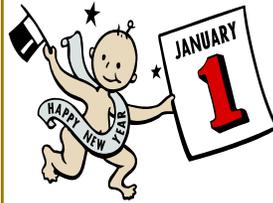


EFFECTIVE JANUARY 1, 2013



Effective January 1, 2013, Washington's fee schedule was updated. Our office worked closely with the Social Security Administration to approve these updated fees. Please make sure to review the new rates so you can verify the information is accurate on your voucher. Vouchers for services provided on or after January 1, 2013 will reflect the new rates. All vouchers will be "PAID AS BILLED" and we will not be able to go back and correct payments if billed at the old rate.

Our fee schedule can be found at <http://www.dshs.wa.gov/dds/providers.shtml>, and titled, DDS Schedule of Maximum Allowances for Medical Services January 2013.

- Tetyce Capshaw: Eastern WA Contact, Liaison to Allied Assessments and MDSI
- Scott Connors: Western WA Contact (Alpha J-Q)
- Uyen Kashani: Western WA Contact (Alpha A-I), Liaison to AMCE
- Jenilee Taylor: Western WA Contact (Alpha R-Z), Liaison to CE Provider Services, QTC, and Valant Medical

CE DEMAND CONTINUES TO BE DOWN

Our consultative examination (CE) needs in Washington decreased the last few months. This "pinch" is felt across the state. Your voices are heard. Here are a few current measures we are doing to address your concerns:



- We have placed restrictions for new applicants in certain Western Washington areas. To view updated restrictions, please go to <http://www.dshs.wa.gov/dds/providers.shtml>. As of 12/17/12, we are not accepting new applications in:
 - ⇒ **Psychological:** Grays Harbor County, King County, Island County, Kitsap County (will accept applicants who will only do diagnostic exams), Pierce County, Portland (Oregon), Skagit County, Snohomish County, Spokane, Thurston County, Vancouver, or Whatcom County.
 - ⇒ **Physical:** Kitsap County, Pierce County, Portland (Oregon), Seattle, Skagit County, Snohomish County, Vancouver, or Whatcom County.
- To ensure fairness to providers on our CE panel, schedulers continue to schedule on a rotating basis.

If you continue to experience unfilled days, you may want to decrease your availability which would free up that time for another activity. We anticipate this is a dynamic situation and CE needs will increase again, however, we do not have a timeframe on when this may and/or will occur.

MORE ON VALIDITY TESTING

In May 2012, we featured an article regarding validity tests and the reason for the discontinued request for these types of instruments. Recently, our Social Security Administration's (SSA) Regional Office advised the DDS that effective immediately, unsolicited validity or malingering tests are **not** to be administered during a disability evaluation under **any** circumstances. While the results from these tests can provide evidence of poor effort or intentional symptoms manipulation, results from such instruments are not programmatically useful in resolving the issue of credibility of an individual's statement. SSA further clarified that examiners have the opportunity to make observations of validity and effort during the course of an evaluation and should comment on their impressions in their reports.



If we find that an examiner continues to administer validity or malingering tests, we may no longer be able to schedule disability exams with that provider.

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DSM-5 UPDATE COMING SOON



The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is scheduled for release in **May 2013** and will mark one of the most anticipated events in the mental health field. The last stage of the manual's development began in late June 2012 at the end of six-week open-comment period for health professionals, patients, families, advocates and others.

The proposed framework for DSM-5 re-orders the current manual's 16 chapters based on underlying vulnerabilities as well as symptom characteristics. The chapters are arranged by general categories such as neurodevelopment, emotional and somatic to reflect the potential commonalities in etiology within larger disorder groups. Such changes are aimed at facilitating more comprehensive diagnosis and treatment approaches and encourage research across diagnostic criteria. Changes to disorders and diagnostic criteria, based in part on the latest comments received, will be made through the fall.

Once the DSM-5 is released, you will be expected to provide your diagnoses according to the new DSM format per the Special Terms and Conditions of your Personal Service Contract.

Other information about DSM-5's development and contents remains available on the American Psychiatric Association (APA) website; including research monographs, commentaries, and frequently asked questions.

JAIL/PRISON EXAMS

Are you currently providing psychological evaluations for us or for another agency at a correctional institution? Seldom does the DDS receive requests for evaluations to be performed in prison and jail. We would like to compile a list of providers and the institutions they have received clearances for to assist us in scheduling examinations. In turn, this will alleviate the delay in scheduling an exam for the claimant.

For current and new providers willing to perform evaluations in this setting, please contact Uyen Kashani at Uyen.Kashani@ssa.gov.

HERE FOR YOU!

The Disability Digest is another communication tool between providers, the Professional Relations Team, and Washington's Division of Disability Determination Services. We'd like your feedback on our newsletters: *What do you currently like about the Disability Digest? How can the newsletter be improved? What topics in future newsletters would you like featured?*

The Professional Relations Team is here for you. Please send your comments and suggestions to Uyen Kashani at Uyen.Kashani@ssa.gov.

REMINDERS



- Please notify us within 24-hours if a claimant fails to show to his/her appointment.
- Include page and case numbers to reports as it is helpful to identify if "all pages" were received or when pages have been disassociated.
- If you choose to administer self-report screening tools (I.e. Burns, Beck, etc.), the diagnosis should be supported by objective evidence from the MSE and not the individual's subjective self-ratings.
- Refrain from evaluating other impairments that are not in your specialty as it creates problems for adjudicators to interpret what the evaluation should be for.

DETAILS, DETAILS, DETAILS! The more information we are able to obtain, the better determinations we can make. For example:

- ✓ If an individual reports having no income, it is helpful to know how the person is supporting him/herself.
- ✓ If an individual reports past and/or current drug and alcohol abuse, include dates (I.e. a week ago, 5-years ago?). It is difficult to assess sobriety if this data is omitted.

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We would like to recognize the following doctors for going the extra mile:

Majid Azzedine, PhD: Reports consistently well written. Goes the extra mile!

David Dixon, PhD: Thank you for visiting so many different jail facilities to perform CEs.

Sheila Hart, EDD: Provides objective evidence rather than subjective, addresses credibility, and provides data that is needed to rate a case.

Linda Jansen, PhD: Well written and informative report.

Ann Marie Miner, PsyD: Under her own volition Dr. Miner sought feedback regarding the content and format of her reports. Once feedback was provided, she incorporated changes in subsequent reports. She truly cares about doing a good job and providing data that is important to adjudicators.

Ronald Page, PhD: KudosX3. Reports no doubt contend for one of the more direct and descriptive reports. The doctor's efficiency is greatly appreciated.

Anselm Parlatore, MD: Recently, he graciously agreed to alter his schedule to see a claimant without negatively affecting another. His understanding and flexibility are very much appreciated.

Lezlie Pickett, PhD: Addresses inconsistencies between the individual's effort and ability in relation to the MSE and the various testing. Excellent reports.

ALL DOCTORS: Thank you for being patient with a dip in the number of CEs! Thank you for getting reports in on-time, especially around the holidays! Report follow-up have decreased!



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