

**DISABILITY DETERMINATION SERVICES  
ADVISORY COUNCIL ANNUAL REPORT 2009-2010**

**Executive Summary**

This report provides a summary of the major activities of the DDS Advisory Council for the 2009-2010 operating year. The Council continued in its primary roles of advisement, support, and Council oversight of DDS operations through regular meetings, committee meetings, and ongoing communication between the Council Executive Committee and DDS administrative personnel.

**GOALS/RECOMMENDATIONS FOR COUNCIL: 2009-2010**

1. Continue public outreach and education and documenting training/education events as in the past.
2. Continue to monitor examiner turnover and backlogs.
3. Review the implementation of Disability Service Improvements throughout the year, such as QDD, and provide any appropriate feedback.
4. Ongoing education of Council Members regarding disability programs and issues through guest speakers regarding different parts of the disability program including Council Member affiliations and agencies, DDS functions such as Consultants or Examiners, Office of Hearings and Appeals, Field Office operations, etc.
5. Periodic updates on the Recommendations of the Legislative Audit.

**Activities and Accomplishments Towards Goals for 2009-2010**

1. ***Continue public outreach and education and documenting training/education events as we have done in the past.***

**Outcome: Contacts made by:**

**Kathy Franson:**

- SOAR training for about 35 individuals from DWS, Valley Mental Health and other state agencies.
- Mathematica Policy Research, Inc. Focus Group for SOAR Program Study - 12 individuals representing SOAR in Utah and a National Study Group
- SOAR Summit – 40 individuals representing several agencies who advocate for the disabled.
- Department of Workforce Services (DWS), Disability Medicaid Determination Team Training and Support - 16 individuals.
- DWS Eligibility Services Division Staff Training on Disability Programs – 60 individuals.
- Department of Health Policy Coordination Meetings – 30 individuals – 4 meetings.

**Gordon Richins:** Individual contacts - 8

**Matthew Nielson:** Group contacts - 3 Individual contacts - 220

**Jeff Sheen:** Individual contacts - 2

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**Gary Nakao, Paul Clingo** Gary Nakao and Paul Clingo were invited by Mark Smith for an interview on Access Utah on February 25, 2010 on DDS. Mark had some excellent prepared questions to guide the discussion on the SSA Disability program and role of our DDS. (For an archived copy of this Access Utah for February 25, 2010 on DDS use this link; <http://www.ustream.tv/recorded/5000153> )

### 2. *Continue to monitor examiner turnover and backlogs.*

(June 2009)

- National Increase in Receipts Continue. Receipts are continuing to increase nationally and most regions are beginning to experience a backlog of claims in many of their DDS's. Recent information from SSA is that nationally there is a 13% increase in initial claims from October 1 to June 26, 2009 comparing this year and the same time period last year. We understand that currently this increase is expected to continue through 2010.
- Gary is projecting a gradual decrease in our productivity from the middle of June 2009 due to having had two examiners on maternity leave, one examiner with serious health problems, one with a spouse with serious health problems and two examiners who were promoted to create a new unit to accommodate the eight new examiners we are bringing on. One of our hearing officers will be leaving in early August 2009 and another examiner has advised that she will also be leaving in August 2009. This is just to advise that our productivity should decrease significantly this week or next and should continue lower for the next 9-12 months.
- Kevin Mashak the Director of the Denver Regional Center for Disability has been closely monitoring the increasing number of disability claims the Utah DDS receives each week, and is aware of the adverse impact this can have on the timely delivery of benefits to those found to be entitled. In spite of the Utah DDS enjoying the highest level of productivity in our region, your receipts continue to outpace your clearances.
- Kevin has asked Kirk Lima of our Disability Processing Unit to begin taking 15 of your initial claims each week, beginning Monday, July 13, 2009, and continuing for an indefinite period of time. We regret being unable, at this time, to take on a larger portion of your workload, but, as you are well aware that the phenomenal increase in the disability workload has created similar situations in most states across the country. We will continue to monitor this situation and investigate potential sources of assistance that may become available.
- Gary reported that the backlog took a big jump in the middle of June that was greater than the Regression Equation would have predicted. Based upon our backlog increase since October 2009, we would project reaching a backlog of 2,000 by November 2009. This would be our highest backlog in the past 15 years.
- The good news is the addition of eight new examiners but as you know it will take a good 9-12 months from now before they will be able to significantly impact the increase in our backlog and eventually assist in decreasing it.

(September 09)

- Staffing. Because of the Contingency of Funding, we were waiting for approval to hire five new staff members; four examiners, two as replacements and two to handle the increased workload, and one Assistant System Manager. Gary likes to have two system people on staff. SSA received a good appropriation when the Budget was finally passed. Instead of four examiners, approval was received to hire eight. Several states in the Region were caught in a 'blanket' or hiring freeze. The Regional Office didn't want to give up any FTE's. An electronic workload can be moved around. Because we have the space in our new

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building, we were approved for twelve new hires. Eight examiners have been hired. Six hundred applications were filed and fifty people were interviewed which was an advantage to pick from the very best. It takes six months to train a new examiner. Although it is a challenge to work with that many, six are already trained and two others start right away. Three techs were hired on a time limited basis; one as a replacement and one to help with the CE process.

- Backlog. Currently the backlog is up to 1400 claims. It is possible that some QDD cases may be included in this number. Quick Claim Cases are screened by software which isn't always accurate. The backlog will be screened for this type of cases. The Backlog is our biggest problem and the trend is consistent across the Country. Federal help will probably go to the larger states. SSA projects that increased receipts will continue through to next year. As of now, a case averages eighteen days before it is receipted and this can increase each week. It will be nine months before we see the dividends of hiring eight new examiners.

### (November 2009)

Gary reported that the Regional Office has been able to arrange outside assistance with our backlog starting October 2009 with the Social Security Administration Office of Medical and Vocational Expertise (OMVE). OMVE had assisted us in FFY 2006 when we had our last big backlog because of examiner turnover and the change to the electronic processing of claims. The backlog had come down from 1746 claims to about a 1000 claims but in February 2010, the backlog is going up again because of very high receipts. In order to address the high receipts expected through FFY 2012, SSA has approved our DDS hiring 8 examiners in July 2009, 8 examiners in February 2010 and up to 4-5 more staff in August 2010.

### (January 2010)

Gary reported that as of January 8, 2010, the backlog was 1204 claims with the oldest being 36 days old and the average of the backlog being 19 days.

### (March 2010)

In his Administrator's Report to the Council, Gary reported that as of February 12, 2010, the backlog was up to 1327 with the oldest claim being 30 days and the average of the backlog being 15 days. Gary also reported that the eight new examiners have reported to work as of February 22, 2010 and will begin their training.

### (May 2010)

DDS Backlog. In 2009 the dramatic increase of receipts caused a steady acceleration of the backlog that reached a high of 1746 claims in October. Original projection had estimated the agency would receive 17,000 claims this year. That figure has increased to 20,532 claims. Current SSA projections are that receipts will reach a peak during the third quarter of 2011 and then start coming down. Near the end of September 2009 cases were in the backlog up to 96 days with an average of 40 days before assignment. During that month, an offer of federal assistance came from the Office of Medical and Vocational Expertise, OMVE, in Baltimore. OMVE started assisting with 50 cases a week beginning in October 2009 and increased to 75 cases a week in January 2010. Despite this assistance the backlog did not come down as much as we had hoped by April 2010 although the time in the backlog had reduced down to a high of 31 days and an average of 17 days.

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The Social Security Administration (SSA) has established a prioritization of assistance with backlogs using the Work Weeks Pending statistics which is the number of weeks it would take to clear all DDS pending claims based upon their clearance rate. The DDS's with the highest WWP would receive assistance. The Utah DDS WWP was 21+ weeks in October 2009 when the OMVE assistance began but had fallen to 14+ weeks by April 2010. The top fifteen states with the highest WWP were in the 20+ weeks range. Because of this, SSA has withdrawn the outside assistance for Utah effective the second week in May 2010. As of the end of the second week in May 2010, the backlog of the Utah DDS was 1275 claims which was an increase of 53 claims since the assistance was withdrawn. The concern is that if the receipts and clearances remain about the same, the loss of the federal assistance will result in the backlog growing at between 50-75 claims a week. At a growth of 75 claims a week, the backlog could be as high as 3547 claims by December 2010. Although SSA has authorized the Utah DDS to hire eight examiners in February 2010 and probably another 8 in August 2010, the benefit will not be realized for another 8-9 months for the February class and another 15 months for the August 2010 class. The concern is that by December 2010, the Utah DDS WWP will be high enough to receive outside assistance again to address the backlog until our newer examiners are trained.

### **3. Review the implementation of Disability Service Improvements throughout the year, such as QDD, and provide any appropriate feedback.**

Gary reported on the status of the Quick Disability Determinations (QDD) and also Compassionate Allowances (CAL) at the March meeting. Unfortunately, SSA is not keeping specific DDS statistics but only aggregate information so we don't have statistics for our DDS as yet. The two initiatives are going well with the claims identified by SSA as QDD or CAL moving through adjudication on a "fast track". Periodically, we are finding that some QDD claims turn out to require more time for a decision than the guidelines for QDD.

#### eCAT Also Moving Along.

SSA will also be implementing a case processing template called eCAT (electronic case adjudication tool). eCAT walks an examiner through the necessary steps of coming to a proper decision. We anticipate implementing eCAT in our DDS starting in about Fall 2010. The feedback we have received thus far from other DDS's who have implemented eCAT is that it is a good training tool for newer examiners. Some experienced examiners were described to have a little challenge with eCAT until they became used to the structure of the tool. One of the strengths of the tool is that a reviewer can follow the thought process of the examiner in arriving at a decision.

### **4. Ongoing education of Council Members regarding disability programs and issues through guest speakers regarding different parts of the disability program including Council Member affiliations and agencies, DDS functions such as Consultants or Examiners, Office of Hearings and Appeals, Field Office operations, etc.**

(May 2009)

- **SOAR PRESENTATION.** Kathy Franson, Council Member, made a very interesting and informative presentation on the Supplemental Security Income/Social Security Disability Income (SSI/SSDI) Outreach Access and Recovery (SOAR) program complete with a

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handout and a power point. Kathy reported that it has been a very personally rewarding experience to supervise the Department of Workforce Services (DWS) Social Security Income and Medical Review Board (SSI/MRB) Team. There was a real feeling that they were making a difference in people's lives when they were able to help eligible customers receive benefits in order to rebuild their lives.

(July 2009)

- SOAR. An SSA Administrative Board Panel visited the agency on June 10<sup>th</sup> and recognized our efforts on the SOAR Project. The cases come from DWS in good shape. The DDS part in the process is actually quite small. SOAR National Outcome Data indicates twenty percent of SOAR claims in Utah is high. Utah's allowance rate of eighty-two percent is very high. The national allowance rate is forty-five percent. The numbers speak well for the success of the Program. Congratulations to Kathy Franson and her Unit who made it easier for our examiners.
- Dave Carlson, Medical Relations Officer, made a presentation to the Council on the Consultative Examination process.

(September 2009)

Utah Health Information Network presentation by Dr. Jan Root. Dr. Root presented an overview of the information network she represented which linked the electronic records of participating hospitals and clinics. The Social Security Administration currently has an initiative to speed up the adjudication process by moving in the direction of a point to point transmission of medical evidence among participating entities. In this case it was between SSA and medical sources. The mechanism for this is the National Health Information Network which will link various local information networks. The ultimate goal is for medical information on a claimant applying for benefits to be requested by the Field Office at application and the information to be available in the electronic record when the claim is sent to the DDS.

(November 2009)

Presentation from Van Lund, Technician Unit Supervisor, has been appointed by Gary to be the lead person for our DDS for the planning activities for the Disability Case Processing System (DCPS). DCPS is intended to replace the five different case processing systems used across all of the DDS's in the country.

(January 2010)

Presentation by Melissa Smith, Work Supports Policy Analyst, Community Action Partnership of Utah. Ms. Smith made a presentation to the Council on the Community Partnership's efforts at trying to preserve the General Assistance Program in Utah. A meeting was planned to bring together all involved parties and Ms. Smith invited the Council and our DDS to send representatives. Gary indicated that he had planned to send someone and several Council members indicated they would try to attend.

In this meeting, Gary had asked one of the newer examiners, Celeste, to address the Council to share her experiences and impressions thus far. Celeste made a good informative presentation and took questions from the Council. She obviously likes her job and her supervisor indicated that she is doing very well.

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(March 2010)

**Internal Quality Assurance** – Gary Bird, DDS QA Reviewer.

Gary Bird is one of the Internal QA Reviewers for the DDS and he described how the DDS internal quality assurance process worked and his specific function as a reviewer. He also described the federal QA process. Gary also shared some of his observations and findings over his approximately three years in doing reviews.

Gary gave an overview of the Quality Reviewing Process conducted within the agency by random electronic system selection. Two Hearing Officers also do QA on a half-time basis. Fundamental policy issues are reviewed and, if necessary, a case is returned for further development or minor changes. Electronic filing allows external QA review anywhere in the nation. Consistency of review techniques throughout different regions had previously been an issue. Technology has increased quality. If claimants are aware that they need thorough documentation of medical and vocational history, this is a great help in processing their claim.

Gary then answered a number of good questions from the Council.

(May 2010)

Jeff Webster, Program Specialist, Department of Workforce Services made an excellent presentation regarding the current status of General Assistance and the SOAR Project in DWS. Mr. Webster reported that although there had to be programmatic changes because of budget cutbacks, the program would continue through 2011. He indicated that one of the changes was to have open enrollment periods to try to even out the highs and lows of workload. The specialized unit of DWS case managers working with GA clients would continue through 2011.

### **5. *Periodic updates of the Recommendations of the Legislative Audit.***

- Gary provided a status of the recommendations of the Legislative Audit of February 2007 in his Administrator's Report for the March meeting of the Council. The current status of the three recommendations in the Legislative Audit included:
  1. Continue to increase the electronic collection of claimant medical records.  
Status: Electronic medical evidence of record (MER) increased from 17.2% (national 32.2%) in 2006 to 55.2% (national 59.4%) at the end of FFY 2009. Electronic consultative examinations (CE) increased from 65.5% (national 87.3%) at the end of FFY 2006 to 99.8% (national 96.7%) at the end of FFY 2009.
  2. Improve the monitoring of claims to ensure that aged claims are being processed and not neglected.  
Status: An Assistant Administrator monitors aged cases on an on-going basis as part of his responsibilities, weekly meetings are held with adjudication supervisors and upper management, aged case and processing times are now part of the examiner performance plan, additional incentives have been developed to reward examiners who can keep their aged case and processing times low and at the unit level supervisors and assistant supervisors are constantly monitoring aged cases.
  3. Communicate to DWS any pertinent federal actions that may affect the GA clients and their claim processing.

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Status: The original Coordinating Committee has been replaced with on-going communication and problem-solving between representatives of DWS and DDS. Our DDS has been invited to participate and answer questions at the periodic SOAR meetings of DWS.

### Overview of Council Activities

The Advisory Council is comprised of persons from a range of constituent groups, including consumers, healthcare professionals, and representatives from agencies who provide services to consumers with disabilities. The Council meets on a regular basis in order to perform its primary functions of advisement, support, and oversight of Disability Determination Services (DDS) operations. Council members also serve as a conduit to the community by disseminating information concerning the rights of consumers with respect to DDS services. The Council has an excellent relationship with SSA nonvoting members that attend Council meetings which enhances overall Council activities and communications.

The Council meets on an every other month schedule, with meetings in January, March, May, July, September and November at 11:00 a.m. on the second Friday of every other month. Additional Council work is done by subcommittees between meetings.

### Major Council Activities:

#### (July 2009)

\* DDS Council began using a newly developed DDS Council Web Page Questions from the public to the DDS Council will be addressed by Council members with DDS staff assisting.

\* DDS Council received new business cards to be given out to the public.

### Council Membership

<u>Kathy Franson</u>	<u>Kent Palmer</u>	<u>Nonie Lancaster</u>
<u>Marilyn Hammond</u>	<u>Gordon Richins</u>	<u>Matthew Nielson</u>
<u>Vanya Mabey</u>	<u>Jeff Sheen</u>	<u>Mark Smith</u>

### Council Membership Changes for 2009-2010

Matt Nielson – Chairperson

Gordon Richins – Vice-Chairperson

Terra Jordan (resigned July 17, 2009)

- Mark Smith (filling Mitzi Cheney's vacancy – expires June 2014)
- Nonie Lancaster (filling Terra Jordan's vacancy – expires June 2014)

### Council Member Education

Council member education is a priority and conducted throughout the year. The Council is fortunate to have both Gary and Paul provide us with ongoing education in the area of the day-to-day workings of DDS. At each meeting Gary provides the Council with his Administrator's report, which provides the Council with valuable information.

Of special interest to the Council are the Administrator's Reports that are distributed at every Council meeting. These reports give the Council insight into national issues as well as local issues that affect the constituency of the Council.

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### **Acknowledgement**

The Advisory Council would like to acknowledge Gary Nakao, Paul Clingo, Karen Houmand and Esther Medina (SSA) for their strong commitment to the Council. The Council is very grateful for their efforts to keep it informed of issues and their willingness to work with the Council to make DDS even better. It is the opinion the Council that the Salt Lake DDS is run very well and works extremely hard to accomplish Its goals.

### **COUNCIL GOALS/RECOMMENDATIONS FOR 2010-2011**

1. Continue public outreach and education and documenting training/education events as in the past. Part of this will be facilitated through monitoring the DDS Advisory Council Website and answering public inquiries.
2. Continue to monitor examiner turnover and backlogs in light of the dramatic increase in receipts nationally and in Utah starting in 2009.
3. Review the implementation of any new SSA initiatives such as QDD, Compassionate Allowance and the Single Disability Case Processing System (planned for implementation in 2011-2012).
4. On-going education of Council members regarding disability programs and issues through guest speakers regarding different parts of the disability process include Council member affiliations and agencies, DDS functions (Consultants, Examiners, etc.), Office of Disability Adjudication and review, Field Office Operations, Homeless Initiative (SOAR), Office of the Inspector General, etc.
5. Periodic updates on the implementation of the recommendations of the Legislative Audit (2007) and the Office of the Inspector General Fiscal Audit (2009).
6. Facilitate public service group outreach programs coordinating with the disability adjudication process.