

AGENDA

THE MEETING OF THE

DISABILITY PROCEDURES AND SERVICES COMMITTEE

and

BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 NORTH LAKE AVENUE, SUITE 810

PASADENA, CA 91101

9:00 A.M., WEDNESDAY, February 1, 2017 **

*The Committee may take action on any item on the agenda,
and agenda items may be taken out of order.*

COMMITTEE MEMBERS:

Vivian H. Gray, Chair
Marvin Adams, Vice Chair
Alan Bernstein
Ronald Okum
David Muir, Alternate

I. APPROVAL OF THE MINUTES

A. Approval of the minutes of the regular meeting of December 7, 2016.

II. PUBLIC COMMENT

III. ACTION ITEMS

A. Educational Opportunities

B. Proposed Expansion of Priority One Case Processing Criteria

IV. FOR INFORMATION

V. GOOD OF THE ORDER

(For information purposes only)

VI. ADJOURNMENT

***The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five (5) or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

****Although the meeting is scheduled for 9:00 a.m., it can start anytime thereafter, depending on the length of the Board of Retirement meeting. Please be on call.**

Assistive Listening Devices are available upon request. American Sign Language (ASL) Interpreters are available with at least three (3) business days notice before the meeting date.

Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday.

Persons requiring an alternative format of this agenda pursuant to Section 202 of the Americans with Disabilities Act of 1990 may request one by calling the Disability Retirement Services Division at 626-564-2419 from 7:30 a.m. to 5:00 p.m. Monday through Friday, but no later than 48 hours prior to the time the meeting is to commence.

MINUTES OF THE MEETING OF THE
DISABILITY PROCEDURES AND SERVICES COMMITTEE
and
Board of Retirement**

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION
GATEWAY PLAZA - 300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

Wednesday, December 7, 2016, 10:26 A.M. – 11:29 A.M.

COMMITTEE MEMBERS

PRESENT: Vivian H. Gray, Chair
William de la Garza, Vice Chair
Yves Chery
Les Robbins
David Muir, Alternate

ABSENT: NONE

ALSO ATTENDING:

BOARD MEMBERS AT LARGE

Anthony Bravo
William Pryor
Vito M. Campese, M.D.
Shawn Kehoe

STAFF, ADVISORS, PARTICIPANTS

Gregg Rademacher
JJ Popowich
Steven Rice
Vincent Lim
Eugenia Der
Allison E. Barrett
Frank Boyd
Sandra Cortez
Angie Guererro
Maria Muro
Michelle Yanes
Barbara Tuncay

Ricki Contreras
Vickie Neely
Tamara Caldwell
Anna Kwan
James Pu
Debbie Semnanian
Mario Garrido
Debra Martin
Marco Legaspi
Marilu Bretado
Thomas Wicke
Hernan Barrientos

Ricardo Salinas
Maria Silva
Robert Hill
Mike Herrera

ATTORNEYS
Thomas J. Wicke

GUEST SPEAKER
David L. Friedman, M.D., Ph.D.

The meeting was called to order by Chair Gray at 10:26 a.m.

I. APPROVAL OF THE MINUTES

A. Approval of minutes of the regular meeting of September 7, 2016

Mr. Chery made a motion, Mr. de la Garza seconded, to approve the minutes of the regular meeting of September 7, 2016. The motion passed unanimously.

II. PUBLIC COMMENT

III. ACTION ITEMS

IV. FOR INFORMATION

A. Presentation by David L. Friedman, M.D., Ph.D. – Multi Axial Psychiatric Diagnosis.

Ms. Contreras introduced LACERA Panel Physician, Dr. David Friedman, who is Board Certified in General Psychiatry and Addiction Medicine.

Dr. Friedman began by stating that most of the presentation will be directly coming from the handout that he provided, which lists the axes that people see in the medical reports that psychiatrists use.

Dr. Friedman stated that the medical reports will contain the five axes and in order to help everyone understand what they are about, he included a brief history of what the Multi Axial System is. According to Dr. Friedman, the Multi Axial System is a snapshot of a diagnosis. This allows for you to see the physical problems that a person is having and determining if it is directly related to a mental problem and how it may be contributing to that mental problem.

Dr. Friedman briefly went over each of the five axes:

Axis I: Delineates all the major disorders or conditions that an individual may have.

Axis II: Outlines the various personality disorders and is the most important axis.

Axis III: Depicts the physical conditions that are present, and may be related to Axis I psychiatric condition, or as a result of it.

Axis IV: Delineates the various psychological and environmental problems that may affect diagnosis, treatment, prognosis, and causation of the Axis I and Axis II mental disorders (i.e. personal problems).

Axis V: Global assessment of functioning.

Dr. Friedman stated that when it comes to evaluation for disability cases, the doctors will observe and ask questions. Furthermore, they will do different types of testing, including psychological (i.e. true/false questions, memory testing). Some tests will pose a red flag if patient is exaggerating condition. Per Dr. Friedman, some patients may exaggerate because they do not feel heard and unfortunately there is no absolute way to tell if a person is being truthful. Dr. Friedman recommends looking at medical records and at the history of the patient to see how credible they are.

Mr. Kehoe asked Dr. Friedman if a physical evaluation is strictly determined by AME records or the physicians' evaluation itself. Dr. Friedman stated that for the physical evaluation, he, as a psychiatrist, will not evaluate it and will not diagnose any non-psychiatric disorders. Dr. Friedman will rely on reporting of other physicians if there is a physical condition.

Ms. Gray asked if Dr. Friedman reviews records from other physicians only and if he sees the patient more than once. Dr. Friedman stated that he wants to see ALL records, especially the psychiatric records if the patient was seen in workers' comp system or outside of it. As far as how many times the doctor sees the patient, the testing can be done in one visit but it is possible that they may need to return for a second visit. The doctor will also use information of a family member or significant other if a patient is a bad historian (especially if the patient has experienced a brain injury).

Dr. Campese stated that it is difficult to determine if a patient is truly disabled or if the problem is that they cannot get along with their supervisors. Dr. Friedman stated that it will depend on the credibility of the patient and quality and history are also keys to make that determination.

Dr. Friedman stated that that personality disorders exist independently and drugs/alcohol do not make a difference.

Any mental disorder can develop without stress. However, if you want to determine if the disorder is aggravated by stress, then history is key.

Ms. Contreras asked if a person is complaining of stress causing a physical condition, do they send to psychiatrist. Dr. Friedman stated that the patient needs to be sent to an internist first and the internist will determine if patient needs to have a psyche evaluation.

Ms. Gray asked if the Board of Retirement can ask for psyche evaluation if patient is claiming work stress causing physical condition. Dr. Friedman stated that you would need to first obtain the opinion of the internist (as long as internist asked all the appropriate questions related to the stressors at work). The Board of Retirement will not necessarily need to request a psyche evaluation unless the internist states it is needed. However, if there is a minimal history from the internist, the Board of Retirement can request a psyche evaluation in this case.

Mr. Okum asked how to deal with different personalities and provided an example of two people doing the same exact job but one files for service connected disability due to stress. Dr. Friedman answered by saying that the question that has to be raised is how long has this been going on for. Furthermore, Dr. Friedman stated that the physical body and the psyche are analogous and we can look at it in that perspective.

Mr. Chery asked what are the physicians doing to minimize the possibility of fraud in the industry and Dr. Friedman stated that all aspects of the condition need to be thorough and having as much information as possible is important.

V. GOOD OF THE ORDER

The Board and Committee Members thanked Dr. Friedman for his presentation and stated that they enjoyed it.

VI. ADJOURNMENT

With no further business to come before the Disability Procedures and Services Committee, the meeting was adjourned at 11:29 a.m.

**The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five (5) or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.

January 12, 2017

TO: Disability Procedures & Services Committee
Vivian H. Gray, Chair
Marvin Adams, Vice Chair
Alan Bernstein
Ronald Okum
David Muir, Alternate

FROM: Ricki Contreras, Division Manager
Disability Retirement Services



FOR: February 1, 2017, Disability Procedures and Services Committee Meeting

SUBJECT: **EDUCATIONAL OPPORTUNITIES**

Each year the Disability Procedures and Services Committee are presented with a list of training topics to consider for the upcoming year. Listed below are several topics previously suggested by staff and the Committee. Additional suggestions are welcome. Please review and instruct staff on what topics you would like to have presented for the Calendar Year 2017.

What constitutes substantial evidence for the Trier of Fact to weigh?

Salary Supplement – A detailed discussion of the benefit and payment process

When Service Ends under GC 31722 Recent Decision – Cameron vs. Sacramento County Employees Retirement System

Job Analysis – A presentation by LACERA's Job Analyst

Investigative Services – Social Media as an Investigative Tool

Panel Physician Guidelines – Updating our standard questions – An interactive discussion

Medical Topics presented by Physician

The mechanism of injury between hypertension and stress, hypertension and heavy work, hypertension and end organ damage

Psychiatric injury and incapacity – how is it measured?

Work place = 'passive stage' concept

WC Case law and pension law

Spinal injuries – degenerative disc disease –

Artificial discs, spinal fusions, pros and cons,

Mechanisms of injury – can degenerative disc disease be aggravated by prolonged sitting and a sedentary job?

Sheriff's Department:

The Academy – injuries during the Academy

Descriptions of the physical and mental requirements of various Safety positions:

Patrol	Equipment
Lieutenant	Internal Affairs
Custody	Reporting structure
Non sworn Custody	Detective
Central Jail	Under Cover
Bailiff	Under Sheriff
Captain	Sheriff

The purpose of the department's policy that all sworn officers must be able to perform Class IV arduous duties, if required to do so in an emergency.

Fire Department:

Battalion Chief	Captain
Physical training and mandatory exercise	Paramedics
Fire Fighter duties	Equipment
Interaction between different counties and cities	
Most common injuries and why	

Probation Department:

Various positions and their duties
Required training, exercise
How did they end up as general members and not safety
Presumptions in work comp versus presumptions in pensions for Probation

Parks and Recreation

Various positions and duties

Superior Court

Various positions and duties

NOTED AND REVIEWED:



J. Popowich, Assistant Executive Officer



January 23, 2017

TO: Disability Procedures and Services Committee
Vivian H. Gray, Chair
Marvin Adams, Vice Chair
Alan Bernstein
Ronald Okum
David Muir, Alternate

FROM: Ricki Contreras, Division Manager 
Disability Retirement Services

FOR: February 1, 2017 Disability Procedures and Services Committee

SUBJECT: Proposed Expansion of Priority-One Case Processing Criteria

RECOMMENDATION

Staff recommends your committee approve the expansion of the Priority-One Case Processing Criteria to classify cases with applicants in a Class 4 Arduous position, who have met specific age, service, medical history and legal review requirements as a Priority One and forward to the Board of Retirement for Final Approval.

EXECUTIVE SUMMARY

At the January 24, 2012, Board Offsite, staff outlined the challenges facing the Disability Retirement Division, including the challenge of a workload that had continued to increase in volume and complexity, with a resultant delay in the processing of applications and a growing backlog. To address this challenge, staff analyzed policies and procedures to determine what changes could be made to streamline the processing of applications and to reduce the now historic backlog.

On April 4, 2012, staff presented proposed solutions to your Committee, including intelligent triaging, which established a priority system upon receipt of the disability application at Intake. This solution was adopted at the July 12, 2012 Board of Retirement Meeting and implemented by staff beginning August 1, 2012. Now when an application comes in, the Intake Investigator reviews the available documentation and categorizes the application in one of three ways: Priority One; Priority Two; and Priority Three. Since the implementation of the priority system, Staff has identified

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approximately 150 cases for priority processing, an estimated 65 cases were Priority-One cases. The average processing time for Priority-One cases is 6 months.

The initial criteria used to identify Priority-One cases are active death, terminal illness and catastrophic career-ending injuries. Examples provided included a deputy killed in the line of duty, or a patrol deputy whose gun hand is amputated, or an applicant with a terminal illness. Priority-One cases are based on a Medical Record Review only (medical records include the applicants' treatment charts from their treating physicians, hospitalization records, and forensic reports from medical-legal evaluators). No physical exam of the applicant is conducted unless the panel physician determines that physical exam is necessary, then the case drops down to a Priority-Two case. The investigator also interviews the applicant and/or witnesses as necessary.

The Priority-One Case policy includes strict protocols to ensure there is sufficient oversight and due diligence to maintain the integrity of the disability review process. Each potential Priority-One Case is reviewed by the Disability Retirement Services Division Manager and the Legal Office to determine eligibility for classification as a Priority-One Case. Physicians at the review stage can request to examine the applicant, or can make recommendations that would result in the case being re-classified as a Priority-Two case for more extensive review. Additionally, your Board retains the right to return the case to staff for further processing should you feel the medical evidence is insufficient to make a determination with which you are comfortable.

DISCUSSION

Staff continuously analyzes and evaluates the effectiveness of our existing policies, procedures, and practices and has observed that the priority system has made Disability Retirement Services more efficient since the inception of intelligent triaging. Due to the effectiveness of the system, Staff is recommending an expansion of our Priority-One Criteria to allow for increased utilization of the expedited processing and therefore, increased efficiency.

In an effort to provide your committee with information on how the expanded system may work, DRS Management, with the approval of legal counsel, identified approximately 13 pending cases for Priority-One processing as a sample. Criteria utilized for initial identification purposes were: Job type/Physical class - Class 4 Arduous, Age - approximately 50 years or older, years of service – approximately 20 years or more, objective medical evidence demonstrating surgery on a weight-

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bearing joint such as a hip, knee, or ankle, or surgery on spine – cervical, thoracic, or lumbar, and no return to work after surgery.

As part of our review process for this recommendation, thirteen cases were identified in November 2016 for immediate action by an investigator. Records were organized, the applicant was interviewed, and the LACERA panel physician was asked to perform a medical record review. As is the protocol with all Priority-One Cases, the LACERA panel physician was advised they could request a physical exam if they were unable to make a determination with the medical evidence available.

As of the date of this memo, no panel physician has requested a physical exam and of the thirteen cases identified for Priority One processing in November, six cases are on the February 1, 2017 Board of Retirement agenda for adjudication. Five additional cases are anticipated to be on the March 2017 agenda, and two cases were excluded from the sampling due to late filing and at the request of the applicant.

The final step in the due diligence process for review of this expansion of the Priority-One Case process is to provide examples to the Board of Retirement to ensure the Board is comfortable with the new criteria. Cases were provided for the Board's review as **part of** this month's Board of Retirement Disability meeting. Any additional observations **and** feedback garnered as a result of the Board's consideration of these six cases will be included in our discussion at today's Committee meeting.

Testing of these cases for possible expansion of the Priority-One Case system has not resulted in significant delays to the processing of these cases or other pending cases.

SUMMARY

In summary, the Mission of the Disability Retirement Services Division is to administer the LACERA disability retirement program in an equitable, timely, accurate, and courteous manner consistent with applicable laws, policies, and procedures. Staff recommends the expansion of the priority system as it is in alignment with our mission. Not only does increased utilization of the priority system allow for timely and efficient processing of a disability application, establishing specific criteria ensures each application is reviewed fairly and the process remains equitable. Additionally, applicants are not required to undergo unnecessary exams

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when substantial medical evidence exists to meet their burden of proof. And most importantly, our process, policies and procedures remain consistent with applicable laws as we strive to produce, protect, and provide the promised benefit in the most efficient manner.

IT IS THEREFORE RECOMMENDED THAT YOUR COMMITTEE

Approve the expansion of the Priority-One Case Processing Criteria to classify cases with applicants in a Class 4 Arduous position, who have met specific age, service, medical history and legal review requirements as a Priority One and forward to the Board of Retirement for Final Approval.

REVIEWED AND APPROVED



JJ Popowich

Assistant Executive Officer

Attachment

RC:JJP:mb