAL TESTS NOT LISTED (INCLUDING VERSIONS IN FOREIGN LANGUAGES):

_____

_____

_____

_____

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

Psychological Assessments (Adults and Children)

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

A Psychological Assessment is needed for disability claim applications involving organic brain syndrome and mental retardation. Current documentation of intelligence by a standardized, well-recognized measure is required. Also, the administrative criteria require that evaluation of the severity of the impairment include a detailed interview. This interview includes historical and functional information, as well as examples of the claimant's appearance, responses and behavior. This information, when combined with psychological test results, should permit our reviewer to determine the severity of the impairment and ultimately the claimant's ability to engage in work activity, without the benefit of seeing the applicant.

1. General Observations: Did the claimant come to the examination alone? Distance and mode of transportation? If by car, who drove? Age of the claimant, physical description, dress, hygiene, grooming, posture, gait, general motor behavior (including any involuntary movements), activity level, attitude and degree of cooperation.
2. Present Illness: Please provide a detailed description of the claimant's allegations, symptoms, somatic complaints and behavioral changes. Indicate from whom the history was obtained and comment on the reliability of that information (including information provided in the VABS). What is the date of onset including when the claimant became unable to function at school or work and exactly what prevented him/her from doing so? Was an attempt made to resume school or work? Has the claimant had any outpatient psychotherapy or hospitalizations for treatment of a mental disorder? If so, describe where, when, by whom and response to treatment. List names and dosages of all medications, frequency, side effects and results achieved.
3. Personal, Family, & Social History: Provide a longitudinal biographical profile of the claimant's relevant education, social, military, marital and occupational history (as applicable), including any problems with these roles. Comment on his/her ability to conform to social standards, comply with rules/regulations, cooperate with authority figures, interact with peers. Does the claimant live alone or with others? Does the claimant function independently or with support?
    a. Give any pertinent family history of mental illness or cognitive impairment.
    b. Describe any history of substance abuse or legal problems pertinent to the impairment.
4. History of Other Pertinent Medical Events: Provide history and treatment of major illnesses, surgeries, accidents, poisonings, ongoing medical problems, current medications.
5. Daily Activities and Functioning: Please provide the scope of the claimant's daily activities, interests and hobbies. Comment on the quality, frequency and sustainability of these activities and whether they are performed in an age appropriate manner. Specify exactly how the impairments (always include mental impairment) has affected activities. Have there been deficiencies of concentration, persistence or pace resulting in frequent failure to complete tasks in a timely manner? Does the claimant socialize or go out in public? Report any significant disturbance in mood or change in personality.
   Interview Observations: Emotional state, ability to follow simple directions, speech (pace, clarity, intensity, volume), organization of thought, judgment to avoid physical danger.

Test Results and Protocols (Standardized Tests Required)

Consultative Examination providers are required to use the most current version of a test within one year from publication, e.g., WISC V published 10/2014 would be required by NC DDS as of 10/2015.

Childhood Intelligence and Mental Development Tests (Examples):

- **Bayley Scales of Infant Development** (ages 1 month – 42 months):
  Report raw scores, index scores, and developmental ages for the Cognitive, Language, and Motor scales.
- **Wechsler Preschool and Primary Scale of Intelligence** (age 2 years, 6 months – 7 years, 7 months):
  Report all Primary Index Scales: ages 2 yrs, 6 mos -3 yrs, 11 mos (Verbal Comprehension, Visual Spatial, Working Memory); ages 4 yrs – 7 yrs, 7 mos (Verbal Comprehension, Visual Spatial, Fluid Reasoning, Working Memory, Processing Speed). Report Full Scale IQ score. Report scale scores for all individual subtests comprising the Primary Index Scales.
- **Wechsler Intelligence Scale for Children** (age 6 years – 16 years, 11 months):
  Report all Primary Index Scales (Verbal Comprehension, Visual Spatial, Fluid Reasoning, Working Memory, Processing Speed). Report Full Scale IQ score. Report scale scores for all individual subtests comprising the Primary Index Scales.

Adult Intelligence Test (Example):

- **Wechsler Adult Intelligence Scale** (Age 17 years – Adult). Report Verbal Comprehension Index, Perceptual Reasoning Index, Working Memory Index, Processing Speed Index, and Full Scale IQ. Report scale scores for individual subtests.

Achievement and Adaptive Tests (Examples):

- **Woodcock Johnson Tests of Achievement** (2-90 years):
  Report standard scores for Broad Reading, Broad Math and Broad Written Language.
  Report standard scores for each of the tests comprising the broad clusters.

In instances where administration of certain subtests may not be feasible because of the applicant's condition or circumstances, an explanation for this limitation is required. The psychologist can use judgment to substitute for a requested test **if a rationale is provided**. Brief or screening intelligence tests are never adequate substitutes. **Adding tests requires advance approval by DDS if payment is expected**.

Summary

Diagnosis and Prognosis: Use current APA/DSM standard nomenclature.

Conclusions:

1. Do the test results accurately represent the claimant's current ability? Were there any circumstances that may have affected test findings?
2. Based on educational/vocational/functional history does the claimant's current intellectual functioning appear consistent with pre-morbid functioning?
3. What is the claimant's ability to read, write and perform simple calculations?
4. For Adults: What is the claimant's mental ability to perform the following work related activities?
    5. Understand, retain and follow instructions
    6. Sustain attention to perform simple repetitive tasks
    7. Relate to others, including fellow workers and supervisor
    8. Tolerate the stress and pressures associated with day to day work activity
9. For Children: Describe the child's limitations in the areas of motor, cognitive, communicative, social and personal function.

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

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 psychologist who actually performed the examination.

Revised August 2015

North Carolina Disability Determination Services
Specific Report Requirements

Comprehensive Clinical Psychological Evaluation

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: Did the claimant come to the examination alone? Distance and mode of transportation? If by car, who drove? Age of the claimant, physical description, dress, hygiene, grooming, posture, gait, general motor behavior (including any involuntary movements), activity level, attitude and degree of cooperation.
2. Present Illness: Provide a detailed description of the claimant's allegations, symptoms, somatic complaints, and behavioral changes. Indicate from whom the history was obtained and comment on the reliability of that information. Date of onset including when the claimant became unable to function at school or work and exactly what prevented him/her from doing so. Was an attempt made to resume school or work? Any outpatient therapy or hospitalizations for treatment of a mental disorder? If so, describe where, when, by whom, and response to treatment. List names and dosages of all medications, frequency, side effects, and results achieved.
3. Personal, Family, & Social History: Provide a longitudinal biographical profile of the claimant's relevant education, social, military, marital and occupational history (as applicable), including any problems with these roles. Comment on his/her ability to conform to social standards, comply with rules/regulations, cooperate with authority figures, interact with peers. Does the claimant live alone or with others? Does the claimant function independently or with support?
    a. Give any pertinent family history of mental illness or cognitive impairment.
    b. Describe any history of substance abuse or legal problems pertinent to the impairment.
4. History of Other Pertinent Medical Events: Provide history and treatment of major illnesses, surgeries, accidents, poisonings, ongoing medical problems, current medications.
5. Daily Activities and Functioning: Include the scope of the claimant's daily activities, interests and hobbies. Comment on quality, frequency, and sustainability of these activities and whether they are performed in an age appropriate manner. Specify exactly how the impairment has affected activities. Have there been deficiencies of concentration, persistence, or pace resulting in frequent failure to complete tasks in a timely manner? Does the claimant socialize or go out in public? Report any significant disturbance in mood or change in personality.

Mental Status

- **Attitude and Behavior:** demeanor, motivation, tendency to exaggerate or minimize symptoms, evasiveness.
- **Speech:** pace, clarity intensity, volume.
- **Emotional State**: how does the claimant say he/she fees? Amount and range of affect and emotional responsiveness; is the emotional expression appropriate to the thought content and situation?
- **Thought Process:** coherent incoherent, flight or paucity of ideas, language impairment, loose associations, goal directed, tangential, circumstantial, distracted.
- **Thought Content:** preoccupations, obsessions, phobias, suicidal, homicidal, hypochondriacal, delusions, ideas of reference, suspicions, disturbances in concept formation, etc.
- **Perceptual Disturbances:** any report of hallucinations, illusions, depersonalization or derealization, give frequency and circumstances in which these occur and specify exactly what occurs.
- **Cognition:** (TO BE COMPLETED IN FULL WITH CLAIMANT'S ACTUAL ANSWERS)
    - ◊ **Orientation**: time, person, place, situation.
    - ◊ **Immediate Retention and Recall**: digit span forward and backward; 5 object memory in 5 minutes, etc.
    - ◊ **Recent Memory**: How did the claimant get to the appointment? What did he/she eat for breakfast, lunch, dinner yesterday? What did the claimant do yesterday, etc?
    - ◊ **Remote Memory**: childhood data, important events known to have occurred such as birthdays and anniversaries; general ability to recount history, etc.
    - ◊ **Information**: name large cities, current events, Presidents, etc.
    - ◊ **Calculations**: serial 3's or 7's, arithmetic problems.
    - ◊ **Abstract Thinking**: proverb interpretation, "Similarities" type items.

- ◊ **Judgment**: common sense/reasoning in various social or problem situations
- ◊ **Insight**: regarding their mental problems.
- ◊ **Intelligence**: broad range estimate of general intellectual ability.

Summary

Diagnosis and Prognosis: Use current APA/DSM standard nomenclature.

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 psychologist who actually performed the examination.

Revised August 2011