SPEECH-LANGUAGE APPLICATION

North Carolina Disability Determination Services
P.O. Box 243 Raleigh, N.C. 27602
Phone: 800-443-9360 Fax: 800-441-1045
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

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

WEBSITE FOR PRACTICE (if applicable): _____

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 or a blank NC Substitute W9 visit: Substitute W-9 Form.pdf

CONTACT FOR SCHEDULING PURPOSES: _____ TELEPHONE #: _____

EDUCATION AND CREDENTIALS:

GRADUATE SCHOOL: _____ DATE OF GRADUATION: _____

MAJOR:_____ Degree:_____

NC LICENSE #: _____ DATE LICENSED: _____ ASHA #: _____

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HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE?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

YEARS OF EXPERIENCE:_____YEARS OF EXPERIENCE IN PEDIATRICS:_____

SPEECH-LANGUAGE 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/)

All consultative examination reports prepared by Clinical Fellow Speech-Language pathologists must be co-signed by a licensed and certified Speech-Language Pathologist. Both individuals are required to be on the CE panel with the North Carolina Disability Determination Services.

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:_____

SPEECH-LANGUAGE PROFILE

North Carolina Disability Determination Services

Name & Degree: _____

Certification: _____

Your Area of Expertise: _____

Group Name: _____

Location(s): _____

Ages Speech-Language Pathologists will see: _____

For our records, please check the following tests you are able to administer:

Consultative examination providers are required to use the most current version of a test within one year from the date of publication

ARTICULATION

_____ AAPS
_____ GFTA
_____ LAT
_____ PAT

LANGUAGE

_____ CASL
_____ CELF-P
_____ CELF
_____ PLS
_____ OWLS
_____ TACL
_____ TOAL
_____ TOLD-P
_____ TOLD-I
_____ REEL
_____ Rossetti Infant-Toddler Language Scale
_____ MacArthur-Bates Communicative Development Inventories

VOCABULARY

_____ CREVT
_____ EVT
_____ EOWPVT
_____ MAVA
_____ PPVT
_____ ROWPVT

FLUENCY

_____ Stuttering Prediction Instrument for Young Children
_____ Stuttering Severity Instrument

BILINGUAL

_____ CELF-P Spanish
_____ CELF Spanish
_____ PLS Spanish
_____ EOWPVT Spanish Bilingual
_____ ROWPVT Spanish Bilingual

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 agree-ment. 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 need-ed, you or your staff must telephone before performing the study to discuss the justification for such, or payment cannot be guaran-teed. 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 sim-ilar 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 infor-mation 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

Speech-Language 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. **Please be sure to include a total language score or age equivalent, articulation scores/percentile ranks and an intelligibility percentage rating.**

Patient History

- Report alleged speech-language problem and parental concerns with specific examples.
- Identify significant birth, medical and developmental history to specifically include history of feeding problems, ear infections, or family history of communication problems.
- Indicate the family/claimants primary language and if the family is non-English speaking. If an interpreter is present for testing, provide a detailed description of his/her role.

  Report participation in previous or current speech-language therapy.

Oral Peripheral-motor Examination

Examine and describe the structural aspect of the oral mechanism and presence of excessive drooling, excessive mouthing of objects, etc.

Consultative examination providers are required to use the most current version of a test within one year from the date of publication

Comprehensive Speech Assessment

- Provide information about vocalizations and/or verbalizations and specific sounds produced.
- Evaluate stage of child's sound/word production (e.g. cooing, babbling, reduplicative babbling, jargoning, etc).
- Assess vocal parameters and provide information about respiratory control or support for phonation.

  Assess fluency for verbal children.

Complete a current, age appropriate, well-standardized articulation and/or phonological test battery if articulation errors are present. Please indicate:

- Are errors and/or phonological processes typical for the child's cognitive age? If cognitive age is not known, compare phonological development to language age.
- What percentage of time is conversation intelligible (50%, 75%, 90%)?
- Does intelligibility improve with repetition?
- To what degree (if at all) does the child respond to stimulus for production of sounds (imitation, model, repetition).

  Include any information on dialectal variations if present.

Provide information about the child's overall speech intelligibility and whether the degree of intelligibility meets expected levels based on the child's age.

Comprehensive Language Assessment

Complete a current, age appropriate, well-standardized comprehensive language battery when possible.
Please state full title of the test and include all scoring information (raw scores, standard scores, percentile ranks and age equivalent). Report both subtest standard scores and total language standard score. Comment on the validity of the test results with regard to external factors (attention, medication, cooperation, etc.) Supplement formal test results with parent questionnaires when appropriate. **Please be sure to include a total language score or age equivalent, articulation scores/percentile ranks and an intelligibility percentage rating.**

- Provide information about the child's primary mode of communication.

- Provide information about the child's verbal and nonverbal means of communication, and describe the child's communicative functions (label, call, social/greeting, negation, etc.).
- Provide information about the child's pragmatic language skills (conversational skills, topic maintenance, proxemics, eye contact, etc.)
- Comment on the number of words in the child's vocabulary and length of utterances.
- Indicate the child's overall ability to effectively communicate needs and wants.

Indicate whether the child's language skills are commensurate with their cognitive abilities.
Discuss whether, based on test results and clinical observations, the speech and/or language disorder would be likely to impact the child's learning and/or social development or functioning.

This report must be reviewed and signed. Please list the identifying educational degree and certification and/or license credentials of the SLP that actually performed the examination.

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