

Ontario Disability Support Program

Health Care Professional's Guide



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Introduction

As a licensed health care provider, you may be asked to provide medical information for a patient applying for the Ontario Disability Support Program (ODSP). The information you provide will help the Ministry of Community and Social Services (MCSS) assess your patient's eligibility, or continued eligibility, for ODSP income support and benefits. It is important to note that MCSS does not assess your patient in person.

Purpose of the guide

As a licensed health care provider in Ontario, you play a key role in your patient's application for disability support. The information you provide will help MCSS assess whether your patient meets the definition of a person with a disability, as defined by the Ontario Disability Support Program Act (ODSPA), 1997.

This guide provides important information that will assist you in completing your portion of the Disability Determination Package (DDP) in order to determine your patient's eligibility for disability support as outlined by the ODSPA.

The purpose of the guide is to:

- provide an overview of the ODSP
- explain your role and responsibilities in the ODSP application process
- outline key information required by MCSS to make an informed decision
- clarify billing information

This guide is to help you to provide the best possible assistance to your patient who is applying for ODSP.

Note: If required sections of the DDP are not completed, the form will be sent back to you for completion and this can cause a delay in the application process.

The ODSP helps support people with disabilities who are in need of financial assistance. The program provides income support and benefits for people with disabilities. To qualify for ODSP income and employment support and benefits, applicants must meet the financial eligibility requirements.

Eligibility for ODSP

Your patient may qualify for disability support if he or she:

- lives in Ontario
- is 18 years of age or older
- is in financial need
- has a substantial physical or mental disability (as defined by the ODSPA)

The ODSP criteria for determining a person with a disability

In order for your patient to receive ODSP, he or she must meet the definition of a “person with a disability” as defined by the ODSPA.

The ODSPA defines a person as a person with a disability if:

- (a) the person has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more;
- (b) the direct and cumulative effect of the impairment on the person’s ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and
- (c) the impairment and its likely duration and the restriction in the person’s activities of daily living have been verified by a person with the prescribed qualifications.

Prescribed class

Some of your patients may be exempt from the disability determination process if they qualify as members of a “prescribed class” and they are financially eligible.

Examples include:

- A person in receipt of Canada Pension Plan Disability (CPP-D)
- A person aged 65 or over and not eligible for Old Age Security (OAS)
- A person in receipt of Quebec Pension Plan Disability (QPP-D)
- A resident of a designated psychiatric facility or homes for special care

Note: In a majority of these cases, MCSS routinely processes these applications without the DDP.

Assessment of eligibility based on patient’s medical condition

To be eligible to receive ODSP income support and benefits, your patient must be a person with a disability that:

- is a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more,
- directly results in a substantial restriction in their activities of daily living;
- is verified by an approved health care professional (see page 6 for more details)

See Appendix A (page 19) for MCSS’s definition of the above terms and phrases.

Disability determination process

Once you complete the application forms, and the completed application is submitted to MCSS, the next step is for MCSS to determine if your patient meets the eligibility criteria for disability support.

MCSS has a centralized unit – the Disability Adjudication Unit (DAU) - where applications are adjudicated.

Who determines disability eligibility?

The DAU employs Disability Determination Adjudicators (adjudicators) who are specially trained to:

- assess all the information you and your patient provide to determine whether the patient meets the definition of “a person with a disability” under the ODSPA
- set a medical review date unless there is no likelihood of improvement in the patient’s medical condition(s)

If your patient is determined not to meet the definition of “a person with a disability”, the DAU will inform him or her on how to appeal the decision, if desired.

The Disability Determination Package (DDP)

To collect the information required to make a determination of disability, MCSS provides the applicant with a DDP. In addition to the information requested in the DDP, you are encouraged to submit additional medical and supporting information, such as your clinical notes, hospital reports, or consult reports specific to your patient's current medical status. This will assist MCSS in making an informed decision.

1. Health Status Report (HSR) [pages 1 to 10 of the DDP]
 - is designed to collect information about your patient's current condition(s) and related impairments and restrictions, as well as associated treatments/interventions
 - also has an Intellectual and Emotional Scale (IEWS) [page 7] - this should be completed if there is a condition related to mental, intellectual, or neurological diagnoses
 - has additional sections for visual and auditory conditions, [pages 8 and 9] respectively, which is to be completed when these types of diagnoses are listed as primary conditions
 - must be completed for all patients
2. Activities of Daily Living Index (ADLI) [pages 11 to 14]
 - is designed to collect information about the direct impact of the patient's impairment(s) on his or her ability to attend to personal care, function in the community, and the workplace
 - must be completed for all patients
3. Self Report (SR)
 - is designed for your patient or a designate to describe how his or her disability affects daily activities
 - is an optional form
4. Consent to the Release of Medical Information (CRMI)
 - is an authorization form which allows for the exchange of information between health care professionals and MCSS
 - a signature is required from the patient or trustee
5. Instruction Sheet and an envelope addressed to the DAU

Who completes the DDP?

If you are a licensed health care professional in the Province of Ontario, you may complete the DDP. Specifically,

- Parts of the HSR and ADLI may be completed by one licensed health care professional in Ontario as indicated in Table 1
- or
- A different health care professional than the one completing the HSR may complete the ADLI.

Table 1 outlines the approved health care professionals who may complete the HSR and/or the ADLI.

Table 1

	HSR	ADLI
Ophthalmologists	✓	✓
Optometrists	✓	✓
Physicians	✓	✓
Psychological Associates	✓	✓
Psychologists	✓	✓
Registered Nurses in the extended class (RNEC)	✓	✓
Registered Nurses (RN) (NEW)	✓	✓
	ADLI only	
Audiologists	✓	
Chiropractors	✓	
Occupational Therapists (OT)	✓	
Physiotherapists (PT)	✓	
Social Workers	✓	
Speech Language Pathologists	✓	

Completing the DDP

Since MCSS does not assess your patient face-to-face, the medical information provided in the HSR and the ADLI is crucial in determining if your patient is a person with a disability under the ODSPA.

When completing the HSR and/or ADLI, it is important that all sections and questions are answered as fully as possible. If certain sections are not complete, the form will be returned for completion. This can cause a delay in the application process for your patient.

In addition, it is crucial that the information you present to the DAU is legible. Please ensure that all entries on the HSR and ADLI are legible, as this will also assist the adjudicator to assess the information accurately and in a timely manner. Some parts of the HSR are required for every patient. Some are optional depending on the

patient's medical condition. The highlighted sections below are mandatory areas of the HSR.

1. Patient's Identification

Figure 1

To be Completed By Local Office				
Member I.D.				
Applicant's Name <i>(please print)</i>				
Date of Birth			Sex	
Day	Month	Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Applicant's Address Street				Apartment Number
City			Postal Code	

Your patient's personal identification must be provided by either you or the patient.

2. Presenting Condition(s) Impairments, Restrictions and Duration

Pages 3 and 4 of the HSR ask about the presenting medical condition(s) and the related impairments and restrictions in the respective columns represented below.

Figure 2

2. Please complete the chart below, listing the current and ongoing medical, surgical and/or psychiatric condition(s) of the patient, and the impairment(s) resulting from those conditions. Do not list conditions that have been resolved or are not current or not ongoing within the last year.

NOTE: For each condition listed below, you must complete all the columns listed (A-F). This section must be completed or the application cannot be processed.

(A) Condition(s)	(B) Impairment(s)
Lung Cancer	Shortness of breath
example	
1.	

List only the current and ongoing conditions and related impairments.

The expected duration (for each medical condition and associated impairments) on page 4 must be completed in order for the application to be processed.

Figure 3

(C) Restriction(s)	Duration		(F) Prognosis of Condition(s)
	(D)	(E)	
Cannot walk more than 3 blocks before having to stop. example	Expected to last: <input type="checkbox"/> less than 1 year or <input checked="" type="checkbox"/> 1 year or more	and is <input type="checkbox"/> recurrent/episodic or <input checked="" type="checkbox"/> continuous	Is likely to: <input type="checkbox"/> improve <input checked="" type="checkbox"/> deteriorate <input type="checkbox"/> remain same <input type="checkbox"/> unknown
	Expected to last: <input type="checkbox"/> less than 1 year or <input type="checkbox"/> 1 year or more	and is <input type="checkbox"/> recurrent/episodic or <input type="checkbox"/> continuous	Is likely to: <input type="checkbox"/> improve <input type="checkbox"/> deteriorate <input type="checkbox"/> remain same <input type="checkbox"/> unknown
	Expected to last:	and is	Is likely to:

If the duration is not indicated, the application will be returned to you.

Additional information such as the patient's current medication(s) and other relevant adjunct interventions (physiotherapy, hospitalizations, surgery, psychotherapy, etc) are helpful in the adjudication process. This information may be identified in the appropriate sections on pages 5 and 6.

3. Additional Medical and Supporting Information

In addition to the information requested in the HSR and the ADLI, other medical and supporting information such as your clinical notes, hospital reports, or consult reports specific to the patient's current medical status should be submitted with the application. This will assist MCSS in making an informed and timely decision.

It is helpful to attach additional medical information that supports or clarifies the information you have identified in the HSR and the ADLI. Send only reports pertinent to the presenting condition(s) and impairment(s) listed on the HSR; you do not need to send your patient's entire medical record.

If indicated on the HSR that additional documents are available (see figure 4 below), but these are not provided with the application, MCSS may request this information before a decision is made.

Figure 4

6. If there are supporting documents for the condition(s) and impairment(s) listed in question No. 2, please indicate the reason and attach copies. Do <i>not</i> send actual x-rays, pathology slides, etc.	
<input type="checkbox"/> Laboratory Report(s)	<input type="checkbox"/> X-ray Report(s)
<input type="checkbox"/> Pathology Report(s)	<input type="checkbox"/> Specialist's Report(s)
<input type="checkbox"/> Hospital Report(s)	<input type="checkbox"/> Discharge Summary(ies)
<input type="checkbox"/> Psychological/Psychiatric Assessment	<input type="checkbox"/> Audiologist's Report/ENT
<input type="checkbox"/> Speech Language Pathologist's Report	<input type="checkbox"/> Ophthalmologist's/Optomtrist's Report
Please note that the absence of supporting documents, especially consultant's notes, will delay adjudication.	

4. Intellectual and Emotional Wellness Scale (IEWS)

The IEWS is a 13-item scale that is used to gather information related to psychiatric, psychological, or neurological conditions and impairments. It is important to complete this scale when applicable.

Figure 5

8. Intellectual and Emotional Wellness Scale				
<p>▷ <i>It is not necessary to complete this area for persons whose conditions are solely of a physical nature.</i> For each item indicate the most characteristic class for that item where Class 1 represents no symptoms or signs while Class 2 represents minimal symptoms or signs, Class 3 represents moderate symptoms or signs and Class 4 represents severe symptoms or signs. Check one choice only.</p>				
Psychologist's/Psychiatrist's report attached <input type="checkbox"/> Yes <input type="checkbox"/> No Mark "X" for most appropriate description(s)	No assistance from another person is required to complete the activities specified		Assistance from another person is required in order to complete the activities specified	
	Class 1 • No Symptoms or signs	Class 2 • Some safety concerns • Minimal symptoms or signs	Class 3 • Safety concerns • Moderate symptoms or signs	Class 4 • Unsafe • Severe symptoms or signs
A Bodily functions (eating, eliminating, sleeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Consciousness (attentional focus, levels of consciousness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Activities of Daily Living Index (ADLI)

The ADLI is a 24-item scale that is used to assess an applicant's ability to attend to his or her personal care, function in the community and function in a workplace.

The ADLI must be completed in order for your patient’s application to be processed.

Figure 6

These questions <i>must</i> be completed for all clients.			
<p>These questions seek to describe the impact of the impairment on the applicant’s ability to attend to his or her personal care, function in the community and function in a workplace. It seeks to understand the restrictions in the activity specified. Please use the scaling below:</p>			
Class 1	Class 2	Class 3	Class 4
<p>Within normal limits. Or Not applicable. Note: Does not prevent the performance of any activity.</p>	<p>Mild or slight limitations. Note: May result in slightly longer time requirements to complete the task or mild exacerbation of pain. Or Accommodation may be required to complete the task.</p>	<p>Medium or moderate limitations. Or Requires considerably longer time to complete the task and may on some occasions be unable to complete the task with or without accommodations and with or without moderate pain.</p>	<p>Severe or complete limitations on most occasions to completion of the task.</p>
Mark an “X” through choice			
1. Orientation to time, person and place			① ② ③ ④
2. Recognizes within normal limits common dangers in the home, workplace or community			① ② ③ ④
3. Ability to comprehend, express or communicate orally			① ② ③ ④

Activities of Daily Living Index

6. Signing the HSR and ADLI

- It is a requirement for the approved health care professional to sign the HSR and the ADLI for the application to be considered complete.

There are two signature pages.

- If completing the HSR, please sign and date page 10.
- If completing both the HSR and the ADLI, please sign and date page 14.
- Note that two different health care professionals can complete the same application as long as they meet the prescribed professional criteria outlined in Table 1 (page 8). For example a family doctor can complete the HSR and sign page 10, a RN may complete the ADLI and sign page 14.
- By signing and dating the HSR and the ADLI, health care professionals are indicating that the clinical information provided is a truthful account of the patient's medical condition(s) and related impairment(s) and restriction(s), at the time the application was completed.

Figure 7

Please fill out this page if you are completing the Health Status Report *only*.
If you are completing both the Health Status Report and the Activities of Daily Living Index, please fill out the page at the end of the package.
The application will *not* be processed if the appropriate page is incomplete.

Please complete the following in BLOCK LETTERS.

Name	Stamp
Address	
Telephone No.	
Fax No.	

Certificate of Approved Professional

I, _____

am a legally qualified _____ in the Province of Ontario

and this report contains my clinical assessment and considered opinion at this time.

Signature _____ Date _____

It is important that your contact information is included in this section.

The section on page 10 must be completed with your original signature (no signature stamp) and dated if you completed only the HSR

Figure 8

Please fill out this page if you are completing the Health Status Report *only*.
If you are completing both the Health Status Report and the Activities of Daily Living Index, please fill out the page at the end of the package.
The application will *not be* processed if the appropriate page is incomplete.

Please complete the following in BLOCK LETTERS.

Name	Stamp
Address	
Telephone No.	
Fax No.	

Certificate of Approved Professional

I, _____

am a legally qualified _____ in the Province of Ontario

and this report contains my clinical assessment and considered opinion at this time.

Signature	Date
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It is important that your contact information is included in this section.

The section on page 14 must be completed with your original signature (no signature stamp) and dated when you complete both the HSR and ADLI

Submitting Completed Forms

- Upon receiving the DDP, the patient has 90 Calendar Days to submit his or her application to MCSS. It is important for your patient to meet this deadline in order to prevent delays. If the patient misses the deadline the application process will have to be re-started. The patient may request an extension for more time if necessary.
- The original HSR and ADLI must be submitted to the DAU; photocopies are not accepted.
- The patient must submit all required forms (HSR, ADLI, Consent to the Release of Medical Information), as well as the optional Self Report and, if applicable, additional medical and supporting information together when possible.
- The Consent to the Release of Medical Information must be completed and signed by the patient or a trustee and sent together with application.
- It is recommended that you keep a copy of the HSR and ADLI in your patient's file.
- Your patient should also be encouraged to keep a copy for his or her own record.

As outlined on page 2 of the application, a fee is paid to the approved health care professional upon completion of the HSR and/or the ADLI. In Table 2, the payment schedule is outlined.

If you are a physician completing one or both forms, you must directly bill OHIP using the codes below.

Table 2

Forms	Fee	OHIP Codes
HSR and ADLI (all sections and pages of the application)	\$100	KO50 (\$100)
HSR (pages 3-10)	\$80	KO51 (\$80)
ADLI (pages 11-12)	\$20	KO52 (\$20)

All other approved health care professionals must send an invoice (see appendix B for submission details) for the applicable fee to MCSS at the address indicated on page 18.

When MCSS requests additional supporting medical information, there is a fee for this service as well. See Appendix B (page 20) for a separate billing schedule and invoice submission process.

Contact information

Telephone:

DAU: 416-326-0417 -Greater Toronto Area (GTA)

1-888-256-6758 -Outside GTA

TTY: 416-326-3372-GTA

TTY: 1-866-780-6050- Outside GTA

Collect calls are answered.

Mail:

Ontario Disability Support Program

Disability Adjudication Unit

Box B18

Toronto, ON

M7A 1R3

Website:

www.mcass.gov.on.ca/en/mcass/contact/index.aspx

MCSS's Definitions

Condition

- Is the name of the disease or disease state, diagnosis, or syndrome.
(HSR –page 4)

Continuous or Recurrent

- “Continuous” means marked by uninterrupted time.
- “Recurrent” means cyclical and repetitive in nature, happening time after time.

Duration

- A physical or mental impairment must be continuous or recurrent and be expected to last one year or more from the date of the application completed by the approved health care professional.
- An approved health care professional must verify the expected duration.

Impairment

- “Impairment” refers to the physical condition of the person’s body or the person’s mental condition, which are medically determined.
- It is the loss, loss of use or derangement of any body part or system of function. Function can also be psychological or psychiatric in origin
(HSR –page 4)

Restriction

- “Restriction” refers to a limitation that prevents a person from performing an activity or makes it difficult for him/her to carry it out in relation to personal care, function in the community, or function in a workplace.
- It is the limitation to the activities of daily living arising directly or indirectly from the impairment (HSR – page 4)

Billing Guide for Additional Medical Information Requested by MCSS

1. Information required in your invoice:
 - a. Client First Name and Last Name
 - b. Client's Date of Birth
 - c. Member ID (found in our request letter)
 - d. Health Card or other identifier for verification purposes
 - e. Payee First Name and Last Name (No initials. If payee is not an individual, please specify name of company)
 - f. Payee/Company Address
 - g. Contact Numbers (Phone and/or Fax)

2. Specifics of service rendered and amount claimed based on the following:
(Only requested report/information will be paid)
 - Short Narrative typed report
 - Chart review and medical report preparation (15-20 minutes time) \$50.00
 - Full narrative typed report (At least two pages or 40-45 minutes time) \$100.00
 - Photocopied information from the patient's chart and/or a short statement/paragraph (first 5 pages) \$25.00
 - Photocopied information from the patient's chart and/or a short statement/paragraph after first 5 pages \$1.08/page

3. Please note your invoice will be returned if:
 - Name of patient is not legible, or patient name and identifier is not found in our database.
 - Document is marked STATEMENT.
 - Document is billed to the client.
 - Printed/written on smaller piece of paper which does not have space for approvals and signatures.

- Addressed to other government offices such as Service Canada, Human Resources, Canada Pension Plan (CPP), or Ontario Works.
 - Amount billed is over the approved ODSP rates
4. Invoice must be in a letter sized paper and addressed to:
Ontario Disability Support Program
Disability Adjudication Unit
Box B18
Toronto, ON
M7A 1R3

Key Points

The DDP is considered complete when:

- a prescribed health care professional completes the HSR and the ADLI
- duration for all condition (s) and resulting impairment(s) is indicated
- the appropriate pages are signed by the health care professional/s
- the Consent to the Release of Medical Information (CRMI) is completed and signed
- the original DDP is submitted in its entirety

In the best interest of your patient, accuracy, completeness, and legibility of the application will assist MCSS in determining your patient's eligibility for ODSP support in a timely manner.

