

BUREAU OF DISABILITY ADJUDICATION
ATTACHMENT AA
SCOPE OF WORK
PSYCHOLOGICAL

Vendors agree to provide psychological assessment services to an applicant for Social Security Disability and Supplemental Security Disability benefits.

Consultative Examination Report Content:

The examination report should be detailed enough to enable the Disability Determination Services (DDS) adjudicative team to determine the nature, severity and limiting effects of the impairment or impairments. As well as the impairment's probable duration; and (for adults) the claimant's remaining capacity to engage in work-related physical or mental activities, or (for children) the child's ability to typically function compared to children the child's age who do not have impairments.

The psychiatric or psychological examination report should show not only the claimant's signs, symptoms, laboratory, findings (psychological test results), and diagnosis, but also describe the effect of the emotional or mental disorder on the claimant's ability to function at the usual and customary level of adjustment – personal, social and occupational.

The examination report should include the claimant's claim number and a physical description of the claimant, to help ensure that the person examined is the claimant.

The detail and format for reporting the results of the examination, testing, and discussion of conclusions should follow the standard reporting principles for a complete psychiatric or psychological examination and meet the requirements of SSA publications, Green Book -- <https://www.ssa.gov/disability/professionals/greenbook/> and "Understanding Social Security's Disability Programs Mental Impairments."

From five (5) to ten (10) reports from new CE Vendors will be reviewed by BDA consultants to ensure compliance with SSA guidelines and internal consistency. This is to assist new vendors in preparing proper reports. CE reports that do not meet the SSA requirements will be returned for revision and resubmission.

Conclusions in the report must be consistent with the objective clinical findings found during the examination and should include the dates of clinical evaluations, including mental status examinations. It should also include the dates and results of any neurological testing (e.g., EEG, CT scan), psychological testing or neuropsychological testing that may have been performed. It should not include an opinion as to whether the claimant is disabled under the meaning of the law.

Services may include but are not limited to Assessments performed by a licensed or certified psychologist for the purpose of establishing a mental impairment, learning disability and/or intellectual functioning.

The CE report must:

- Provide evidence that serves as an adequate basis for disability decision-making in terms of the impairment the report assesses.
- Be internally consistent. Conditions, impairments and complaints described in the history should be adequately assessed and reported in the clinical findings.
- Conclusions should correlate to the psychological history, the clinical examination and laboratory tests, and explain all abnormalities.
- Discuss functional overlay if any, within the context of the assessment.

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- Be consistent with the other information available within the specialty of the examination requested.
- Ensure that important or relevant complaint within that specialty addressed. If examination of a child, exams will include age appropriate mental functioning and developmental information, pertinent growth milestones, pertinent negatives as well as positives and information received about intervention services in child assessments.
- Be adequate as compared to the standards set out in the course of medical/psychological education.
- Examinations: should include all elements of a standard examination in the applicable specialty unless only specific elements have been requested. This includes laboratory findings and other tests including cognitive testing if requested.
- Be properly signed. If the report is inadequate or incomplete, the DDS will contact the medical source and ask the medical source to furnish the missing information or prepare a revised report.

Reports and Invoicing –

All services must be pre-authorized by the Bureau of Disability Adjudication (BDA) according to the established BDA fee schedule. Reports and invoices must be received within 15 business days of the provided service and include a description of services. Services provided without prior authorization will not be paid by BDA. Providers will not bill BDA or the participant when no service has been provided. This includes billing a deposit for a scheduled appointment or for a missed appointment.

Providers serving underserved rural areas may be reimbursed mileage at the current General Services Administration (GSA) rate as identified on www.gsa.gov. Mileage must be preapproved by the Division and will only be authorized if the provider is travelling more than 50 miles in excess of his/her normal commute, a provider's normal commute is considered the round trip mileage between the provider's residence and official duty station. Provider's shall complete and submit the Mileage Log and Reimbursement Form and a State of Nevada Travel Expense Reimbursement Claim form, provided by the Division, with the invoice for services.

Payment may be delayed if the invoice is not submitted correctly, and/or the required reports are not submitted; vendors will not receive payment for claims submitted after 90 days from the date of the service.

Licensure and Credentials –

The practitioner providing the services, making the diagnosis or signing the report must be licensed with the State of Nevada and qualified in their discipline per their accreditation and must meet State of Nevada requirements for professional standards and certification.

Out of state practitioners must be licensed and qualified in their discipline per the accreditation and licensure requirements of the State of Nevada. The State of Nevada will not utilize the services of any non-licensed vendor.

All post-graduate fellows and intern examiners must be under the direct and constant supervision of the examiner of record. Post-graduate fellows and intern signatures will be counter signed by their internship supervisor acknowledging oversight of the examination.

Medical/Professional relations information, including information related to SSA Disability programs and best practices can be found at <https://www.ssa.gov/disability/professionals/index.htm>