

**Interdepartmental Service Agreement  
Between  
the Department of Transitional Assistance and  
University of Massachusetts Medical School  
FY 2004**

**SCOPE OF SERVICES**

The University of Massachusetts Medical School (UMMS) is the agent responsible to the Department of Transitional Assistance (DTA) for completing disability reviews for the Emergency Aid to the Elderly, Disabled and Children (EAEDC) and Transitional Aid To Families with Dependent Children (TAFDC) programs. This Scope of Services identifies the functions which UMMS's Disability Evaluation Services (DES) will perform for DTA during the period from July 1, 2003 through June 30, 2004.

UMMS is responsible for completing determinations of disability for all TAFDC and EAEDC cases referred by the Department.

**I. Responsibilities of the University of Massachusetts Medical School**

**A. General Procedures**

UMMS will perform disability determinations for applicants and recipients of EAEDC and TAFDC referred by DTA, in accordance with the state laws and regulations applicable to these programs, which include 106 CMR 701.600, 702.315 (B) (2), 320.200, through 320.220 inclusive as well as 106 CMR 203.530, 203.540 and 203.545 and 20 CFR subpart I, sections 416.901-923.

In addition, UMMS will evaluate each disability supplement in accordance with a clinical and vocational hierarchical decision process agreed to by DTA and UMMS which also incorporates the provisions of all federal and state regulations listed above. UMMS shall review each case, irrespective of application type, using a hierarchy of disability standards from most stringent to least stringent in the following order: Social Security Income (SSI), EAEDC and TAFDC. UMMS shall determine whether an applicant or recipient meets or does not meet any or all of these three disability standards.

For all cases, UMMS/DES shall:

1. Attempt to collect and review medical information from an applicant's or recipient's treating source(s) as identified by the applicant or recipient, for the purpose of verifying and evaluating the stated impairment or impairments.
2. If sufficient information cannot be obtained from an applicant's or recipient's treating source(s), or if the available information obtained is ambiguous, arrange for a medical provider to examine the applicant/recipient to obtain additional information or tests, as necessary, to clarify the incomplete or ambiguous clinical and/or vocational information that has been submitted and/or obtained by UMMS from a competent medical authority.
3. Determine an applicant's or recipient's disability status and notify the appropriate Transitional Assistance Office (TAO) of the determination using the tracking form of the disability supplement.
4. Make its best efforts to complete a disability determination within 60 days of receiving a disability supplement for a TAFDC applicant or recipient, or a disability supplement and medical report for an EAEDC applicant or recipient. For those cases requiring more than one Consultative Examination (CE), UMMS will make its best efforts to complete a disability determination within 90 days of receiving the Supplement.
5. Notify the applicant or recipient of the DES decision in writing in a format and content agreed upon by DTA and DES.
6. Ensure that all disability determinations are recorded in the UMMS/DES database. The database shall contain, at a minimum, last name, first name, social security number, receipt date, decision date, decision type, and review date. In addition, the DES database shall contain all data elements necessary to provide the Department with management reports as described in Section H.
7. Designate for each case appealed to DTA's Division of Hearings DES staff who will act as the Department's representative for that case. The representative's duties shall include telephonic representation at fair hearings, preparation for the hearing, submission of evidence for the hearing, as well as consulting and conferring with DTA staff as necessary.
8. Assist the Department in defense of disability decisions through any level of appeal up to and including Superior Court.
9. Advise DTA hearings officers and also advise the Department through the TAO of the outcome of further review directed by DTA hearings officers.

10. Comply with all time lines established by DTA hearings officers regarding any aspect of the hearing.

**B. Duplicate Supplements**

If the DES receives a disability supplement for an applicant or recipient who has a prior supplement for a different DTA or DMA program still under review, the DES shall incorporate all data available from both supplements and proceed with one consolidated review following the hierarchical decision process. In such cases, the DES shall inform the TAO about the existing disability supplement currently under review.

**C. Cases UMMS/DES Must Not Review**

UMMS shall **not** review a disability case referred to it by the Department if any of the following apply:

- the EAEDC applicant/recipient is over 65 years old, or will be 65 years old within 60 days (if an applicant/recipient turns 65 while in the process of completing a disability determination, UMMS will cease working on the case);
- the TAFDC applicant/recipient is over 60 years old, or will be 60 years old within 60 days (if an applicant/recipient turns 60 while is in the process of completing a disability determination, UMMS will cease working on the case);
- the applicant/recipient authorizations to release medical information have not been signed and dated;
- the Disability Supplement was not provided to UMMS;
- the TAFDC Disability Supplement was not signed by the applicant/recipient or the applicant's/recipient's power of attorney;
- the EAEDC Medical Report was not signed by a competent medical authority as defined by 106 CMR 701.600;
- the EAEDC Medical Report is determined to be fraudulent. In such instances, UMMS shall detail its findings in the case file, and return the case with a memo to the applicable Department local office indicating the reason it is being returned. (If such a determination can not be made until UMMS has begun work on the case, UMMS will cease all work as soon as such a determination is made.)

- the EAEDC Medical Report indicates that the applicant/recipient does not have a physical and/or mental impairment that affects his or her ability to work, or that the applicant/recipient has such an impairment but it is not expected to last for sixty (60) days or more;
- subsequent to receiving a case, the Contract Officer or local office informs UMMS that an applicant's/recipient's case has been closed. In such instances, UMMS shall note in the case file that the case is canceled per the Contract Officer or local office, and return the case with a memo to the applicable Department local office; or
- UMMS has previously determined the applicant/recipient to be disabled under the EAEDC, TAFDC or MassHealth programs, and when the supplement is received the applicant/recipient still has more than 60 days remaining in his or her expected "duration period." If the supplement is received with 60 days or less in the "duration period," UMMS shall process the case.

UMMS shall return to the Department local office which referred it any disability case which falls into one of the above categories, and include a completed Disability Evaluation Services letter specifying the reason the case is being returned.

#### **D. Review Procedures**

The following are the specific review procedures UMMS/DES shall carry out in making a disability determination for the Department.

1. In reviewing a disability case, UMMS shall consider all clinical and/or vocational evidence submitted by the applicant/recipient and/or obtained by UMMS; provided, however, that UMMS shall only consider a test and/or diagnosis done more than thirty (30) days prior to the completion of the applicant's/recipient's EAEDC Medical Report or TAFDC Disability Supplement if such evidence is still relevant to the applicant's/recipient's current impairment(s). Additionally, if UMMS or the Department's prior vendor, HealthPro, has reviewed a previous EAEDC or TAFDC disability case and/or MassHealth disability case involving the same applicant/recipient, UMMS shall re-review that case as part of the subsequent review to determine if any pertinent test result, past medical history, etc. may be available, valid and appropriate for use.
2. If the clinical/vocational information submitted by the applicant/recipient is incomplete or ambiguous so that a determination of disability can not be made

pursuant to this Agreement, UMMS shall a) gather additional information and/or b) refer the client for a Consultative Examination (CE).

a. Gather Additional Information

UMMS shall contact, as needed, all medical providers identified by an applicant/recipient to obtain information on all impairments that may potentially affect the applicant's/ recipient's ability to work; provided, however, that each impairment must have been identified by the applicant/recipient, a competent medical authority(ies), or be otherwise evident in the clinical/vocational information received.

UMMS will keep a record of each inquiry made pursuant to this subparagraph a. Copies of all written inquiries and responses will be maintained as part of the case file. Telephone and fax inquiries will be maintained in the case file. The record will include at a minimum the following information:

- \_ the name of the applicant/recipient;
- \_ the purpose for the inquiry;
- \_ the date the inquiry was made;
- \_ whether the inquiry was made in writing or by telephone;
- \_ the name of the competent medical authority, physician, psychiatrist and/or hospital contacted;
- \_ the name of person responding;
- \_ the response, if any; and
- \_ the name of the person receiving the response for UMMS.

b. Consultative Examinations

If sufficient information cannot be obtained through the process outlined in subparagraph a above, UMMS shall arrange for a medical provider to examine the applicant/recipient to obtain additional information or tests, as necessary, to clarify the incomplete or ambiguous clinical

and/or vocational information that has been submitted and/or obtained by UMMS from a competent medical authority.

UMMS shall contact the medical provider to confirm the appointment, inform him or her of the nature of the disability claimed, and ask the provider to call UMMS's dictation service, if the provider so chooses, to report the results of the medical appointment.

Within ten working days of the scheduled appointment, if the provider has not used UMMS's dictation service to provide the results of the medical appointment to UMMS, UMMS shall follow up with the medical provider to confirm the applicant/recipient kept the scheduled appointment, and to obtain the appropriate medical information.

UMMS will keep a record of each consultative examination arranged pursuant to this subparagraph *b* in the case file. The record will include at a minimum the following information:

- \_ the name of the applicant/recipient;
- \_ the date the examination was requested;
- \_ the date of the scheduled appointment;
- \_ the date the appointment was rescheduled if appropriate;
- \_ if the appointment was rescheduled, the reason the appointment was rescheduled, including a written notation that the provider requested that the appointment be rescheduled, if such is the case;
- \_ the name of the medical provider who completed the exam;
- \_ the reason for the examination;
- \_ the results of the examination;
- \_ the date the results were received by UMMS; and
- \_ the name of the person recording the results for UMMS.

In scheduling consultative examinations, UMMS shall make its best effort to schedule only those appointments necessary to conduct a disability determination. UMMS will insure that consultative examinations are scheduled in a

sequence that will allow for timely cancellation of unnecessary appointments in those cases where a determination has been made on the results of the first consultative examination and/or on additional information UMMS has received.

In any notice to the applicant/recipient regarding the scheduling of a consultative examination, UMMS must inform the TAFDC or EAEDC applicant/recipient of the availability of interpreter services, if needed, for the consultative examination, and the toll free number to call to make arrangements for an interpreter.

If UMMS's letter to the applicant/recipient regarding the scheduling of a consultative exam is returned as undeliverable because the address is incorrect or outdated, UMMS must try to obtain the correct address and re-mail the letter, when possible. For this purpose only, UMMS will be given access (inquiry only) to the Department's electronic MMIS System. If UMMS finds, however, that the address on the MMIS system is the same as the one on the letter, UMMS shall contact the appropriate local office worker at the Department to determine if there is a more recent address on file, and re-mail the letter, accordingly.

3. If an applicant/recipient without good cause does not cooperate with UMMS, e.g. by not attending a consultative examination, UMMS, regardless of the other provisions of this Agreement, shall make a determination of disability based solely on such clinical/vocational evidence it has received.

Examples of good cause for an applicant/recipient failing to cooperate include, but are not limited to, the following:

- there has been a death in the applicant's/recipient's immediate family within the last two weeks;
- there is a breakdown in transportation arrangements with no ready access to alternate transportation;
- there is a breakdown in child care arrangements with no ready alternatives;
- the applicant/recipient has a temporary illness, such as a cold or flu;
- inclement weather which makes travel impossible;
- the applicant or recipient or a member of his or her immediate family suffers a family crisis or emergency situation or other compelling circumstance beyond the control of the applicant/recipient and that (a)

demands the applicant's/recipient's immediate attention; (b) can only be attended to by the applicant/recipient; and (c) can only be attended to during the time of the scheduled examination.

Religious or personal reasons opposing medical examinations or tests do not constitute good cause.

If an applicant/recipient fails to cooperate without good cause, UMMS shall document in the case file how the applicant/recipient failed to cooperate. If an applicant/recipient has a good cause for not cooperating, the good cause shall be documented in the case file.

4. In making an EAEDC determination, pursuant to 106 CMR 320.200(H), UMMS shall rely on the functional capacity assessment made by the competent medical authority(ies) who completed the applicant's/recipient's EAEDC Medical Report unless:
  - a. the assessment is inconsistent with the clinical findings or the clinical findings as provided are not sufficient to make this determination; or
  - b. the assessment is inconsistent with the statements made by the applicant/recipient.

If either of these apply, UMMS shall obtain whatever additional information is needed to determine the applicant's/recipient's functional capacity. This additional information and UMMS's assessment of the applicant's/recipient's functional capacity shall be described in detail on the RFC Worksheet. The RFC Worksheet shall be considered part of the Disability Determination Review form.

5. For each disability case determined by UMMS to be disabled, UMMS shall determine the expected duration of the applicant's/recipient's impairment(s) as of the date of its review. UMMS shall indicate the expected duration on the Disability Determination Tracking form in the space marked "Disability Review Date" (Block 22).
6. For each disability case reviewed by it, UMMS shall complete a Disability Determination Review form and Disability Determination Tracking form. Within the time period specified in Section A (4) above, UMMS shall send to the Department local office that referred the case to UMMS the completed portion of the Disability Determination Tracking form.
7. For each disability case reviewed by UMMS, UMMS shall maintain a case file that includes at a minimum the following:



- all Medical Reports submitted in EAEDC cases;
- the Disability Supplement submitted;
- all other clinical/vocational evidence submitted;
- reports/information pertaining to requests for additional information and consultative examinations;
- the completed Disability Determination Review form, RFC Worksheet(s) and Disability Determination Tracking form; and
- any notices sent to the applicant/recipient pursuant to this Agreement.

UMMS, when requested by a Department local office, shall send to the local office a copy of all or any part of the case file. UMMS shall send the applicable portion of the case file within five (5) business days of receiving the request.

**E. Notices to Recipients/Applicants Determined To Be "Not Disabled"**

1. For each disability case determined by UMMS to be "not disabled," UMMS, prior to sending to the applicable Department local office the completed Disability Determination Tracking form, shall, by regular mail, send a notice to the applicant/recipient explaining the reasons for the determination. Such notice shall be in the form agreed to by the Department.
2. If an EAEDC applicant's/recipient's Medical Report indicates that he or she has a physical and/or mental impairment that meets or is equivalent to the Department's Medical Standards or the SSI Listing of Impairments, the notice required by this section shall, at a minimum, indicate why he or she does not meet the applicable Medical Standard or SSI listing.
3. If the applicant/recipient failed without good cause to cooperate with UMMS in obtaining information, so that a determination of "not disabled" was made without obtaining the information, this must be included in the Notice required by this Section.
4. All Notices required by this Section must indicate that (a) based on the applicant's/recipient's functional capacity, age, education, past work experience and skills, it has been determined that the applicant/recipient does not have an impairment, or combination of impairments, that substantially reduces or eliminates his/her ability to support him or herself and (b) the applicant/recipient might want to take the notice to his or her doctor.

5. UMMS shall send a copy of each notice sent pursuant to this Section to the applicable Department local office.

## **F. Record Retention and Documentation Standards**

1. The UMMS/DES is responsible for maintaining the disability record for all applicants and recipients on whose behalf a determination of disability has been performed. The DES shall maintain records on applicants and recipients for whom a disability determination has been conducted, irrespective of eligibility status or disability decision. Records shall be maintained as cumulative case files, separated by program type and eligibility period. The case record shall contain all documents, medical records, vocational information, residual functional capacity (RFC) forms, progress sheets, internal notes, correspondence, and telephone logs used in the disability determination.

The DES shall also ensure that certain documents contain the signatures of the physician, disability reviewer, and vocational reviewer, as appropriate. These documents include but are not limited to the tracking form, review form, and RFC form(s). (See also Section K below.)

2. Upon completion of a disability determination, the UMMS/DES shall send copies of the tracking form, review form, approval or denial letter, as applicable, to the TAO.
3. The UMMS/DES will comply with state and federal laws concerning confidentiality of personal data, including without limitation M.G.L. c. 66A, 106 CMR 103.000, 106 CMR 104.010 through 104.050, 106 CMR 105.000, 106 CMR 106.000, 106 CMR 107.030 through 107.050.
4. UMMS will take all reasonable steps to ensure the security of personal data and other confidential information in its possession, which may include without limitation the use of conventional security systems. DES security measures will ensure that all electronic data and access to data is controlled.

## **G. Staffing**

The UMMS/DES shall maintain a disability review team which supports the Department's estimates of disability determinations and established case processing time lines. The review team includes, but is not limited to, vocational rehabilitation counselors, registered nurse disability reviewers, physicians, psychiatrists, support staff, and a program manager. UMMS/DES staffing shall comply with all applicable state and federal regulations governing these programs.

The DES staff must include staff to translate into English Disability Supplements which are completed in Spanish.

**H. Management Reports**

The UMMS/DES will provide monthly management reports to the Department in a content and format agreed upon by the two parties. Reports shall be submitted on paper and diskette in an agreed upon format. The DES will provide ad hoc reports to the Department upon request.

**I. Quality Control Review**

Each month UMMS shall review a representative sample of TAFDC and EAEDC cases referred to UMMS by Department local offices and completed by UMMS to determine whether such cases were completed in compliance with all terms of this Agreement. Each month UMMS will provide the Department with the results of the review conducted during the preceding month.

**J. Determination of Not Disabled**

UMMS shall make a determination that an applicant/recipient does not have an impairment that meets, or is equivalent to, the Department's Medical Standards, if the clinical information establishes that one or more of the findings required to meet the applicable Department Medical Standard is not satisfied. Additional clinical information shall be gathered before this determination is made if the conditions of Section D, as appropriate, are satisfied. Technical deficiencies in the paperwork not related to the applicant's/recipient's medical condition may not be the basis for a determination that the applicant/recipient does not have an impairment that meets or is equivalent to the Department's Medical Standards.

**K. Physician's Signature**

UMMS shall ensure that all determinations are approved by a competent medical authority as defined in 106 CMR 701.600 who shall review each determination for completeness, accuracy and rationale, and sign a form indicating that he or she has done so.

**L. Panel for Consultative Examinations**

UMMS will be responsible for establishing a network of providers who will complete consultative examinations. This network will include UMMS affiliates, public health hospitals and community health centers, among others. The network must provide geographic and multilingual coverage to meet the needs of the TAFDC and EAEDC populations statewide. UMMS will make every effort to match applicants/recipients to culturally appropriate providers as necessary. UMMS will also provide interpreter services as necessary.

**M. Time Frames**

UMMS will assign each disability supplement to a staff reviewer within two business days of receipt of the Supplement by UMMS. If the reviewer determines that the Supplement received is incomplete, UMMS will return the Supplement to the appropriate Department local office within two business days with a cover sheet approved by the Department listing the reason for rejection.

UMMS shall make its best efforts to complete a disability determination within 60 days of receiving a disability supplement for a TAFDC applicant or recipient, or a disability supplement and medical report for an EAEDC applicant or recipient. For these cases requiring more than one CE, UMMS will attempt to complete the disability determination within 90 days.

**N. Notices in Spanish and the Mailing of Multilingual Card**

All notices sent by UMMS to Spanish-speaking TAFDC and EAEDC applicants and recipients as required by this Agreement shall include a complete Spanish translation of the contents of the notice. The Spanish translation shall be mailed simultaneously with the English version of the notice. In addition to this requirement, all such notices shall include as a mailing insert the Department's current version of the Multilingual Card.

**O. Appeals**

1. Appropriate UMMS staff shall be available to testify at Department hearings of cases where UMMS has determined the applicant/recipient not to be disabled. UMMS shall use its best efforts in presenting testimony to ensure that the Department's eligibility determination is upheld. Also, UMMS shall be available to the Department for consultation and for the preparation of affidavits that may be needed in the course of litigating contested hearing decisions.
2. If an individual files an administrative appeal with the Department's Division of Hearings and submits at the hearing new medical information regarding his or her eligibility for TAFDC or EAEDC, UMMS shall review such information together with the originally submitted information in accordance with the terms of this Agreement. UMMS shall supplement its case notes, as appropriate, regarding the new information.
3. If the new information is received prior to a hearing and UMMS has an opportunity to review it before the hearing, UMMS shall notify the appropriate Department local office, in writing, as to whether or not such information affects its earlier decision on the individual's disability. If a hearing is subsequently held, UMMS shall notify the Hearing Officer, at the hearing, of the additional

information and its effect on UMMS's earlier decision on disability. UMMS shall review all new information received prior to the hearing before the hearing when it is reasonably possible to do so.

4. If UMMS receives the new information at the hearing, or if UMMS receives the information prior to the hearing but is unable to review it before the hearing, UMMS shall review the new information at the discretion of the Hearing Officer. If the hearing officer holds the hearing open to allow UMMS to review the information, UMMS shall notify the hearing officer and the Department local office, in writing, as to whether or not such information affects its earlier decision on disability. Such notices shall be sent within the time period prescribed by the Hearing Officer. If UMMS again determines that the individual is not disabled, UMMS shall enclose with the notices required a copy of its updated case notes.

#### **P. Data Base Management**

UMMS will work with DTA to establish a data base which DTA workers can access to obtain current information about recipients' disability status, and to develop a system which will allow for the electronic transfer directly to workers of disability determination decisions and reminders that another disability determination is due.

UMMS shall maintain all records associated with this ISA in accordance with state regulations. During the current contract year, DTA and UMMS, in conjunction with the Division of Medical Assistance, shall assign a representative to a committee for the purpose of establishing a record retention policy designed to serve the needs of the agencies and the UMMS/DES.

In performing its duties under this ISA, UMMS will acquire and have access to "personal data" as defined in M.G.L. c. 66A and Department regulations at 106 CMR 100.00 et. seq., and other information deemed confidential by the Department. UMMS will comply with state and federal laws concerning confidentiality of personal data, including without limitation M.G.L. c. 66A, 106 CMR 103.000, 106 CMR 104.010 through 104.050, 106 CMR 105.000, 106 CMR 106.000, 106 CMR 107.030 through 107.050.

UMMS will take all reasonable steps to ensure the security of personal data and other confidential information in its possession, which may include without limitation the use of alarm systems, locked files, guards, or other devices reasonably calculated to prevent unauthorized copying or removal of manually held data; passwords, access logs, badges or other methods reasonably calculated to prevent unauthorized access to, or copying or removing of electronically or mechanically held data; limited terminal access; limited access to input and output documents; and provisions which avoid unnecessary use of names and other personal identifiers of data subjects.

## **II. Responsibilities of the Department of Transitional Assistance**

The Department shall:

- A. Refer disability determination cases to UMMS/DES during the period of this agreement. The Department agrees to make its best efforts to send completed disability supplement forms to the DES with signed and dated medical release forms.
- B. Make its best efforts to send complete medical reports to UMMS/DES.
- C. Designate a Central Office Department liaison to coordinate all activities on behalf of the Department.
- D. Provide timely notifications to the DES regarding scheduled fair hearings for which UMMS/DES will be providing representation. The Department will make its best efforts to notify the DES of the daily hearing docket seven business days before the scheduled hearing.
- E. Designate a representative from the Department's Division of Hearings to act as a liaison regarding fair hearings.

## **III. Joint Responsibilities**

- A. DTA and UMMS agree to cooperate in the timely delivery of high quality services to the appropriate TAFDC and EAEDC applicants and recipients.
- B. Designated staff representing each party shall meet, at a minimum, on a quarterly basis to ensure that all terms of this Agreement are being met by both parties. Quality assurance reports may be reviewed at these meetings. Meetings may include site visits to the DES for the purpose of observing operations and reviewing DTA cases in process.
- C. The parties agree to advise their respective staff of policies, implementation plans, timeliness requirements and other information relevant to the disability review process.
- D. The parties will work to establish the electronic exchange of information allowing for easier access to information, including but not limited to applicants' and recipients' eligibility status and disability review date.
- E. The parties, in conjunction with the Division of Medical Assistance, shall assign a representative to a committee for the purpose of establishing a record retention policy designed to serve the needs of the agencies and the DES.

- F. Both agencies shall collaborate to maintain a standardized and comprehensive referral and tracking process for TAFDC and EAEDC applicants and recipients referred to UMMS by DTA or DTA's former contractor, HealthPro.
- G. In the event that there is any disagreement on any matter covered by this Agreement, including but not limited to: eligibility, funding, tracking, reporting, etc., the respective Program Directors or designees will work to resolve any disputes.

**IV. Additional Terms and Conditions**

- A. Each agency shall inform the other of any plans to terminate this Agreement or decrease the annualized amount of the ISA with at least thirty (30) days notice of such action, except as specified in subsections B and C below.
- B. Should this Agreement be terminated by either party for reasons of funding, forty-five (45) days notice is required.
- C. Should this Agreement be terminated without cause, sixty (60) days notice must be provided.
- D. UMMS will provide the Department with copies of all claims filed with any federal agency related to the activities of the DES and all related communications regarding FFP.

**V. Transition Period**

UMMS will continue to be fully responsible for case development beyond the point at which any case was transferred to and received by UMMS, and will continue to be fully responsible for case completion in accordance with this Scope of Services.

**VI. Maximum Obligation**

DTA will pay UMMS a sum of \$1,500,000 for completing from 22,348 to 24,701 disability determinations during FY 04. If the volume of disability determinations completed exceeds 24,701, DTA will pay UMMS \$77.00 for each additional case completed. If the volume of disability determinations completed is less than 22,348, the maximum obligation will be reduced by \$77.00 per case for each case that the total number of completions is less than 22,348.

Periodic review of total caseload volume and federal financial participation (FFP) received by UMMS could result in a reduction in these amounts.

UMMS will bill the Department on a monthly basis using a Commonwealth of Massachusetts Payment Voucher (PV).





# COMMONWEALTH OF MASSACHUSETTS INTERDEPARTMENTAL SERVICE AGREEMENT AMENDMENT FORM

copy

This Interdepartmental Service Agreement Amendment Form (ISA) is issued and published by the Office of the Comptroller (CTR) pursuant to 815 CMR 6.00 for use by all Commonwealth Departments. Any changes or electronic alterations, by either the Buyer Department or the Seller Department, to the official printed language of this form as published by CTR shall be void. Interdepartmental Service Agreement Amendments must be executed contemporaneously with the need for the Amendment and prior to the scheduled termination date of the ISA. The ISA Amendment Form incorporates by reference all the terms of the original ISA, or as amended, including the ISA Instructions and ISA Policy issued as Comptroller Policy Memo #306, or as amended, available at [www.state.ma.us/osc/Accounting/marmemos/memos.htm](http://www.state.ma.us/osc/Accounting/marmemos/memos.htm).

MMARS DOCUMENT ID: <u>S C - W E L - 3 0 8 1 - 4 U M M 1 0 0</u>	
BUYER DEPARTMENT: Dept. of Transitional Assistance 600 Washington St. Boston, MA 02111 MMARS 3-POSITION DEPARTMENT CODE: <u>W E L</u>	SELLER DEPARTMENT: Univ. of Massachusetts Medical School 11 Midstate Drive Auburn, MA 01501 MMARS 3-POSITION DEPARTMENT CODE: <u>U M M</u>
ISA MANAGER: <b>TANYA BARROS / VALORIE FARETRA</b>	ISA MANAGER: <b>PATRICIA O'DAY</b>
PHONE: (617) 348-5115 / (617) 348-5508	PHONE: (508) 856-6909
FAX: (617) 727-0166	FAX: (508) 721-7260
E-MAIL ADDRESS:	E-MAIL ADDRESS:
<b>CURRENT ISA INFORMATION</b> (Before this Amendment)	
CURRENT MMARS DOCUMENT ID OF THE ISA BEING AMENDED: <u>S C - W E L - 3 0 8 1 - 3 U M M 1 0 0</u>	
CURRENT TOTAL ISA DATES (Inclusive of original start date and previous amendments to date): START: <u>7 01 00</u> TERMINATION: <u>6 30 03</u>	
CURRENT TOTAL MAXIMUM OBLIGATION FOR DURATION OF ISA (Inclusive of previous amendments to date): <u>\$ 5,300,000</u>	
<b>AMENDMENT INFORMATION</b>	
TYPE OF AMENDMENT (Check all that apply):	
<input checked="" type="checkbox"/> Description of Performance	<input type="checkbox"/> Budget Re-distribution
<input checked="" type="checkbox"/> Total Maximum Obligation Increase	<input checked="" type="checkbox"/> Dates of Performance
<input type="checkbox"/> Total Maximum Obligation Reduction	<input type="checkbox"/> Reporting Requirements
BUYER ACCOUNT INFORMATION (complete as many that apply)	
Parent Account: <u>4400-1000</u> , Fund: <u>010</u> TO:	Child Account: <u>OFF MMARS</u> , Fund: _____
Parent Account: _____, Fund: _____ TO:	Child Account: _____, Fund: _____
Parent Account: _____, Fund: _____ TO:	Child Account: _____, Fund: _____
Parent Account: _____, Fund: _____ TO:	Child Account: _____, Fund: _____
TOTAL AMENDMENT AMOUNT: (if applicable): <u>\$ 1,500,000</u>	
DESCRIPTION OF REASON FOR AMENDMENT: (Reference to attachments without narrative description of need for amendment is insufficient.)	
The Department is renewing its ISA with University of Massachusetts Medical School – DES to provide disability reviews for the EAEDC and TAFDC programs.	
<b>NEW ISA INFORMATION</b>	
NEW TOTAL ISA DATES (Includes Original ISA effective date and amendments): START: <u>7 01 00</u> TERMINATION: <u>6 30 04</u>	
NEW TOTAL MAXIMUM OBLIGATION FOR DURATION OF ISA: <u>\$ 6,800,000</u> (Includes Total of "Current Total Maximum Obligation" indicated above and the "TOTAL AMENDMENT AMOUNT" above.)	
IN WITNESS WHEREOF: the Buyer Department and the Seller Department certify under the pains and penalties of perjury that this ISA Amendment Form and any information contained herein, or attached hereto, is complete and accurate and complies with all applicable laws and regulations, and incorporates the terms of the original Interdepartmental Service Agreement, as evidenced by the execution by their authorized signatories as of the last date below:	
AUTHORIZING SIGNATURE FOR THE BUYER DEPARTMENT: X: <u>Susan R. Burstein</u> (Signature of Buyer's Authorized Signatory) DATE: _____ (Date must be handwritten at time of signature) NAME: <b>Susan R. Burstein</b> TITLE: <u>Budget Director</u> <u>6/19/03</u>	AUTHORIZING SIGNATURE FOR THE SELLER DEPARTMENT: X: <u>Thomas D. Manning</u> (Signature of Seller's Authorized Signatory) DATE: <u>6/17/03</u> (Date must be handwritten at time of signature) NAME: <u>Thomas D. Manning, Vice Chancellor for</u> TITLE: <u>Operations and Commonwealth Medicine</u>

**INTERDEPARTMENTAL SERVICE AGREEMENT**  
**MMARS DOCUMENT ID: S C - W E L - 3 0 8 1 - 4 U M M 1 0 0**



**ATTACHMENT A - DESCRIPTION OF PERFORMANCE:**

Check one:     \_\_\_ Initial ISA Description of Performance  
                   X  Amendment to Description of Performance

Include a statement of purpose; justification for ISA; responsibilities of the parties; any relevant definitions; a schedule of performance or completion dates if applicable; resources to be committed to the ISA and any reporting requirements. Reference to attachments without a narrative description of performance is insufficient. If amending the description of performance, identify what performance is being amended. Attach any supporting documentation and reporting requirements. This Attachment Form must be used. Insert (type or copy and paste) all relevant information using as many pages as necessary. An electronic copy of this form is available in Policy Memo #306 under Comptroller Policy Memos.

The University of Massachusetts Medical School (UMMS) is the agent responsible to the Department of Transitional Assistance (DTA) for completing disability reviews for the Emergency Aid to the Elderly, Disabled and Children (EAEDC) and Transitional Aid To Families with Dependent Children (TAFDC) programs. UMMS will perform disability determinations for applicants and recipients of EAEDC and TAFDC referred by DTA, in accordance with the state laws and regulations applicable to these programs, which include 106 CMR 701.600, 702.315 (B) (2), 320.200, through 320.220 inclusive as well as 106 CMR 203.530, 203.540 and 203.545 and 20 CFR subpart I, sections 416.901-923.

In addition, UMMS will evaluate each disability supplement in accordance with a clinical and vocational hierarchical decision process agreed to by DTA and UMMS which also incorporates the provisions of all federal and state regulations listed above. UMMS shall review each case, irrespective of application type, using a hierarchy of disability standards from most stringent to least stringent in the following order: Social Security Income (SSI), EAEDC and TAFDC. UMMS shall determine whether an applicant or recipient meets or does not meet any or all of these three disability standards.

**Identify Seller Department's Reporting Requirements:**

The UMMS/DES will provide monthly management reports to the Department in a content and format agreed upon by the two parties. Reports shall be submitted on paper and diskette in an agreed upon format. From time to time, the DES will provide ad hoc reports to the Department at the upon request of the Department program manager.

