

Michael Kaess  
DDS Administrator

## SPEECH/LANGUAGE APPLICATION

Disability Determination Services  
P.O. Box 243  
Raleigh, N.C. 27602  
<http://dds.its.state.nc.us>

Victoria Perryman  
Professional Relations  
Supervisor

### Information for enrollment as consultative examiner:

FULL NAME: \_\_\_\_\_  
Last First Middle

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

(Including 9- digit Zip Code)

**\*Your office must be handicap accessible\***

EMAIL ADDRESS: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employer ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ASHA #: \_\_\_\_\_

Graduate of: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Board of Examiners for Speech and Language Pathologist and Audiologist License #: \_\_\_\_\_

Date Licensed: \_\_\_\_\_ Other State License (Past or Present): \_\_\_\_\_

Years of experience?: \_\_\_\_\_ Years of experience in Pediatrics?: \_\_\_\_\_

HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN?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

My office is set up so that I can give appointments within a reasonably short period of time and have my report typed and submitted to the Disability Determination Services within ten days of the examination:

Yes  No

I acknowledge and understand that 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. I further acknowledge and understand that 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.

Please describe your office setting where you will be seeing our applicants. (i.e.: private, suite in large office building, etc.) Please include a map. **\*Your office must be handicap accessible\***

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

If you are a member of a group, specify the full name of the group and indicate whether you are to be paid as an individual or a member of the group.

Group or Individual Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ (Including 9 digit Zip Code)

Federal ID#: \_\_\_\_\_

Contact for billing purposes: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Check One:

I wish the checks to be made out in the group name.  I wish the checks to be made out to me.

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in using your agency telerecording system for the transcription of my consultative examination reports (which is provided free of charge) and would appreciate receiving the necessary information.

If yes, provide mailing address for the transcribed report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Electronic Records Express Website (Please contact PRO for registration to upload reports to this website.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## MEMORANDUM OF UNDERSTANDING AND AGREEMENT

The 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 no reimbursement 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.

Initial here: \_\_\_\_\_

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.
  
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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**SPEECH-LANGUAGE PATHOLOGIST:** Please fill out and return with your completed application.

By mail to: Professional Relations Office                      OR                      By FAX to: 1-800-804-5509  
Disability Determination Services  
P O Box 243  
Raleigh, NC 27602

Name & Degree: \_\_\_\_\_

Certification: \_\_\_\_\_

Your Area of Expertise: \_\_\_\_\_

Group Name: \_\_\_\_\_

Location(s): \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

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

**MISCELLANEOUS TESTS:** (Providers may write in any preferred test not listed above)

## 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.

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#### 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.

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

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