

**UTAH DISABILITY DETERMINATION SERVICES  
ADVISORY COUNCIL ANNUAL REPORT 2010-2011**

**Executive Summary**

This report provides a summary of the major activities of the DDS Advisory Council for the 2010-2011 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: 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 2013-2014).
4. On-going education of Council members regarding disability programs and issues through guest speakers regarding different parts of the disability process including 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.

**Activities and Accomplishments Towards Goals for 2010-2011**

1. Continue public outreach and education and documenting training/education events as the Council has done in the past. Part of this will be facilitated through monitoring the DDS Advisory Council Website and answering public inquiries.

Outcome:

Contacts made by:

Gordon Richins: 8 CPD phone call responses regarding SSA issues, 2 DDS Advisory Council

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Website replies:

Kathy Franson: 4 DWS team meetings to discuss disability Medicaid and information about DDS

Jeff Sheen: 6 DDS Advisory Council Website replies

Dave Carlson: Medical Relations Officer, Utah DDS – SOAR Training on DDS operations and adjudication process – October 19-20, 2010 (26 attendees), March 8-9, 2011 (28 attendees).

Esther Medina: March 8-9, 2011, SOAR Training (28 attendees).

Esther Medina/Dave Carlson/Jane Sykes (DDS Supervisor), Bobbie Bennett (DDS Assistant Supervisor) all participated in one or more DDS visits to the Murray DO (July, 2010 – 15 attendees), Salt Lake DO (July 2010 – 15 attendees), Ogden DO (September 2010 – 25 attendees), Provo DO (July 2010 – 15 attendees) and St. George DO (July 2010 – 20 attendees).

Matthew Nielson: 250 individual contacts, 5 group contacts.

2. Continue to monitor examiner turnover and backlogs in light of the dramatic increase in receipts nationally and in Utah starting in 2009.

### ***(May 2010)***

Examiner turnover:

The February class of eight examiners is doing well but it will be a year before they can manage a load of 459 claims a year. An additional eight new examiners will be hired in August which is the maximum for training. Of the eight examiners hired last June, five are left. In about a year and one-half, DDS should have good capacity and be able to offer assistance to other states. Lowering receipts is a way to catch up and reduce the backlog; but it makes it difficult for examiners to meet Incentive Plan criteria.

Backlog-SSA economists projected that receipts would drop nationally, but Utah has not realized that trend. Last October the backlog reached 1746 claims. At that point, the Agency was eligible for federal assistance. The Office of Medical and Vocation Expertise (OMVE) accepted 50 to 75 claims a week and the backlog dropped substantially. This assistance will end the first week in May. Nationally the backlog is a problem and help will shift to the larger states. In October when the backlog was at the highest level, the Work Week Pending (WWP) was 21.4 weeks. By the end of March it had dropped to 14.3 weeks. After federal assistance ended, the backlog jumped 53 claims a week. At that rate statistics will raise unfavorably. Backlog time translates into longer processing time. Prior to assistance, the oldest backlog case was 96 days old with an average of 40 days before assignment.

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### **(July 2010)**

Backlog - The backlog increase is not as bad as feared; 1056 cases, down from 1200-1300. Receipts are still fairly high but the recent hires are doing well and weekly assignments have increased. Outside assistance was pulled when our WWP came down from 21.6 to 14.4. Assistance is given to the 15 agencies with highest WWP statistics. Currently DDS are at the bottom of that list. Our oldest claim in the backlog is 29 days; down from 32 days. A comfort zone is an average of 15 to 17 days. No outside help is expected in the near future. A backlog of 200 cases is manageable.

### **(September 2010)**

*Backlog- Last year in March, DDS had a backlog of 1440 claims with 40 days for the oldest claim with an average of 22 days. Currently our backlog is 628 claims with an average of 6 days for the oldest. DDS likes to be able to assign a claim within one or two days. OMVE has taken a hundred cases of week. When the backlog is down they will pull their help. Assistance will be given to other agencies with larger backlogs. Staff production has increased. The eight examiners hired in February will reach a 85% production rate in February 2011. Two of the eight August new hires are experienced. One new hire is a member of our staff who received their degree.*

### **(November 2010)**

*Backlog- As of last month, the agency has no backlog. All cases were assigned upon receipt. At the worst backlog scenario two months ago, cases were staged for 22 days before assignment. Statistics from October are already showing a drop in processing time.*

### **(January 2011)**

*Backlog- There are no backlogs at all and cases are assigned within 1-2 days of receipt in to our DDS from the Field Offices. On some days, DDS has had times when there were not enough receipts for full assignment to all examiners.*

### **(March 2011)**

Unassigned Claims Starting to Build DDS started to see a gradual building of our unassigned claims in recent weeks. DDS generally does not consider unassigned claims of about 200 a backlog but they have climbed to 332 this past week (March 4, 2011). For the first five months of FFY 2011, there were about 620 claims more than the same time period last year so our receipts are still high but additional examiners have been hired. So far this Fiscal Year DDS has lost 2.5 examiners and will functionally lose another next month when the CDI Unit starts up. With the assumption of no rehires in FFY 2011, there is a chance that a backlog will start to build if receipts continue as they are and/or any more examiners are lost. DDS still has four new examiners with under one year of experience (hired August 2010) so we still have some capacity building if they stay. Our average time before assignment is about 2.5 days currently so it is not a problem yet. The original SSA receipt projections for Utah showed a spike in receipts during the Third Quarter of FFY 2011.

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).

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### ***(September 2010)***

Single Decision Maker (SDM) Authority: In 1995, the DDS was selected to participate in a disability process called the Full Process Model. Part of the model was the use of a Single Decision Maker. The SDM has authority to make a final decision on a physical adult claim without the review of a physical or mental consultant. About twenty percent of claims were signed off by a SDM. The pilot was not implemented in its entirety. The SDM survived and is now being planned for implementation in the next several months. SDM authority will only apply to Quick Disability Determinations (QDD) and Compassionate Allowances (CAL). We plan to implement SDM with adjudicators who are currently doing these types of claims, which include the Assistant Supervisors and selected experienced examiners.

### ***(November 2010)***

QDD and CAL Claims. In November, 2010, selected examiners will be able to make fully favorable decision on adult QDD and CAL claims. This has been an SSA pilot for three years. To start, only Assistant Supervisors and experienced examiners in our Agency who are now doing this type of claim will implement this new authority. Help can be obtained with consultation from a medical or psychological consultant is needed.

The Utah DDS has been advised that there will be a Cooperative Disability Investigation (CDI) Unit in Salt Lake in FFY 2011.

### ***(January 2011)***

Examiners now have the authority to make a fully favorable decision on adult QDD and CAL claims. These types of claims average about five percent of receipts and are identified by SSA software. So far there have been no problems.

### ***(March 2011)***

The Disability Case Processing System (DCPS) continues to move along. The vendor who will build the new system will be Lockheed Martin. At this time, SSA projects implementing DCPS nationally by FFY 2014.

The new Cooperative Disability Investigation Unit in Salt Lake City, Utah is planned to started up on April 4, 2011.

The eCAT Program: SSA will also be implementing a case processing template called eCAT (electronic case adjudication tool). The 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.

Implementation of eCAT: The last phases of training staff, including consultants, by Jane Sykes will soon be completed. Live implementation is scheduled for March 28, 2011.

Cooperative Disability Investigation (CDI) Unit: The Unit will be active April 1, 2011. Paul Clingo will act as the DDS Coordinator. One DDS examiner will join the Unit and make a decision on a case, sending it to the Fraud Unit for investigation if there is a question of credibility.

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The St. George Rehabilitation Office has offered DDS the use of their video equipment to conduct hearings and CE's. It will be an advantage to get experience in conducting business by using this medium. There are a number of problems associated with trying to do CE's which may not be cost effective. Many physicians are reluctant to participate.

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.

### ***(May 2010)***

#### *General Assistance Program:*

Jeff Webster, Program Specialist, Department of Workforce Services.

This State funded Program offers minimal financial assistance of \$261.00 monthly for disabled persons to buy non-essential products. The budget is shallow and assistance has dropped dramatically. The Grant funding has not been raised in decades. Most recipients are homeless. Eligibility follows federal program guidelines and is time limited. Applications for long term disability benefits fall under the SOAR Program. Information provided by them to DDS facilitates faster claim processing. No applications have been taken since January because of budget cuts. GA State funding for 2011 was capped the same as last year and new funding will be available in July at which time there will probably be open enrollment.

### ***(July 2010)***

*Access Utah Overview – Mark Smith* Access Utah, a State agency, is the prime source for information and referral for individuals with disability related questions. Mark is the single source at this time due to a fifty percent budget cut. An '800' number is available and calls are received from all over the Country. Individuals want to know what they can expect if they relocate to Utah. Questions relate to housing, available services, funding, transit systems, and other resources. He is realistic in his approach that a move can be dramatic but Access gives them a support system before they arrive. He feels people can be resilient. Keeping stats on independent living and rehabilitation services can be time consuming. A lot of time is spent on the phone. Access Utah has a full service website at [www.access@utah.gov](http://www.access@utah.gov).

### ***(September 2010)***

#### *Presentation by Roseanne Pitt, DDS Hearing Officer*

Roseanne gave an overview presentation of the responsibilities of her position which she has filled for over two years. The DDS has a hearing process for CDR's which are scheduled for review after three to five years. An Officer looks at the case to see if benefits can continue. If internal quality assurance finds a claimant not eligible and the claimant disagrees, they have the right to a hearing before benefits are removed. Witnesses can be included. The majority of claims are continued. Some claimants are expected to improve. CDR's can go to a Administrative Law Judge who has an advantage because they meet the person and can ask follow-up questions.

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### **(November 2010)**

*CREATE, Citizens Re utilizing Electronic and Technical Equipment.*

Mark Smith-Access Utah has a web site page that lists assistive equipment for sale, trade, or donation. The purpose is to provide national awareness of assistive technology such as power chairs, scooters, beds, etc.

The Utah Center for Assistive Technology has a space for this equipment. A part-time individual does a diagnosis and makes a decision on condition, liability, and performance issues. The equipment comes in and moves out quickly. Marketing could be more aggressive. An equipment inventory can be downloaded and purchases can be made on line. <http://www.uatpat.org/reutilization.htm>

### **(January 2011)**

*Presentation by Jane Sykes, DDS Supervisor and member of the eCAT Implementation*

*Team* Jane reviewed the process an examiner goes through in making a decision on a claim. After the presentation, Jane answered questions which the Council members had. Jane also then covered the new adjudication template which will be used in adjudicating a claim in the future called eCAT (electronic case adjudication tool). She indicated that we will start training staff and consultants in using eCAT starting in early February 2011 and continuing through March 16, 2011. The training will be done in groups of 10 which is the capacity of our computer training room. Practice labs will also be offered for those who wanted to practice before doing real claims in eCAT. Starting March 28, 2011, all new claims will be done using eCAT.

### **(March 2011)**

*Presentation by Phyllis Sharples - Education Coordinator for Alliance House.* This presentation was arranged by Kent Palmer, Council Member, who is also active in the Alliance House program. Phyllis is no stranger to the Advisory Council having served as a Council member and also as Chair in the past. She presented information on the Alliance House which provides a supportive place in which adults who suffer from serious and persistent mental illness can rediscover their self-respect, dignity and abilities through the opportunity to perform productive work, to belong and to create meaningful relationships. Phyllis also showed two excellent audio/video presentations on the program which also highlighted individuals who had gone through the program. She explained that Alliance House is one of more than 400 clubhouse programs worldwide, based upon the principle that meaningful work is critical in bringing positive change to the lives of those living with mental illness. Alliance House is different from a residential center or a treatment facility. Those who participate in the programs are "members" rather than patients or clients. The clubhouse emphasizes each person's strengths, talents and abilities. Phyllis and Kent invited everyone to Ben and Jerry's Free Ice Cream Day on 4/12/11 at the Gateway since all tips to go help the Alliance House.

5. Periodic updates on the implementation of the recommendations of the Legislative Audit (2007) and the Office of the Inspector General Fiscal Audit (2009).

(March 2011)

**Legislative Audit Recommendations and status:**

**a. Continue to increase electronic collection of claimant medical records.**

Status: In 2006 at the time of the Audit, our (DDS) rate of electronic documents was an average of 65.2% for Consultative Examinations (CE's) compared to 87.34% nationally. For Medical Evidence of Record, our electronic rate was 17.5% compared to 32.17% nationally. For 2010, our average rate of electronic CE's was 99.07% compared to 96.53% nationally. For MER, our rate was 52.5% compared to 60.4% nationally. DDS had reached 61% in November but have been having difficulties with the secure fax process recently. DDS is particularly proud of the jump from 65.2% to 99.07% for CE's and from 17.5% to 52.5% for MER's.

**b. Improve the monitoring of claims to ensure that aged claims are being processed and not neglected.**

Status: Steps we have taken since the recommendation include: 1) Creating an Assistant Administrator position to be responsible for the adjudication units which includes watching aged claims; 2) Adding processing time to the performance evaluations of examiners; 3) Increasing the weighting of aged case management to the performance evaluations of examiners; 4) Upper management reviews production, aged case percentage, pendings, processing time on a weekly basis.

We are currently reviewing and revising our aged case management policy.

We have also recently defined the process for addressing below standard performance in processing time and aged case percentage.

**c. Communicate to DWS any pertinent federal actions that may affect GA clients and their claim processing.**

Status: The coordinating committee between the Department of Workforce Services (DWS), DDS and SSA has been inactive in the past several years. Our DDS, however, still communicates with DWS on important issues impacting either agency such as backlogs in the DDS.

**OIG Audit Recommendations and status:**

**a. Improve procedures to prevent future duplicate medical payments.**

Status: The DDS had changed internal payment processes so that only one Technician handles medical payments. This has continued.

**b. Revise CE/laboratory payments rates to be no higher than any other state or federal agency in Utah paying for the same type of exams.**

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Status: The DDS has revised all of the rates to be no higher than the Department of Health for physical and mental exams and the Utah State Office of Rehabilitation for laboratory test.

- c. **A finding was that early reporting fees for CE's sometimes had a 1-2 day leeway allowing for holidays and weekends.**

Status: The policy for early reporting fees were clarified and revised.

- d. **The DDS was unaware that the Health and Human Service/Office of the Inspector General Sanction list was to be checked for providers in addition to the state license revocation or sanction list.**

Status: This is currently being done.

- e. **The state had not wanted to include SSA purchased computer equipment on their inventory list to be tracked although the DDS did track them.**

Status: The state has agreed to include SSA purchased computer equipment on the state inventory.

- f. **The Utah DDS Security Plan had omitted some SSA requirements.**

Status: The DDS has included the SSA requirements.

- g. **The Disaster Recovery Plan had not been tested.**

Status: A test was conducted on the plan.

- h. **The Utah DDS should maintain a log of all spare office keys and be kept in a locked desk drawer.**

Status: This is now being done in the new building.

- i. **Backup tapes will be encrypted or password protected for off-site storage or to insure backup tapes are adequately protected while on-site.**

Status: All tapes stored off-site are encrypted. Tapes stored on-site are now secured in two new safes which protect tapes against fire as well as access and is a good distance from the computer room.

6. Facilitate public service group outreach programs coordinating with the disability adjudication process.

### ***(March 2011)***

*DDS participation in the SOAR Program with DWS and the Salt Lake Field Office, provided DDS presentations to Field Offices about DDS Operations, planned exchange with Field Offices to visit DDS, attend Homeless Summit, all of the Council presentations from outside*

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*agencies (DWS, Alliance House, etc.), CDI Unit is a cooperative program with the DDS, SSA Field Offices, the Office of the Inspector General and the Utah Attorney General's Office.*

### 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:

#### 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 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.

### Acknowledgements

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.

The Advisory Council would also like to acknowledge Rick North, Assistant Administrator, and Lucinda Larsen, Training Unit Supervisor, who have received a Regional Commissioner's Team Citation for their work on a centralized DDS training pilot for our regional states. This pilot created one common, live audio/visual training for new examiners using the resources of our regional medical consultants, which any of the states in our

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region could use for training of their new examiners. DDS had several of our medical consultants provide training sessions during the pilot.

### **COUNCIL GOALS/RECOMMENDATIONS FOR 2011-2012**

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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 the new CDI Unit, QDD, Compassionate Allowance and the Single Disability Case Processing System (planned for implementation in 2013-2014).
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.
7. Coordinate legislative recommendations on important DDS issues.

Note: A link to the DDS Advisory Council By-Laws and a list of abbreviations commonly used the disability program may be found at: <http://www.usor.utah.gov/division-of-disability-determination-services>