



Office of Temporary and Disability Assistance

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Local Commissioners Memorandum

Section 1

Transmittal:	18-LCM-01
To:	Social Services District Commissioners
Issuing Division/Office:	Integrated Family Assistance Programs / Employment and Income Support Programs
Date:	January 9, 2018
Subject:	OTDA Contract with Medical Providers for Consultative Medical and Psychological Examinations and Intelligence Assessments
Contact Person(s):	Susanne Haag (518) 486-6291; Susanne.Haag@otda.ny.gov Fiscal Questions: Regions 1-4: Dan Stuhlman (518) 474-7549; Dan.Stuhlman@otda.ny.gov Region 5-6: Michael Simon (212)-961-8250; Michael.Simon@otda.ny.gov
Attachments:	Attachment A – Approved Contractors / Service Locations Attachment B – Division of Disability Determinations (DDD) Statewide CE Fee Schedule/Provider Fee Schedule Attachment C – Statement of Work Template Attachment D – Revenue Intercept Template Attachment E – Consultative Examination Appointment Letter Template Attachment F – Consultative Examination Quarterly Report
Attachment Available Online:	<input checked="" type="checkbox"/>

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to notify social services districts (districts) of the availability of medical providers, under contract with the Office of Temporary and Disability Assistance (OTDA), to provide consultative medical and psychological examinations and/or intelligence assessments for district clients. These examinations are to be used to assist districts in determining the employability status of persons who are applying for, or receiving, Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) benefits. 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), to determine disability for Medical Assistance (MA) recipients and/or evaluation of medical/psychological impairments affecting the ability of an individual or family to comply with an Independent Living Plan in the case of homelessness.

II. Background

Adults receiving TA 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 Assistance MOE (SNA MOE) applicants and recipients in making the transition to employment and are expected to meet federal work participation rates. Individuals applying for or receiving Safety Net Assistance Non-MOE (SNA Non-MOE) and/or SNAP also are required to participate in work activities as assigned by the district, unless determined exempt consistent with 18 NYCRR §385.2 for temporary assistance and 18 NYCRR §385.3 for SNAP. In addition, applicants/recipients of FA or SNA who appear to be eligible for federal disability benefits must, as a condition of TA 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 federal disability benefits. To assist districts with obtaining timely independent medical information to make appropriate employability/disability determinations, OTDA has contracted with medical providers to perform consultative examinations. See Attachment A for the listing of approved contractors, the services they provide, and their locations. 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. The fee schedules for the approved contractors are listed along with the DDD Statewide Fee Schedule on Attachment B.

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 Division of Employment & Income Support Programs (EISP) at: (518) 486-6291 or Susanne.Haag@otda.ny.gov.

EISP staff will notify the approved contractor(s) of district interest and provide district contact information.

A. District responsibilities include the following:

1. Advise OTDA that the district wants to participate in the OTDA Consultative Examination (CE) contract.
2. Complete and submit the Statement of Work (Attachment C):
 - a) Identifying the target population(s) the district determines need a consultative examination with estimates of initial and ongoing referrals per month.
 - b) Outlining the criteria used for identification/referral.
 - c) Listing staff and referral process.
 - d) Outlining the districts scheduling process with the contractor(s).
 - e) Indicating process of handling additional examinations or ancillary testing.
 - f) Providing the method used to receive reports from the contractor.
 - g) Verifying the services received and the need to provide outcome reports to OTDA on a quarterly basis.
 - h) Providing current district contact information to OTDA.

3. Submit a completed and signed Revenue Intercept Letter (Attachment D) to OTDA to pay for the examinations/testing.
4. Use the standard appointment letter (Attachment E) or submit an equivalent for OTDA review and approval.
5. Ensure the use of [LDSS-4863](#) client medical release pursuant to the requirements described in [06-INF-17](#), including that the district must use either the LDSS-4863 or an approved local equivalent.
6. If more than one contractor/provider is available, the district must base referrals on the following criteria:
 - a. The vendor that can provide the client with the earliest appointment.
 - b. The vendor that submitted the lower price on their fee Schedule.
 - c. The vendor of the client's choosing.

Note: The above is dependent upon there not being a history of client dissatisfaction or complaints with a particular vendor. (Districts must document any history to provide basis for exclusion in the future).

- d. If the district has another set of criteria for selection they must share the criteria with OTDA.
7. Provide a written notice, unless mailed by the provider, advising the client of the reason for the referral for the consultative examination and of the consequences of failing to attend scheduled appointments. A TA applicant/recipient 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 treating practitioner or other sources to the independent practitioner who is conducting the examination for consideration no later than four (4) business days after the examination, provided that in no instance shall such time period exceed ten (10) calendar days. Information regarding the right to submit medical documentation for consideration, as described above may be included in the same letter that is used to inform the individual of the date and time of the appointment, as described above.
8. 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.
9. Provide transportation assistance and child care when needed to enable the client/applicant to attend the consultative appointment(s).
10. Provide pertinent medical and case file information to the consultative examination provider subject to the requirements of 06-INF-17.
11. Review and verify the examinations/testing and receipt of reports from the contractor(s) on a monthly basis.

12. Review and revise, as necessary, the local biennial TA and SNAP Employment Plan to ensure that the plan includes the use of independent medical evaluations, as described in III.E.2.

13. Submit Quarterly Reports to OTDA on the outcomes of the referrals (Attachment F).

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, unless provided by the district, 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 ten (10) business days of the examination. The contractor will review and consider all information and records provided by the district or individual from his/her treating health care practitioner. The report must include all requested test results and interpretations as specified by the district and an explanation if their opinion differs from that of the treating practitioner. 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.
8. Submit a voucher for review and payment no more than once a month per participating district.

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 fee schedule rate, which is subject to periodic revision or the contractually agreed upon rate between OTDA and the contractor (see Attachment D).

4. Receive and process standard vouchers (AC-3253s) 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), local funds, SNAP 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
SNA/MOE & SNA/Non-MOE Eligibility related	D1	Local Funds (No State Funding)
FA-Employment related	D3	FFFS
SNA-Employment related only (Individual is not SNAP E&T eligible)	D3	Local Funds (No State Funding)
SNA-SNAP client or SNAP only E&T evaluation	D7	Federal SNAP program administrative funds No State funding
MA-disability determination	D4	Federal MA Admin State MA Admin
Independent Living Plan	None	District

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 funded program (as a screening activity) or Non-Federal Employment depending on the case type. No SNAP Employment and Training funds may be used to pay for medical examinations on the Schedule D-3. As described in [06-LCM-07](#), SNAP 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 SNAP employment requirements. Examination costs incurred for SNAP employability purposes may be claimed on the Schedule D-7 Distribution of SNAP Expenditures to Activities [LDSS-2347E](#). However, SNAP 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/SSDI) 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 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 TA applicants or recipients are reimbursable as a supportive service or from the FFFS based on the eligibility of the TA applicant or recipient.

E. Additional Information

1. The approved OTDA/Provider contracts are for the period October 1, 2016 – September 30, 2021. Additional qualified contractors may be added to the approved contractor list during the contract period. OTDA will notify districts if additional providers are added to the contract.
2. District Biennial Temporary Assistance and SNAP 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 district biennial Temporary Assistance and SNAP 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 district biennial employment plan accurately reflects the district's procedures. District biennial employment plan amendments should be submitted to Stephanie Boshart at: Stephanie.Boshart@otda.ny.gov the following address:

Stephanie Boshart, Director
Employment Advancement Services
Employment & Income Support Programs
New York State Office of Temporary and Disability Assistance
40 N. Pearl Street, 11th Floor-Section A
Albany, New York 12243

3. Best Practice suggestions when using a consultative medical provider are included below:
 - 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 SSDI 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/SSDI and that they must appear for the examination as a condition of TA 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, 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 to contact the district prior to the date of the examination if transportation or child care assistance is needed; and advises the client that keeping the appointment is required as a condition of TA 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 ten (10) business days. Contractors are available by phone during business hours to answer any questions the district might have about the examination report.

Issued By

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Title: Deputy Commissioner
Division/Office: Integrated Family Assistance Programs