**Procedural Standard 99-11**

 April 20, 2016

TO: ALL DES Staff

FR: Frank Joyce, R.N, Acting Senior Director, Disability Evaluation Services (DES)

BY: Sherry J. Campanelli, Program Compliance Manager (DES)

RE: **Unanticipated clinical finding during consultative examination**

**Purpose**: The purpose of this memorandum is to state the procedures to follow when an unanticipated clinical finding is discovered during review of a consultative examination (CE) report, including testing. DES must ensure appropriate follow-up with the applicant and/or healthcare provider(s) as directed by the Medical Director (or designee), or in case of mental impairment the DES QA Psychologist (or designee).

Guideline:[[1]](#footnote-1)

1. The consultative examiner, if appropriate, should discuss the clinical finding(s) and need for follow up with the applicant at the time of the examination and include this information in the written report to DES. If the client is at emergent risk medically or psychologically, CE providers are instructed to refer the client to an appropriate facility and to notify the DES immediately.
2. If a Disability Reviewer (DR)[[2]](#footnote-2) notes an unanticipated finding, they bring the case file to their Program Manager (or any PM in the absence of their assigned PM) with a DR/PA Communication Form citing the unanticipated finding attached to the front of the case file. The PM assesses the issue and consults with the DES Medical Director (or designee) to determine appropriate next steps including who should get that information (client and/or healthcare provider). In the case of mental impairment, the PM consults with the DES QA Psychologist (or designee) to determine appropriate follow-up.

1. The DES Medical Director (or designee) informs the PM whether letter notification is needed and specifies to whom, applicant and/or health care provider. The PM completes the necessary letter(s) using the DES form letter as applicable which notifies the applicant of the unanticipated clinical finding and advises the applicant to seek medical assistance for this health problem (see Exhibit A labelled “DES Notification of Unanticipated Findings” attached.). The letter is signed by the Medical Director (or designee) and copied to the applicant’s health care provider, if appropriate. A copy of the letter(s) and the DR/PA Communication Form are filed in the client’s record.
2. If the client calls DES upon receiving the letter, the call is referred to the Medical Director (or designee) for response. The client will again be notified of the findings and urged to seek medical attention. ***However, in all cases, DES staff will refrain from giving advice to the client regarding management of their condition.***
3. Documentation of all these activities will be made in the progress notes.
4. If, in determining a response to an unreported unanticipated clinical finding, the Medical Director is not immediately available and his input is needed, it is appropriate to page him. The Medical Director’s beeper number is available from the Director’s Administrative Assistant.

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**Summary:** When an unanticipated clinical finding is discovered during a consultative examination, it is the responsibility of the consultative examiner to discuss the clinical finding(s) and need for follow up with the applicant at the time of the examination and to include this information in the written report to DES. However, DES will also attempt to ensure that the applicant and the healthcare provider are notified of the finding(s) and that the applicant is urged to seek medical attention as directed by the Medical Director (designee), or in case of mental impairment, the DES QA Psychologist (or designee).

1. Staff is reminded that PS 00-7 provides guidance in situations where threats of violence to self or others are encountered in a CE report. [↑](#footnote-ref-1)
2. A Physician/Psychologist Advisor (PA) may also discover an unanticipated clinical finding. If so, they notify the DR or a PM who will proceed as instructed above. [↑](#footnote-ref-2)