

Disability Digest

A newsletter from the State of Washington Division of Disability Determination Services

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CE Schedulers and Areas of Responsibility



A message from Jennifer Elsen:

We thank you for your continued patience over the last year or so with staff turnover and hiring. We are excited that our three most recent hires are now fully trained and we can divide the state evenly amongst our schedulers. What does this

mean to you? Starting 2/1/15, you may have a new contact person who will be handling your schedule. This will give you one main contact at the DDS. Your scheduler will be contacting you to get acquainted with you in February.

Areas of Responsibility

Virginia—Whatcom, San Juan Is., Clallam, Kitsap and Mason counties

Rae—Skagit and Snohomish counties

Susie—Jefferson, Grays Harbor, Thurston, and Lewis counties

Lance—Pacific, Wahkiakum, Cowlitz, Clark, and Skamania counties

Nelly—Pierce—I-5 Corridor

Linda—King—I-5 Corridor

Anthony—King County - Eastside; Pierce county –rural

Sean—Okanogan, Chelan, Douglas, Kittitas, Grant, Yakima, Klickitat, Benton, and Franklin counties

Jodi—Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Walla Walla, Columbia, Garfield, and Asotin counties

LATE REPORTS

Recently, we have been experiencing an increased number of outstanding examination reports. In order for us to make accurate, timely decisions and to best serve our claimants, it is

extremely important that reports are received in a timely manner. Please make every effort to submit them within 14 days of the date of examination. We monitor all delayed

report submissions and may restrict or stop scheduling if reports are continually delinquent. If you feel we are sending too many referrals, please let us know so that we can work with you.

EVALUATING FUNCTIONAL LOSS IN MUSCULOSKELETAL IMPAIRMENTS

When we evaluate a musculoskeletal impairment, regardless of the cause, SSA defines functional loss as the inability to ambulate effectively on a sustained basis for any reason, or the inability to perform fine and gross movements effectively on a sustained basis for any reason, including pain associated with the underlying musculoskeletal impairment.

Inability to ambulate effectively means an extreme limitation of the ability to walk; i.e., an impairment(s) that interferes seriously with the individual's ability to independently initiate, sustain, or complete activities.

Inability to perform fine and gross movements effectively means an extreme loss of function of both upper extremities; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. To use their upper extremities effectively, individuals must be capable of sustaining such functions as reaching, pushing, pulling, grasping, and fingering to be able to carry out activities of daily living.

Here is some information that you can include in your reports that will help us better evaluate how a claimant's musculoskeletal impairment(s) affects their functioning:

- General appearance should include any apparent abnormalities such as gait or the need for any type of assistive device.
- If they have a hand-held device, examine **with** and **without** the assistive device in place, if not contraindicated. Explain which objective findings support your conclusion for or against the medical need for an assistive device. For example, "The claimant's impaired gait (imbalance), resulting from the CVA, necessitates the use of a cane for safe ambulation in all instances." Also note the medical basis for the use of any assistive device (i.e. instability, weakness.) and if the device shows any active wear (i.e. the tip of the cane is worn).
- When examining extremities and peripheral joints, please comment on any deformity or tenderness and provide active range of motion for each affected joint. Provide grip, pinch and extremity strength (either by dynamometer or 0-5 scale). Comment on any atrophy, spasticity, rigidity, and the ability to use, and effective use, of any orthotic device. Observe and report the individual's ability to touch thumb to all fingertips, make a fist, pick up coins from a flat surface, button and unbutton clothing.
- Information about the spine should include distribution of pain, tenderness, and any sensory or motor loss. Provide intensity and symmetry of deep tendon reflexes (i.e. DTRs were 2/3 and symmetric in LEs), active range of spinal motion, Spurling Test (cervical spine), and straight-leg raising (lumbar spine, both sitting and supine). If SLR is positive, state the positive findings in degrees (i.e., supine SLR on right was positive at 60 degrees).



- If the claimant has amputated extremities, provide a description of the stump, including integrity of skin flap, note any tenderness, and the ability to use, and effective use, of any prosthetic device
- If the claimant has soft tissue injuries or burns, comment on the nature and extent of the lesions, skin sensitivity, and the effect on joint motion.

PSYCHOLOGICAL REPORT TIPS

To improve the quality of the CE reports, to make good reports great, and great reports excellent, here is some information that you may find beneficial.

SSA has deemed the following functional areas essential to being able to sustain work: Activities of Daily Living (ADLs), Social Functioning, (Concentration, Persistence, or Pace), and the ability to tolerate increased mental demands associated with competitive work. As always, please keep in mind what the claimant is able to functionally accomplish, what is he/she able to do despite their impairment(s). For ADLs and Social Functioning, there are four parameters in which we need sufficient information to make an assessment:

- **Appropriateness** is the claimant able to perform his/her ADLs and engage in social relations in a suitable and/or compatible fashion.
- **Independence** is the claimant able to perform his/her ADLs and engage in social relations on an autonomous, self-directed, or self-generated basis without step by step supervision or direction to ensure adequate participation.
- **Sustainability** is the claimant able to perform his/her ADLs and engage in social relations throughout an average day/week without undue interruptions or distractions.
- **Quality and Effectiveness** is the claimant able to perform his/her ADLs and engage in social relations on a consistent, useful, and routine basis.

Concentration, persistence, and pace (CPP) refer to the ability to sustain focused attention sufficiently long enough to permit the timely completion of tasks commonly found in work settings. Strengths and weaknesses in CPP can be discussed in terms of frequency of errors, the time it takes to complete a task, and the extent to which assistance is required to complete the task.

By actively addressing the areas above, the reports will be an even greater resource to the adjudicators in the decision making process.

CE PROVIDERS NEEDED!

Do you have any colleagues that work in the specialties below? If so, please refer them to us as we could utilize their services and expertise. We need these doctors to join our panel and begin performing consultative examinations.

- ENTs throughout the State except Clark and Whatcom Counties
- Psychologist in the Aberdeen area that will perform testing
- Psychologist in the Sequim and Port Angeles
- Psychiatrists throughout the State
- Orthopedists and Neurologists throughout the State
- Pediatricians throughout the State
- Physical MDs in Clark County and Moses Lake
- Physical MDs in The Dalles, OR
- Pediatricians throughout the State



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We're on the web! <https://www.dshs.wa.gov/esa/disability-determination-services/disability-determination-services-medical-provider-information>

CHANGES TO OUR FEE SCHEDULE

Effective March 1, 2015, there will be changes to Washington's reimbursement rates for consultative evaluations and services. Our office worked closely with the Social Security Administration to approve the updated fees, which are based on Labor & Industries' (L&I) fee schedule. For those services not performed by L&I, we researched the Consumer Price Index (CPI) and do our best to increase the fees accordingly.

New rates will apply to **all services provided on or after March 1, 2015**. 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. Please make sure to review the new rates so you can verify the information is accurate on your voucher.

A current copy of the updated DDDS "Schedule of Maximum Allowances for Medical Services March 2015" will be available at our website, <https://www.dshs.wa.gov/esa/disability-determination-services/disability-determination-services-medical-provider-information>.

You may also request an electronic copy from the Professional Relations team.

